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O PRÉ-NATAL DO PARCEIRO E A PRESENÇA PATERNA NA GESTAÇÃO: PERCEPÇÕES DOS PAIS E PROFISSIONAIS DE SAÚDE

PARTNER PRENATAL CARE AND PATERNAL PRESENCE DURING PREGNANCY: PERCEPTIONS OF FATHERS AND HEALTH PROFESSIONALS

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RESUMO

Este estudo explora como os pais/parceiros e profissionais de saúde de uma equipe de saúde da família em Porto Velho, Rondônia, percebem o envolvimento dos homens no atendimento pré-natal. Realizado entre março e junho de 2023, este estudo qualitativo e exploratório utilizou entrevistas semiestruturadas, analisadas por meio da análise de conteúdo de Bardin. Três temas surgiram: (1) desafios no acesso à assistência médica, (2) a experiência dos homens durante a gravidez e a prestação de cuidados e (3) a importância da assistência pré-natal para pais/parceiros. Embora a maioria dos parceiros reconheça a importância da participação masculina no cuidado, alguns pais e profissionais ainda têm uma visão tradicional de que os homens são principalmente provedores, buscando atendimento médico apenas quando estão doentes. O cuidado pré-natal continua sendo visto, em grande parte, como uma responsabilidade da mulher, e o envolvimento dos homens é

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frequentemente subestimado pelos profissionais de saúde, que ignoram seu potencial para promover a saúde dos homens e melhorar seu acesso aos serviços.

PALAVRAS-CHAVE: Saúde do homem. Pré-natal. Atenção Primária à Saúde.

ABSTRACT

This study explores how fathers/partners and healthcare professionals from a family health team in Porto Velho, in the Amazon Region, perceive men's involvement in prenatal care. Conducted between March and June 2023, this qualitative, exploratory study used semi-structured interviews, analyzed via Bardin's content analysis. Three themes emerged: (1) challenges in healthcare access, (2) men's experience during pregnancy and caregiving, and (3) the significance of prenatal care for fathers/partners. While most partners recognize the importance of male participation in caregiving, traditional views persist among some fathers and professionals, who see men as primarily providers, seeking healthcare only when ill. Prenatal care remains largely viewed as a woman's responsibility, with men's involvement often undervalued by healthcare professionals, who overlook its potential to promote men's health and improve their access to services.

KEYWORDS: Men's health. Prenatal care. Primary Health Care.

INTRODUCTION

Men's health has historically been overlooked in social and healthcare contexts, largely due to cultural perceptions of male roles. Traditional masculinity is rooted in ideals such as physical strength, sexual prowess, and work capacity, which significantly shape male identity and social roles. These ideals have profound implications for the health of male populations across all social strata (Rivera; Scarcelli, 2021). The concept of masculinity often depicts men as virile and invulnerable, which discourage their participation in health care. This cultural

understanding also reinforces the stereotype that men are providers while women assume the role of family caregivers, which has important social implications, particularly for families. These gender dynamics pose various challenges in the daily operation of healthcare services.

In Primary Health Care (PHC), women are typically expected to seek health care and engage in self-care, particularly concerning sexual and reproductive health, such as prenatal care. They often assume sole responsibility for the child's health, whereas male involvement in prenatal care is seldom considered or observed (Lima et al., 2021; UNESCO, 2022). However, many studies and public health policies underscore the importance of male involvement in reproductive health care and prenatal care for better labor and birth outcomes. Involving men in these areas fosters a sense of shared responsibility, encourages active participation in responsible fatherhood, and promotes co-participation in reproductive planning, all of which have been shown to positively impact to prenatal and maternal-child health outcomes (Darrif; Bortolin; Tabaczinski, 2020; Silva et al., 2023). Moreover, male involvement in maternal health care facilitates timely access to prenatal services for pregnant women. This is essential for reducing the risk of pregnancy-related complications and maternal mortality, in alignment with the Sustainable Development Goals' target to reduce maternal mortality during pregnancy, childbirth, and up to 42 days postpartum (Muheirwe; Nuhu, 2019).

