

PARTNER PRENATAL: LIMITATIONS AND STRATEGIES FOUND BY NURSES IN PRIMARY HEALTH CARE

PRENATAL SOCIO: LIMITACIONES Y ESTRATEGIAS QUE ENCUENTRAN LAS ENFERMERAS EN LA ATENCIÓN PRIMARIA DE SALUD

PRÉ-NATAL DO PARCEIRO: LIMITAÇÕES E ESTRATÉGIAS ENCONTRADAS POR ENFERMEIROS NA ATENÇÃO PRIMÁRIA À SAÚDE

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ABSTRACT

Objective: To describe the main limitations and strategies encountered by nurses when providing their partner's prenatal care in primary health care. **Method:** Integrative review, developed in April 2024 through a bibliographic survey in the databases: Nursing Database and Latin American and Caribbean Literature in Health Sciences, through the Virtual Health Library, and Online Search System and Analysis of Medical Literature, through access to PubMed. The following Health Sciences Descriptors (DeCS) were used: "Prenatal care", "Basic care", "Paternity", "Men's health", and Medical Subject Headings (MeSH): "Prenatal care", "Primary care", "Paternity", "man's health", both crossed with the Boolean operator AND. Eight studies emerged in the research. **Results:** The partner's prenatal care is a fundamental strategy, however, the limitations that intervene in the partner's prenatal care are related to the man's personal and financial aspects, lack of knowledge and/or lack of involvement on the part of the professional offering the care and physical structure of the place where the gestational process is monitored, among others. **Final considerations:** In summary, it is possible to reaffirm that the partner's prenatal care is still a little or no consolidated strategy in Primary Health Care (PHC). Therefore, this research brings important possibilities, raising discussions to think about practices aimed at men's health, among them the need to strengthen continuing education for Primary Care (AB) nurses, the planning of the UBS agenda with flexibilization of opening hours, among others

Keywords: Prenatal Care; Basic Attention; Paternity; Men's Health.

RESUMEN

Objetivo: Describir las principales limitaciones y estrategias encontradas por las enfermeras al brindar atención prenatal a su pareja en la atención primaria de salud. **Método:** Revisión integrativa, desarrollada en abril de 2024 a través de un levantamiento bibliográfico en las bases de datos: Base de Datos de Enfermería y Literatura Latinoamericana y del Caribe en Ciencias de la Salud, a través de la Biblioteca Virtual en Salud, y Sistema de Búsqueda y Análisis de Literatura Médica en Línea, mediante acceso a PubMed. Se utilizaron los siguientes Descriptores de Ciencias de la Salud (DeCS): "Atención prenatal", "Atención básica", "Paternidad", "Salud del hombre" y Medical Subject Headings (MeSH): "Atención prenatal", "Atención primaria", "Paternity.", "salud del hombre", ambos cruzados con el operador booleano AND. En la investigación surgieron ocho estudios. **Resultados:** El cuidado prenatal de la pareja es una estrategia fundamental, sin embargo, las limitaciones que intervienen en el cuidado prenatal de la pareja están relacionadas con aspectos personales y económicos del hombre, falta de conocimiento y/o falta de involucramiento por parte del profesional que ofrece el cuidado, y estructura física del lugar donde se monitorea el proceso gestacional, entre otros. **Consideraciones finales:** En resumen, es posible reaffirmar que el cuidado prenatal de la pareja es aún una estrategia poco o nada consolidada en la Atención Primaria de Salud (APS). Por lo tanto, esta investigación trae importantes posibilidades, suscitando discusiones para pensar prácticas orientadas a la salud del hombre, entre ellas la necesidad de fortalecer la formación continua de enfermeros de Atención Primaria (AB), la planificación de la agenda de la UBS con flexibilización de horarios de atención, entre otras.

Palabras clave: Cuidado Prenatal; Atención Básica; Paternidad; Salud de los Hombres.

