Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

CARE PRACTICES CARRIED OUT BY THE PARTNER IN THE PREGNANT WOMAN'S

PRÁTICAS DE CUIDADO REALIZADAS PELO COMPANHEIRO NA PERSPECTIVA DA GESTANTE

PRÁCTICAS DE CUIDADO REALIZADAS POR EL COMPAÑERO EN LA PERSPECTIVA DE LA GESTANTE

Naiashy Vanuzzi Martello[1], Laís Antunes Wilhelm[2], Luiza Cremonese[3], Lisie Alende Prates, Marcella Simões Timm[4], Lúcia Beatriz Ressel[5]

ABSTRACT

Objective: to understand how the woman perceives the participation of the partner in the pregnancy process. ***Method:*** qualitative, descriptive, field study conducted in a Family Health Strategy. A total of 13 women who underwent prenatal care participated through semi-structured interviews. The data were submitted to thematic content analysis. ***Results:*** the types of care provided by the partners to the pregnant women were mainly related to the concern for the well-being of mothers and the baby, participation in medical appointments, feeding and sexuality. The pregnant women consider the partner's participation as important, and this has direct repercussions on maternal and fetal well-being. ***Conclusion:*** it is expected that this study will stimulate the reflection and the discussion this theme for the nursing area in order to encourage the partner to participate in the gestation, with a view to the comprehensive and humanized care to the pregnant women. ***Descriptors***: Women's Health; Pregnancy; Nursing.

RESUMO

Objetivo*:** compreender como a mulher percebe a participação do homem no processo gravídico. ***Método*:** estudo qualitativo, descritivo, de campo, em uma Estratégia Saúde da Família. Participaram 13 mulheres que realizaram o pré-natal, mediante entrevista semiestruturada. Os dados foram submetidos à técnica de análise de conteúdo temática da proposta operativa. ***Resultados*:** 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 repercussão direta no bem-estar materno e fetal. ***Conclusão: espera-se que este estudo fomente a reflexão e a discussão sobre a temática para a enfermagem, a fim de incentivar o companheiro na gestação, com vistas ao cuidado integral e humanizado às gestantes. ***Descritores*:** Saúde da Mulher; Gravidez; Enfermagem.

RESUMEN

Objetivo*:** comprender cómo la mujer percibe la participación del hombre en el proceso de embarazo. ***Método*:** estudio cualitativo, descriptivo, de campo, en una Estrategia Salud de la Familia. Participaron 13 mujeres que realizaron el prenatal, mediante entrevista semi-estructurada. Los datos fueron sometidos a la técnica de análisis de contenido temático de la propuesta operativa. ***Resultados*:** fueron identificados tipos de cuidados prestados por los compañeros a las gestantes, relacionados principalmente a la preocupación con el bienestar de ellas y del bebé, participación en las consultas, alimentación y sexualidad. Las gestantes consideran importante la participación del compañero, y eso tiene repercusión directa en el bienestar materno y fetal. ***Conclusión: se espera que este estudio fomente la reflexión y la discusión sobre la temática para la enfermería, para incentivar al compañero en la gestación, para el cuidado integral y humanizado de las gestantes. ***Descriptores***: Salud de la Mujer; Embarazo; Enfermería.

[1]Nurse by the Federal University of Santa Maria/UFSM. E-mail: nayvanuzzi@gmail.com; [2]Nurse, PhD student in Nursing, Federal University of Santa Maria/UFSM. CAPES Scholarship. E-mail: laiswilhelm@gmail.com; [3]Nurse, PhD student in Nursing, Federal University of Santa Maria/UFSM. E-mail: lu_cremonese@hotmail.com; [4]Nurse, University Hospital of Santa Maria/EBSERH, PhD student in Nursing, Federal University of Santa Maria /UFSM. E-mail: lisiealende@hotmail.com; [5]Nurse, Master in Nursing, Intern in Obstetric Nursing, Centro Universitário Franciscano/UNIFRA. E-mail: marcella.timm@hotmail.com; [6]Nurse, PhD Professor, Department of Nursing/Graduate Program in Nursing, Federal University of Santa Maria/PPENF/UFSM. E-mail: luciaressel@gmail.com

INTRODUCTION

Gestation can be a unique experience in a woman's life and of her family. It is surrounded by spiritual, emotional and sociocultural issues and can be considered as a social event shared by the family members and by the social group in which the pregnant woman is inserted.[1] Gestation is the moment when the woman needs the attention of the individuals around her, including her family, her friends or her partner.