In Brazil, the Ministry of Health has established the National Policy for Comprehensive Men's Health Care with the goal of enhancing men's health conditions and reducing male morbidity and mortality rates. Another goal of this police is to provide prenatal care for men, which encompasses routine examinations, rapid testing for sexually transmitted infections, updating vaccination records, participation in educational groups, and appointments with medical, nursing, and dental professionals (Brasil, 2021). Traditionally, prenatal care has primarily focused on pregnant women, with minimal involvement of their partners. It is imperative for PHC professionals to change this approach and actively engage partners in maternal care (Climaco et al., 2020). Partner involvement is vital because pregnancy, childbirth, and the postpartum period are events that significantly impact both men's and women's reproductive experiences.

Since 2012, the National Policy for Comprehensive Men's Health Care has been promoting the involvement of fathers during pregnancy and the postpartum period. This initiative aims to encourage men's self-care, foster responsible and active fatherhood, and ultimately improve men's access to health services (Silva; Oliveira; Saraiva, 2020). By shifting the focus from the mother-baby dyad to the father-mother-child triad, this approach seeks to create a more inclusive model of health care. This study aims to understand the perceptions of partners and PHC professionals regarding men's involvement in prenatal consultations and activities at a Basic Health Unit in Porto Velho, state of Rondônia, Brazil.

METHODS

This is a qualitative, exploratory, and descriptive study conducted with a family health team in the municipality of Porto Velho (Amazon Region). The research was conducted between March and June 2023 in a basic health unit, which also serves as the site for the Multiprofessional Residency in Family Health at the Federal University of Rondônia. The study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) to guide data collection, analysis, and writing of the research report (Souza et al., 2021).

Study participants were divided into two groups. The first group consisted of seven health professionals from the family health team who were assigned to the basic health unit and were present during the data collection period. The second group consisted of nine fathers/partners who accompanied their partners/wives to prenatal consultations. Inclusion criteria for this group were men over 18 years of age who attended one or more prenatal appointments.

Data collection was conducted using structured questions to gather sociodemographic information that characterizes health professionals and fathers. Moreover, semi-structured interviews were conducted and recorded to ensure participant privacy (Nobre et al., 2017). To maintain anonymity, participant names were replaced with codes: health professionals were coded as "P," and fathers/partners were coded as "PP", followed by a number indicating the sequence

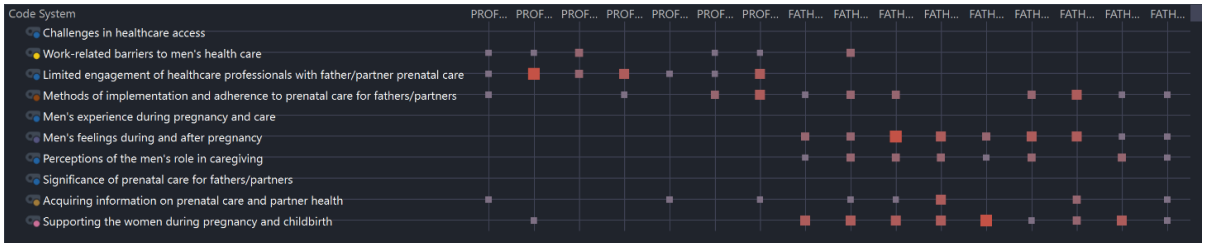
of the interview. Because participants verified the accuracy of their responses after the interviews, returning the transcripts was deemed unnecessary.

The sample size was determined based on the saturation of empirical data. Saturation occurs when responses begin to repeat without the emergence of new insights or significant contributions to the subject of study (Hennink; Kaiser, 2022). To confirm saturation, two experts in qualitative analysis were asked to review the interview transcripts in their entirety. They concluded that it was no longer feasible to introduce new codes, as the information obtained was either repetitive or identical. Saturation ensures that reviewers and readers understand and can replicate the methodological procedures adopted.

Participant responses were analyzed using thematic content analysis (Bardin, 2016). MAXQDA Analytics Pro version 2022 was used to identify words, themes, codes, and patterns in the transcripts. Qualitative research often involves large amounts of text, codes, and notes, making software an ideal tool for efficient data management (Gibbs, 2009). We used MAXQDA's code matrix to visualize the categories and subcategories. The software heat map shows that the redder areas and larger symbols correspond to a higher number of coded segments that participants assigned to each category (Figure 1).