RESUMO

Objetivo: Descrever as principais limitações e estratégias encontradas pelos enfermeiros na efetivação do pré-natal do parceiro na atenção primária à saúde. **Método:** Revisão integrativa, desenvolvida em abril de 2024 por meio de levantamento bibliográfico nas bases de dados: Base de Dados de Enfermagem e Literatura Latino-Americana e do Caribe em Ciências da Saúde, através da Biblioteca Virtual em Saúde, e Sistema Online de Busca e Análise de Literatura Médica, por meio de acesso à PubMed. Utilizaram-se os seguintes Descritores em Ciências da Saúde (DeCS): "Assistência pré-natal", "Atenção básica", "Paternidade", "Saúde do homem", e Medical Subject Headings (MeSH): "Prenatal care", "Primary care", "Paternity", "man's health", ambos em cruzamento com o operador booleano AND. Emergiram-se na pesquisa 08 estudos. **Resultados:** O pré-natal do parceiro consiste uma estratégia fundamental, no entanto as limitações que intervêm na realização do pré-natal do parceiro estão relacionadas com os aspectos pessoais e financeiros do homem, desconhecimento e/ou falta envolvimento por parte do profissional que oferta o cuidado e estrutura física do local de acompanhamento do processo gestacional dentre outros. **Considerações finais:** Em síntese, é possível reaffirmar, que a realização do pré-natal do parceiro ainda é uma estratégia pouco ou nenhuma consolidada na Atenção Primária à Saúde (APS). Com isso, essa pesquisa traz importantes possibilidades, levantando discussões para pensar as práticas direcionadas à saúde do homem, dentre elas a necessidade de fortalecer a educação permanente para os enfermeiros(o) da Atenção Básica (AB), o planejamento da agenda da UBS com flexibilização dos horários de atendimento, dentre outros.

Palavras-chave: Assistência Pré-Natal; Atenção Básica; Paternidade; Saúde do Homem.



INTRODUCTION

Historically, in ancient times, the puerperal pregnancy cycle was attributed to the female function par excellence, in other words, relative to the nature of women. On the other hand, men in their conception were superior beings who had authority over the mother and child, and were seen as the breadwinners of the house and did not take part in household chores or gestational involvement, which meant that they were excluded from this very important moment in the couple's lives.⁽¹⁾

It is well known that pregnancy is a phase that involves physiological changes with important repercussions on the woman's organic, psychological and social systems. In this sense, the partner's prenatal care aims to guarantee the development of the pregnancy, ensuring maternal health in order to allow good fetal development, making it possible to experience pregnancy in a calm and safe way, with less risk of unfavorable perinatal outcomes, which will result in the birth of a healthy child.⁽²⁾

Currently, through campaigns and public policies encouraged by the Ministry of Health (MoH), this perception is beginning to take a new turn regarding the paternal relationship during pregnancy, which goes beyond material provision, including their participation in activities aimed at pregnant women, preparations for the arrival of the child, predominantly feelings of emotional support, intimacy and strengthening the mother/father/child binomial bond.⁽³⁾

From this perspective, partner prenatal care is an innovative strategy instituted by the Ministry of Health in 2016, which seeks to convey the importance of men's conscious and active participation in all actions aimed at the pregnancy and non-pregnancy cycle, as well as contributing to improving access to health, with a focus on Primary Health Care (PHC).⁽⁴⁾

During pregnancy, the father becomes an important figure, not only for accompanying the pregnant woman during prenatal care, but also for building the child's identity and contributing to his emotional involvement with the baby.⁽⁵⁾

In this sense, primary care is the gateway to care for pregnant women and their partners and plays a fundamental role in the comprehensive care of the mother-father-child trinomial, providing good birth outcomes. However, evidence still points to the existence of gaps that can impact on the development of prenatal care for the partner provided.⁽⁶⁾

This research is therefore justified by the proposal to break down stereotypes in society and in health care, which still focus only on the mother-baby binomial in prenatal care. In this sense, the aim is to direct care towards the father-mother-child triad, involving men from prenatal care onwards, as well as during childbirth and throughout child development, contributing to the construction of a fairer and more equal society.