The participation and the attention of the partner are essential for a healthy gestation, since the male care with the baby is inseparable from the care for the pregnant woman, involving, among other things, the establishment of a direct communication between the couple, that is, being attentive, understanding and participating in the changes the woman experiences. The pregnant woman who receives support from her partner becomes more confident, which favors the development of attitudes of support and mutual care.[2]

It is also seen that when a man participates in the gestation, he provides love and confidence to the woman, sharing the joys of birth and the daily chores, which have always been assigned culturally and exclusively for the woman. This participation can be considered a positive and essential experience for the pregnant woman, considering all the modifications and conflicts of adaptation in this period.[3]

When the partner is invited to participate in the systematic activities of health education, he acquires a new perception of care and as caregiver, becoming involved in prenatal consultations, examinations and preparation for childbirth.[4] In this way, the inclusion of the partner in the consultations is also essential for quality care. Humanized strategies that take into account social, cultural and economic realities, as well as welcoming attitudes that allow the realization of comprehensive care are crucial.[5] However, the participation of the partner cannot be limited to prenatal consultations, but must also involve activities related to the pregnant woman and the preparation for the baby's arrival, the emotional support provided to the mother, the relationship with the child and the couple's anxieties.[6] In view of the above, this article had as a research question: how does the woman perceive the participation of the partner during pregnancy?

OBJECTIVE

- To understand how the woman perceives the participation of her partner in the pregnancy process.

METHOD

This is a qualitative, descriptive and field study carried out in a Family Health Strategy (FHS) of a municipality in the interior of Rio Grande do Sul, Brazil. The inclusion criteria were: being pregnant, being receiving prenatal care at the FHS and living with the partner. The exclusion criteria involved women who did not have psychological and cognitive conditions to participate in the interview.

A total of 13 pregnant women aged between 14 and 37 who were intentionally invited at the time of the prenatal visit participated in the study. The semi-structured interview was used as a data collection technique, which allowed the interviewee to discuss the proposed topic without being limited by the formulated question and without answers or conditions pre-determined by the researchers.[7]

After the definition and acceptance of the service, the researcher made a visit to the FHS as a way of approaching. The participants were then recruited. The Free and Informed Consent Form was signed by participants over the age of 18 and by those responsible for participants under the age of 18, and the Acceptance Form was signed by participants under the age of 18.

The interviews were conducted at the FHS, in a specific room, previously agreed with the team, in order to promote privacy to participants. The interviews were audio recorded, and then transcribed for analysis and interpretation of the researchers. The data were submitted to thematic content analysis.[7]

The present research followed the ethical precepts of research with human beings, according to Resolution 466/12 of the National Health Council, meeting the guiding principles of autonomy, beneficence, non-maleficence, justice and equity.[8] It was approved by the Research Ethics Committee under the number of the Presentation Certificate for Ethical Assessment (CAAE) 14351413.0.0000.5346.

RESULTS AND DISCUSSION

From the gestation, the male partner tries to establish bond with the baby through the approach, the affection and practices of care destined to his partner and her health. The

testimonies in this study reveal that the more the male partner participates in gestation and the health care of the woman, the richer the family relationship is, which begins before the birth. Therefore, the pregnant woman who feels cared for by her partner can experience feelings of satisfaction, well-being, self-esteem and pleasure, which may have positive repercussions on the baby's health.

The man can interact with the pregnant women through precautions, vigilance, presence and help, causing a sense of protection and care.[9] In this way, when an individual is willing to care for the other, it means they are willing to participate in the destiny, as well as in the search, suffering and success, that is, the life of the one who is cared for. This can be observed in the interviewees' statements when they report the importance of having the help of their partners to build each practice of their care, especially in the daily activities, with simple attitudes, but essential for the maternal and fetal well-being.

Some pregnant women have reported that the practices of care performed by the partner are related to the concern that they do not make efforts and some activities that used to be common in women's routine in view of the risks to the fetus. They highlight care practices related to eating habits and concerns about adequate sleep and rest.

> *He keeps asking me if I'm feeling good, if I've ever felt the baby stirring, if I want to eat something different. When I eat high fat food or too much food, he keeps controlling everything. Now he also helps me in the house chores; he does not know how to do many things, but I see that he is trying hard to please me. (P3)*
>
> *He is afraid that I will lose the baby; he does not let me make physical effort and he takes care of what I eat, so that I do not eat anything that makes me ill. (P4)*
>
> *He asks me how I'm feeling, if I slept well, what I ate during the day. He's been very attentive. He calls me, he comes home and keeps talking to the baby in the belly; it's very silly. (P6)*

Helping in household chores is also considered a type of care provided by male partners. By appropriating some tasks previously done only by the woman, they are showing empathy and concern about preserving the pregnant woman. Authors[10] stressed that not letting the partner make physical efforts that put gestation at risk and helping in the household chores are ways the male partners find to participate in the pregnancy, since, biologically, they cannot act beyond the conception.