Prior to conducting the fieldwork, we obtained permission to conduct the interviews from the manager of the Municipal Health Department and secured informed consent. This study is part of a larger project titled “Health Care in Rondônia: Perspectives on Care, Work, and Health Education”, approved by the Comitê de Ética em Pesquisa of the Federal University of Rondônia (approval numbers 5.890.371 and CAAE 6833023.1.0000.5300).

Figure 1: Code matrix showing the connections between subcategories based on interviews with participants regarding the father's/partner's prenatal care in the municipality of Porto Velho, state of Rondônia, Brazil

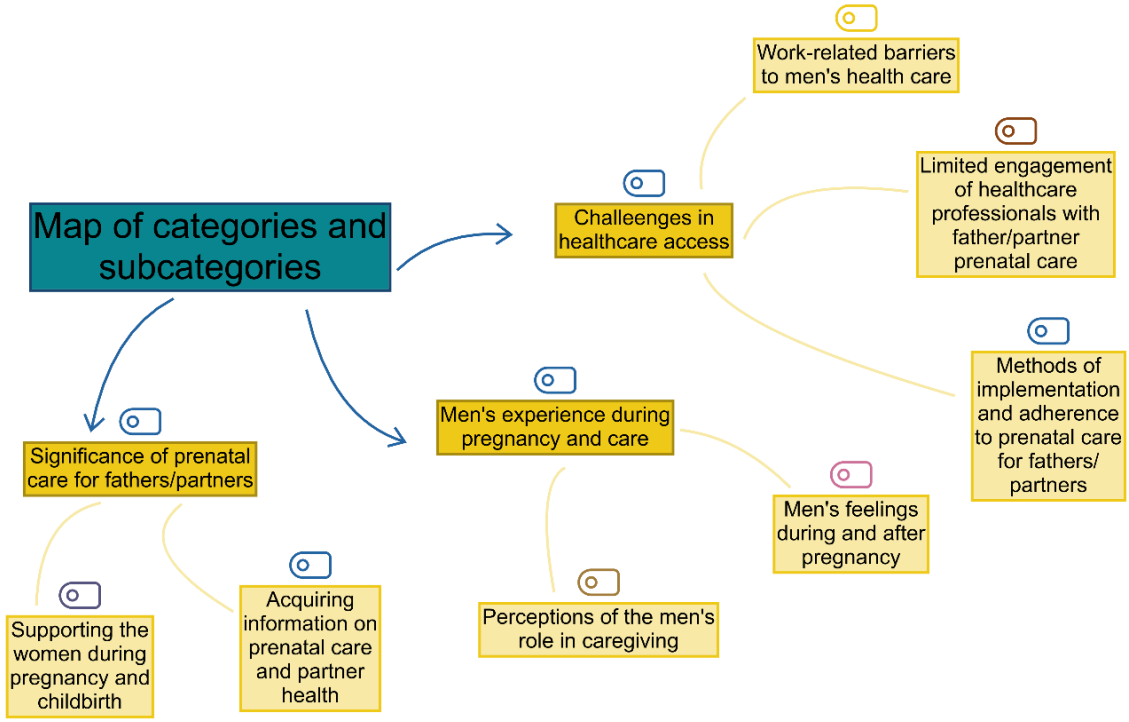


Source: present study

RESULTS

The interviewed partners had an average age of 29.89 ± 5.30 years (range: 22–36 years). Among them, 66.67% identified as mixed race, 55.56% reported an average income of 2 to 3 minimum wages, and 88.89% were either married or in a stable union. The interviewed professionals had an average age of 43.28 ± 9.41 years. The sample consisted of two dentists (28.57%), two nurses (28.57%), one physician (14.29%), one public servant (14.29%), and one nursing technician (14.29%). The average length of service of these professionals was 11.14 ± 8.25 years. When asked about specific training related to prenatal care for fathers or partners, 85.71% of the participants reported that they had never received any training or courses on the subject. From the analysis of the responses, three main categories emerged: (1) challenges in healthcare access, (2) men's experiences during pregnancy and caregiving, and (3) significance of prenatal care for fathers/partners (Figure 2).