The aim is to describe the main limitations and strategies encountered by nurses in implementing partner prenatal care in primary health care.



METHOD

This is an Integrative Review (IR) study, carried out in April 2024, based on the construction of a broad analysis of the literature, making it possible to visualize the state of knowledge on a given subject. IR is also a method that synthesizes the results obtained in previous studies, through rigorous analysis of a

given subject, allowing for the expansion and construction of new knowledge.⁽⁷⁾

This study used the PICO strategy (Chart 1) to formulate the guiding question: What are the limitations and strategies encountered by primary health care nurses in carrying out partner prenatal care? In which the “P” is identified as the study's population of analysis, the “I” is the concept to be investigated and the “Co” is related to the context.

Table 1- Application of the PICO strategy.

Acronym	Definition	Application
P	Population	Parents and/or partner of pregnant woman
I	Interest	Limitations and strategies in making partner's prenatal care effective
Co	Context	Partner's prenatal care initiative and/or encouragement of father's and/or partner's participation in prenatal care

Source: The authors.

The following six stages were used to prepare this IR: 1st identification of the theme and choice of guiding question; 2nd literature search and creation of inclusion and exclusion criteria; 3rd categorization of the selected studies; 4th evaluation of the studies; 5th interpretation of the results and 6th synthesis of the knowledge obtained.⁽⁸⁾

Once the guiding question had been defined, the literature search was carried out, for which we selected the following databases: Nursing Database (BDENF) and Latin American and Caribbean Literature in Health Sciences

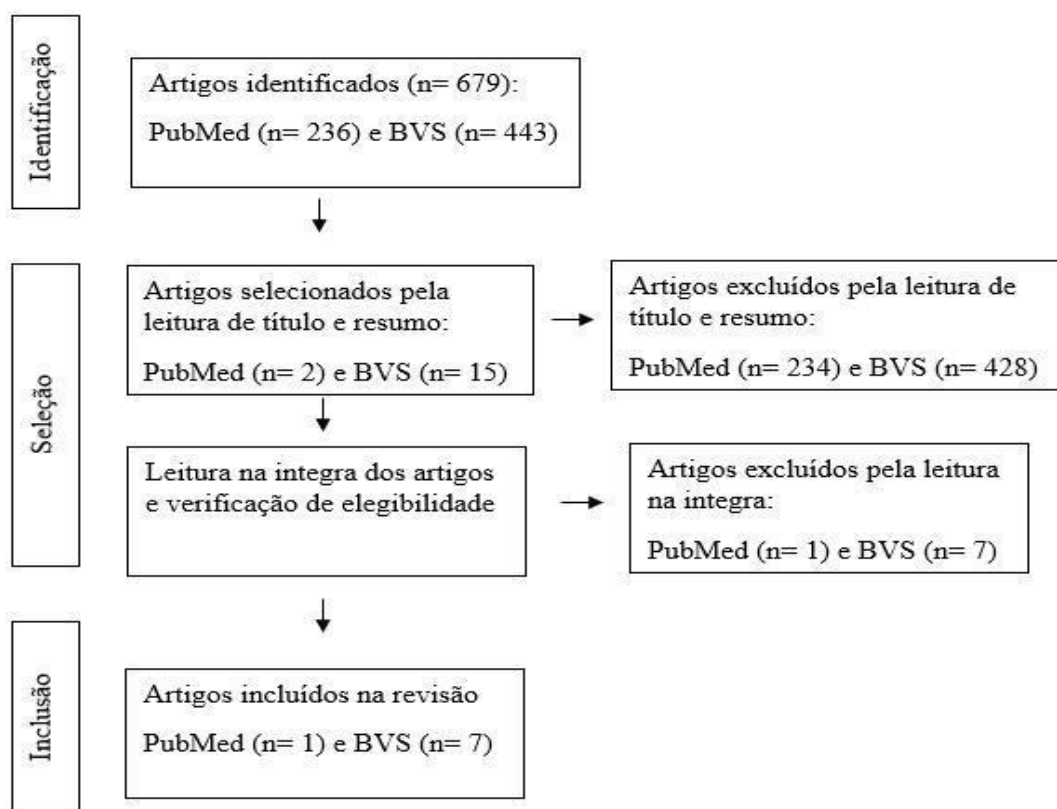
(LILACS), through the Virtual Health Library (BVS), and the Online Medical Literature Search and Analysis System (MEDLINE), through access to PubMed. The following Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were used, both controlled, in association with the Boolean operator AND. The VHL used the strategy “Pregnant Women” AND “Primary Health Care” AND “Prenatal Care”. PubMed used “Pregnant Women” AND “Primary Health Care” AND “Prenatal Care”.