In addition, the partners have shown to be interested in the foods ingested by pregnant women in order to preserve both their health and the baby's health. During pregnancy, feeding is an important aspect, considering the necessary dietary changes as part of the prenatal care protocol, mainly because of the increased nutritional requirement.[11]

Eating practices are influenced by the nutritional knowledge disseminated by health professionals, which can be reinterpreted based on the culture, social representations, observations, experiences and living conditions of women and their families. Thus, although changes in dietary habits in the family context are often necessary, these may or may not occur depending also on how health professionals guide this issue. In this sense, so that guidance takes place effectively, it is necessary to know the socioeconomic and cultural reality of the pregnant woman.[12]

The male partner also worries about the sleep and the rest of the pregnant woman. This concern is justified because inadequacy in sleep and rest may favor the emergence of health problems for the mother and the baby.[3]

Another activity that, in the perception of pregnant women, is cited as a way of caring refers to the involvement of the partner in prenatal consultations. For them, this attitude shows the partner's interest in sharing information received during consultations.

> *He likes to participate; he is as happy as I am. When I have a prenatal consultation, he wants to go. (P4)*
>
> *He participates together with me in a lot of things; he goes in the consultations with me; he is worried all the time, asking how I'm feeling; he keeps waiting to see the baby moving. (P5)*

The presence of the partner in prenatal consultations, regardless of the gestational period, is considered a form of participation in the gestation. In addition, it is recognized as a positive factor that encourages the strengthening of family ties and makes male partners feel important in the exercise of fatherhood. The marriage of the couple strengthens, the relationship is better structured and the bond with the baby is established.[10]

Another aspect related to the participation of the partner in the care of the pregnant woman is the issue of sexuality during pregnancy and the changes that occur in the couple's sexual life. These modifications also appear as a way of care.

> *He is afraid of having sex, afraid that he will hurt the baby. These days, we did it and the baby started to stir a lot, then he told me, did you see? He does not like it. (P8)*
>
> *He wants to have sex, but he understands that he can hurt the baby. He said he will wait until birth so that there is no risk of hurting to the baby. (P9)*

It is believed that there are cultural meanings and values present in these processes, as well as different ways of experiencing the body and sexuality. Each woman has a unique way of dealing with her body, controlling it and perceiving it during pregnancy, and they can present difficulties in this process, bringing limitations to her sexual life. A study on the body and sexuality in the puerperium,[13] for example, showed that many women, during the sexual act with the partner, feel ashamed, worried and troubled by the presence of the baby. In this way, they understand sex as something that can be harmful.

It is also emphasized that pregnancy is characterized by biochemical, functional and anatomical changes that begin soon after fertilization and are usually accompanied by emotional changes. All of these changes may interfere with the pregnant woman's sexual behavior in different degrees and in different ways. Most couples are concerned with the changes inherent in gestation and with the possible negative repercussions of sexual activity on the baby. However, due to embarrassment or fear, they are reluctant to ask spontaneous questions about sexuality, unless a health professional addresses the issue.[14] Given this situation, it is necessary that health professionals, without judgments or prejudices, understand the issue and use health education to guide the couple.

FINAL THOUGHTS

Gestation is a family experience permeated by physical, social and emotional changes that may reflect on the behavior of the pregnant woman and her family. In this sense, managing the conjugal life and experiencing this process, which may be complex, is a challenging task and demands a new look from the pregnant woman, her partner and her family, as well as from health professionals.

One way to implement this action is through raising health professionals' awareness, as promoters of prenatal care, about the importance of making care unique to each pregnant woman by including her partner in health care activities in order to facilitate the understanding of the gestational period and prepare the couple for the arrival of the baby. In this sense, the present study observed that the father has ceased to play a supporting role, as there has been an increasing participation of men/parents in the care developed during pregnancy.

The pregnant women emphasized the importance of the participation of their partners in the daily activities of care in the home, in the division of household chores, in the surveillance of their eating habits, in the preoccupation with the baby, in sexuality and in participation in prenatal consultations. These actions, in women's view, can directly affect maternal and fetal well-being.

The differentiated reality of the study participants, both in socioeconomic and cultural terms, is a limitation of this study. Therefore, the generalization of the findings found for the general population is questionable. Still, further studies should be carried out addressing the male partners' point of view in relation to their participation in the gestational period in order to contribute to the construction of knowledge on the subject.

This research brings contributions in the disclosure of findings that reveal the pregnant woman's understanding of the partner's participation in the pregnancy process and that can broaden the look on the fatherly role in this experience. From this research, it is expected that health professionals, as agents of change in their work environments, may promote greater involvement of the partner in the gestational process, breaking up the stereotype that man should be only a provider of material needs of the family, and instead encouraging them to act as a promoter of care practices to the mother and the baby.

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Submission: 2017/02/26
Accepted: 2017/08/08
Publishing: 2017/11/15

Corresponding Address

Lisie Alende Prates
Programa de Pós-Graduação em Enfermagem
Centro de Ciências da Saúde
Universidade Federal de Santa Maria
Avenida Roraima, 1000, Prédio 26
Bairro Cidade Universitária
CEP: 97105-900 — Santa Maria (RS), Brazil