Figure 2: Map of categories and subcategories obtained from interviews with professionals and partners in the municipality of Porto Velho, state of Rondônia, Brazil



Source: present study

The word cloud illustrated in Figure 3 highlights the most frequent themes in the interviewees' responses, including "partner attendance", "it is important to explain and teach", "attending appointments", "exclusion of men", and " supporting her by giving her assistance"). The expressions "partner attendance" and "attending appointments" highlight the necessity for men to be present at appointments, as their absence in health services continues to hinder the promotion and improvement of men's health. The phrase "exclusion of men" further underscores this issue, pointing to the limited attendance that men experience when they do visit these facilities (Falade-Fatila; Adebayo, 2020). Another idea that emerged from the responses is the need for explanations and guidance during appointments, as well as the support that can be provided to women. This is evident in the phrases "it is important to explain and teach" and "supporting her by giving her assistance". This demonstrates the interviewees' comprehension of prenatal care as a tool for guiding health care practices, as well as the importance of male involvement during prenatal appointments to support women throughout their pregnancies. Such involvement enhances the quality of family care by fostering interaction with healthcare services (Muloongo et al., 2019; UNESCO, 2022).

Figure 3: Word cloud representing the most frequently mentioned content in the statements of the interviewees in the municipality of Porto Velho, state of Rondônia, Brazil

Source: present study

Theme 1: Challenges in healthcare access

This category addresses the challenges users encounter when attending prenatal care appointments. These challenges include cultural barriers associated with traditional male gender roles, which often minimize the importance of health care for men. Moreover, there is a tendency to prioritize health care exclusively for pregnant women. Additionally, challenges arise from employers' reluctance to grant men time off during working hours to accompany their partners to prenatal appointments or to seek health care for themselves.

Work-related barriers to men's health care

Interviewee statements revealed that the main barrier preventing men from accessing prenatal and general health services is related to their work or job responsibilities, as expressed in the following statement.

> "Many workplaces don't accept a partner's prenatal care as a plausible justification for him to miss work. The population doesn't know that it's necessary for him to be there." (P1)

Another aspect that emerged from the statements is that men's working hours create barriers to attending prenatal appointments with their partners and to engaging prenatal care for themselves.

Limited engagement of healthcare professionals with father/partner prenatal care

Healthcare professionals reported challenges in mastering the strategic tool of father/partner prenatal care. They expressed feelings of inadequacy and disconnection from the male healthcare program. Men are often seen only as providers of biological support for the mother and baby, as exemplified in the following statement.

> "… so we focus a lot on checking the health of the pregnant woman, but we often overlook the partner. It's always been like this, right? The partner is frequently forgotten, and this is a moment for the man as well." (P3)

The participants' limited understanding of their partner's prenatal care was evident, highlighting the shortcomings in qualifying prenatal care services and the little integration with men's health.

Methods of implementation and adherence to prenatal care for fathers/partners

The statements revealed a lack of awareness and promotion of the health services and initiatives offered by PHC, particularly regarding men's health and the partner prenatal care strategy. This situation highlights a disconnect between the services available and the community needs.

> "I think we need to spread the word, as nobody knows that men also require prenatal care, right?" (PP2)

Misinformation about male prenatal care makes it difficult for men obstructs to access this service. Moreover, there is a mismatch between health policies aimed at men and those aimed at women. Although partner prenatal care is incorporated into routine maternal and child health care through the maternity booklet, its use by professionals remains limited. Consequently, there is a disconnect between the tool itself, the National Policy for Comprehensive Men's Health Care, and the actions implemented in maternal care.

Theme 2: Men's experience during pregnancy and care

The second category emerged from concerns expressed about men's feelings regarding pregnancy, their partners, and babies. Participants mentioned the process of learning to be a father and forming an emotional and paternal bond with the baby. They also emphasized the man's role as a supportive partner and father during

pregnancy, which includes providing both domestic and emotional support to the woman and sharing their feelings throughout the pregnancy.

Men's feelings during and after pregnancy

The participants viewed fatherhood and the development of emotional bonds with their child as a process to be learned during the transition to fatherhood, as shown in the excerpt below.

> “I think it's about the presence and the bond that the child will develop with the father after birth, because the bond with the mother is already there, but with the father, he will need to create that external bond.” (PP3)

Nevertheless, motherhood is still seen as a natural experience intrinsic to the female body.

Perceptions of men’s role in caregiving

Participants perceived their presence during pregnancy as a form of support for their partners, encompassing emotional, domestic, and maternal health aspects.

> “Well, I do everything that has to be done, all the necessary tasks, from household chores. It’s sometimes being at home, sometimes buying medicine, asking how she’s doing, managing her diet and hydration, and providing emotional support.” (PP5)

Most statements emphasize the need for men to participate more actively in the care of both the woman and the newborn.

Theme 3: The significance of prenatal care for fathers/partners

In the third category, participants acknowledged the importance of obtaining relevant information to promote health during pregnancy. This includes concerns about the health of the man and his partner, as well as the potential impacts on the

child's health. Moreover, there is a clear need to understand how to provide meaningful support during childbirth, identify warning signs for the pregnant woman, and know which decisions to make and which health services to seek.

Acquiring information on prenatal care and partner health

The following statement shows an understanding of the relationship between men's health and its impact on maternal and child health.

> "Because I even heard this from a friend who's also a nurse, who told me, right? It takes care of the health of the couple, the child, the mother, and sexual health, right? Because they're both, right?" (PP4)

Supporting the women during pregnancy and childbirth

Partners were also concerned about the types of support and assistance they could provide to the women during childbirth, as well as knowing what to do in situations where the health of the woman and child is at risk.

> "About what to do when something happens, like with her, when she had a loss of fluid, some really strong pain or fainting, because we're not with you guys at those times, where we need to go. Explain what we can do, right? What our role is, like being there during the birth, how we can help when she's in labor." (PP6)

DISCUSSION

There is a discrepancy in legal protections for women and those afforded to men during pregnancy. While pregnant women are granted legal protections for taking time off from work, men often lack the necessary support to accompany their partners to prenatal appointments. This discrepancy highlights the undervaluation of this critical aspect (Darrif; Bortolin; Tabaczinski, 2020; Silva; Oliveira; Saraiva, 2020). Employment sectors often fail to acknowledge the importance of men's participation

in prenatal care. This issue underscores how societal gender constructs on pregnancy are centered on women and relegate men to a secondary role (Gibore; Bali; Kibusi, 2019). These concepts are largely supported by a prenatal care model that focuses solely on women, emphasizing only their biological and reproductive functions. This approach inadvertently reinforces the culture of male invulnerability and the belief that men do not require health care. Consequently, prenatal care remains predominantly oriented toward women, which, combined with the challenges men face in accessing and utilizing health services, contributes to the perpetuation of this model (Silva; Oliveira; Saraiva, 2020; Monteiro et al., 2023).

The inclusion of men in prenatal care has been a policy in Brazil since 2009, which demonstrates the delay in qualifying PHC services to meet the needs of the male population. This situation underscores the need for ongoing education to reorganize professional practices and the health care network, with the aim of promoting comprehensive and effective care for men's health (Monteiro et al., 2023). Partner/father prenatal care is not widely recognized, which contrasts with the National Policy for Comprehensive Men's Health Care. This policy identifies the initiative as an important way to integrate and provide men with access to PHC services. Its objectives include deconstructing the notion that men should only seek health care during times of illness, promoting male health, strengthening connections with healthcare services, and encouraging responsible fatherhood (Darrif; Bortolin; Tabaczinski, 2020; Brasil, 2021).

Another important point highlighted in the participant statements is the role of men during prenatal consultations. Healthcare services primarily focus on the pregnant woman, reducing men to the role of passive listeners and observers of the care provided to women. It is essential not only to increase knowledge about father-partner prenatal care but also to ensure the continuous training of healthcare providers so that they fully understand and implement the guidelines for this approach (Melo; Leal; Soares, 2023). This is vital to dispel the notion that prenatal care, childbirth, and postpartum care are exclusively the woman's responsibility. In Brazil, prenatal care for partners/fathers is recognized as a valuable tool for promoting men's health and its associated benefits. However, it faces challenges in terms of consolidation (Lima et al., 2021). Thus, there is a misalignment with the principles outlined by health policies

aimed at the male population (Brasil, 2021; Monteiro et al., 2023). The misalignment in the approach to health care for men and women reflects a historical tradition of care centered on the female body, which permeates both services and professional training. Academia still reinforces reproductive stereotypes by focusing only on procedures related to women, thereby neglecting the role of men in pregnancy care. This invisibility of men's health in professional training perpetuates the notion that health care for men is secondary and dispensable (Brasil, 2021; Matenga et al., 2021; UNESCO, 2022).

The literature shows that the emotions associated with the construction of fatherhood are essential in understanding men's role. The process of "becoming a father" begins in a man's imagination as he creates a mental image of the child. This image contributes to the formation of a bond and the onset of paternal involvement (Santos et al., 2022). The statements in this study reveal the existence of positive emotions surrounding the birth of a child. These emotions permeate the process of "paternal gestation" and underscore the notion that fatherhood is a skill that can be developed. This perspective initiates the deconstruction oftraditional gender roles assigned to men who are often expected to be the sole providers for their households and are typically less involved in caregiving and forming emotional connections with their children. Consequently, this shift creates opportunities for the development of responsible fatherhood (Costa et al., 2022; Reis; Borges; Costa, 2021).

The naturalization of motherhood reflects deeply rooted conceptions of gender roles in pregnancy and caregiving (Gibore; Bali; Kibusi, 2019; Falade-Fatila; Adebayo, 2020). Deconstructing the male role within the patriarchal paradigm can be facilitated through educational initiatives during prenatal care. These initiatives encourage men to reflect on fatherhood and actively engage in caring for their partners, including assuming household responsibilities (Mohammed et al., 2019). Understanding the changes associated with pregnancy enables men to provide greater physical and emotional support to their partners, creating a supportive environment for the father-mother-child triad, both at home and in healthcare services. This supportive atmosphere can help alleviate anxieties and concerns (Vieira; Aguiar, 2021).

However, it is essential to demonstrate the importance of promoting men's health during appointments, as the literature indicates that this practice is not yet

consolidated in prenatal care for partners. The prevailing culture in men's health care remains predominantly focused on curative and preventive approaches (Ribeiro; Gomes; Moreira, 2017). The involvement of men in prenatal care is also associated with prevention, especially regarding the avoidance of sexually transmitted infections that can be transmitted vertically and have negative outcomes for the fetus (Souza et al., 2022). Partner prenatal care is a strategic opportunity for developing men's sexual and reproductive health in a responsible and collaborative way with their partners. Using this approach in an educational manner promotes health by discussing responsible sexuality, men's sexual and reproductive rights, and their direct impact on the health of both the partner and the child (Muloongo et al., 2019; UNESCO, 2022). Partner prenatal care offers a valuable opportunity to discuss various topics, including warning signs during pregnancy and guidance on navigating the healthcare system when seeking assistance (Silva et al., 2020).

Limitations

To the best of our knowledge, this is the first investigation of partner prenatal care in the municipality of Porto Velho, exploring the perceptions of both fathers and health professionals on the subject. One limitation of this study is the small number of health professionals involved, as only one family health team participated. Moreover, the participation of men in partner/father prenatal care was limited to those who attended appointments. Therefore, our conclusions may not be generalizable to the entire male population in the Amazon region or the country. Future research should explore this topic in diverse contexts and timeframes, focusing on the experiences of pregnant women, their partners, and health professionals regarding pregnancy and partner prenatal care.

CONCLUDING REMARKS

Our study reveals that prenatal care is still predominantly viewed as a practice aimed at women, with men playing a secondary role. Even when men do participate, partner prenatal care is not fully implemented, limiting its impact on men's access to

health services. Our findings shed light on the disconnect between health professionals and the strategy of partner prenatal care, as well as their limited awareness of men's health issues. This problem arises not only from insufficient professional training but also from the lack of discussions on this topic in academic health education. Most participants view their role in prenatal care primarily as that of providers of emotional and domestic support, as well as suppliers of household items to create an environment that meets the needs of both the woman and the baby, thereby preventing negative outcomes during childbirth.

REFERENCES

BARDIN, L. **Análise de conteúdo**. 1ª edição ed. São Paulo: Editora 70, 2016.

BRASIL. Ministério da Saúde. **Portaria GM/MS Nº 3.562, de 12 de dezembro de 2021**. Altera o Anexo XII da Portaria de Consolidação GM/MS nº 2, de 28 de setembro de 2017, para dispor sobre a Política Nacional de Atenção Integral à Saúde do Homem (PNAISH). Brasília: Ministério da Saúde, 2021. Disponível em: <https://bvsms.saude.gov.br/bvs/saudelegis/gm/2021/prt3562_15_12_2021.html>. Acesso em: 22 jul. 2022.

CLIMACO, L. C. C.; VILELA, A. B. A.; YARID, S. D.; BOERY, E. N. Pré-natal masculino: um relato de experiência no contexto da educação em saúde. **Enfermagem em Foco**, v. 11, n. 2, p. 198-203, 2020.

COSTA, V. S.; RIBEIRO, R. C.; PINTO, M. O.; SILVA, M. R. B.; PRADO, L. D. A. S. R.; VIANNA, T. A. Participação do homem no periodo do pré-natal e sensibilização do pré-natal masculino. **Research, Society and Development**, v. 11, n. 5, p. e21211527988, 2022.

DARRIF, L. D. T. K.; BORTOLIN, D.; TABACZINSKI, C. Prematuridade e Paternidade: Um Estudo de Revisão Sistemática. **Revista de Psicologia**, Fortaleza, v. 11, n. 1, p. 93-99, jan./jun. 2020.

FALADE-FATILA, O.; ADEBAYO, A. M. Male partners' involvement in pregnancy related care among married men in Ibadan, Nigeria. **Reproductive Health**, v. 17, n. 14, p. 1-12, 2020.

GIBBS, G. **Análise de dados qualitativos**. 1ª edição. Bookman, 2009.

GIBORE, N. S.; BALI, T. A. L.; KIBUSI, S. M. Factors influencing men's involvement in antenatal care services: a cross-sectional study in a low resource setting, Central Tanzania. **Reproductive Health**, v. 16, n. 52, p. 1-10, 2019.

HENNINK, M.; KAISER, B. N. Sample sizes for saturation in qualitative research: A systematic review of empirical tests. **Social Science & Medicine**, Reino Unido, v. 292, p. 114523, 2022.

LIMA, N. G.; OLIVEIRA, F. S. de; SILVA, A. de S.; FERREIRA, R. T.; RIBEIRO, A. D. do N.; SILVESTRE, G. C. S. B.; ROCHA, R. P. S. Pré-natal do parceiro: concepções, práticas e dificuldades enfrentadas por enfermeiros. **Research, Society and Development**, [*S. l.*], v. 10, n. 6, p. e43110615872, 2021.

MATENGA, T. F. L.; ZULU, J. M.; NKWEMU, S.; SHANKALALA, P.; HAMPANDA, K. Men's perceptions of sexual and reproductive health education within the context of pregnancy and HIV in Zambia: a descriptive qualitative analysis. **BMC Public Health**, v. 21, n. 1, p. 1354, 2021.

MELO, R. R. R. B.; LEAL, A. S. L. G.; SOARES, G. B. Possibilidades e limites do pré-natal do homem em um município do nordeste brasileiro. **Ciência & Saúde Coletiva**, v. 28, n. 8, p. 2261-71, 2023.

MOHAMMED, B. H.; JOHNSTON, J. M.; VACKOVA, D.; HASSEN, S. M.; YI, H. The role of male partner in utilization of maternal health care services in Ethiopia: a community-based couple study. **BMC Pregnancy and Childbirth**, v. 19, n. 28, p. 1-9, 2019.

MONTEIRO, B. B.; DE PAULA, M. C.; CLAPIS, M. J.; SILVA, M. M. J. Participação do parceiro no pré-natal. **Reserch, Society and Development**, v. 12, n. 1, p. e28112139488, 2023.

MUHEIRWE, F.; NUHU, S. Men's participation in maternal and child health care in Western Uganda: perspectives from the community. **BMC Public Health**, v. 19, n. 1048, p. 1-10, 2019.

MULOONGO, H. SITALI, D.; ZULU, J. M.; HAZEMBA, A. N.; MWEEMBA, O. Men's perspectives on male participation in antenatal care with their pregnant wives: a case of a military hospital in Lusaka, Zambia. **BMC Health Services Research**, v. 19, n. 463, p. 1-9, 2019.

NOBRE, F. C.; CORRÊA, D. A.; NEPOMUCENO, L. H.; NOBRE, L. H. N.; SOUSA, A. J.; SIQUEIRA FILHO, V. A amostragem na pesquisa de natureza cientifica em um campo multiparadigmático: peculiaridades do método qualitativo. **Revista Espacios**, v. 38, n. 22, p. 13, 2017.

REIS, A. L. P.; BORGES, R. M. S.; COSTA, C. M. A. A presença do pai no pré-natal na Atenção Primária de Saúde. **Global Academic Nursing Journal**, v. 2, n. 1, p. 1-9, 2021.

RIBEIRO, C. R.; GOMES, R.; MOREIRA, M. C. N. Encontros e desencontros entre a saúde do homem, promoção paternidade participativa e a saúde sexual e reprodutiva na atenção básica. **Physis**, v. 27, n. 1, p. 41-60, jan./mar. 2017.

RIVERA, M. F. A.; SCARCELLI, I. R. Contribuições feministas e questões de gêneros nas práticas de saúde da atenção básica do SUS. **Saúde em Debate**, Rio de Janeiro, v. 45, n. esp. 1, p. 39-50, out. 2021.

SANTOS, R. M. S.; MARQUETE, V. F.; VIEIRA, V. C. L.; GOES, H. L. F.; MOURA, D. R. O.; MARCON, S. S. Percepção e participação do parceiro na assistência pré-natal e nascimento. **Revista de Pesquisa Cuidado é Fundamental Online**, Rio de Janeiro, v. 14, n. esp. 1, p. e0616, 2022.

SILVA, R. S.; OLIVEIRA, S. C.; SARAIVA, A. P. C. Pré-natal do parceiro: uma análise a partir da perspectiva da gestante. **Revista Eletrônica Acervo Saúde**, v. 12, n. 12, p. e4361, dez. 2020.

SILVA, S. P.; SANTOS, G. X. C.; NASCIMENTO, J. W. A.; SANTOS B. X. G. Obstáculos do acesso do homem à atenção primária à saúde: uma revisão integrativa. **Brasilian Journal of Health Review**, Curitiba, v. 4, n. 4, p. 15188-15199, jul./aug. 2023.

SILVA, W. C.; WANDERLEY, R. R.; MARKUS, G. W. S.; PEREIRA, R. A.; COUTO, GBF.; DIAS, A. K. Pré-natal do parceiro: desafio para o enfermeiro. **Revista Extensão**, v. 4, n. 2, p. 127-137, out. 2020.

SOUZA, M. G. N.; SOUZA, A. M. M.; OLIVEIRA, M. L. G. L. S.; COSTA, R. M. F. A importância do pré-natal masculino na prevenção e redução da transmissão vertical de infecções sexualmente transmissíveis: uma revisão bibliográfica de literatura. **Revista Eletrônica de Acervo em Saúde**, v. 15, n. 4, p. 1-9, 2022.

SOUZA, V. R. S.; MARZIALE, M. H. P.; SILVA, G. T. R.; NASCIMENTO, P. L. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. **Acta Paulista de Enfermagem**, v. 34, eAPE02631, mar. 2021.

UNESCO. United Nations Educational, Scientific and Cultural Organization. **UNESCO in action for gender equality, 2020-2021 - UNESCO Digital Library**. United Nations Educational, Scientific and Cultural Organization, 2022. Disponível em: <https://unesdoc.unesco.org/ark:/48223/pf0000380680>. Acesso em: 21 jul. 2022

VIEIRA, A. F.; AGUIAR, R. S. Benefícios para a gestante com a participação paterna no pré-natal: uma revisão narrativa. **Saúde Coletiva**, Barueri, v. 11, n. 68, p. 7375-7386, 2021.

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