The following inclusion criteria were used to select the studies (Figure 1): articles published in Portuguese, English and Spanish with full text available, published in the last five years (2018 - 2024). This delimitation of time is justified by ensuring an adequate number of articles, since handling a high volume of research can introduce erroneous biases in the selection and screening stages⁽⁹⁾.

By adding these filters, 443 articles emerged in the VHL and 236 articles in PubMed. The exclusion criteria were repeatedly indexed articles, studies in the form of monographs, dissertations and theses and those that did not meet the objectives of this research. After reading the titles and abstracts, a sample of 17 articles was obtained (15 studies in the VHL and 2 in PubMed).

Figure 1 - Flowchart of study selection.



The flow of the study selection process is shown in Figure 1. It follows the 3 phases constructed: Identification, Selection and Inclusion. Identification represents the result of cross-referencing the descriptors in the databases, using the inclusion criteria. Selection consisted of reading the title and abstract of each

article in order to check whether the study suited the purpose of the review. Subsequently, the selected studies were read in full in order to identify which ones would be included/excluded. Inclusion, as the name implies, meant the articles that were chosen to make up the integrative review.

RESULTS

After reading the full articles, eight were selected to make up the sample (**Chart 2**).

Chart 2 - Summary of studies by code, author and results.

AUTHOR	RESULTS LIMITATIONS	RESULTS STRATEGIES
Prudêncio PS, Mamede FV ⁽¹⁰⁾	Lack of information about rights as a father/partner and as a pregnant woman.	Informing men and pregnant women about their rights in pregnancy groups.
Santana LA, Gonçalves DS ⁽¹¹⁾	UBS opening hours, tiredness. Lack of trained primary care professionals, lack of initiative on the part of health professionals to promote actions.	Extending the opening hours of the units. Schedule group meetings at the end of the week, develop conversation circles for health education, provide guidance on pregnancy, childbirth, postpartum, breastfeeding and the rights of fathers/partners.
Menezes LO, Andrade M, Oliveira IS ⁽¹²⁾	Cultural issue with the division of male/female roles..	Acting to reduce the view of women as sexual objects and the reference to the sexual act through campaigns and public policies.
Barbosa RVA, Abreu LDP, Alencar OM, Moreira FJ ⁽¹³⁾	Lack of specific health promotion actions for the male population in their territory at regular times, actions aimed at this public take place in a fragmented way.	Developing regular intersectoral actions in the population's territory, encouraging men to strengthen ties with the ESF and UBS, publicizing and encouraging men to have their partner's prenatal care, and participating in educational activities.
Brito JGE ⁽¹⁴⁾	Level of schooling, unwanted pregnancy, lack of encouragement from the pregnant woman herself, lack of adherence through work.	Schedule group meetings at the end of the week, develop conversation circles for health education, provide guidance on pregnancy, childbirth, postpartum, breastfeeding and father's/partner's rights.
Ferreira I ⁽¹⁵⁾	Corporate policies that make it difficult for men to attend appointments, and some men's fear of taking time off work to go to appointments.	Ensure integration and coordination between the different health services that make up the care network, valuing the participation of the father/partner in simple actions throughout labor..



Nascimento LC, Silva MRF, Abreu PD, Araújo EC, Menezes MLN, Oliveira ECT ⁽¹⁶⁾	Low knowledge of the subject among recently graduated primary care professionals.	Inclusion of the topic of prenatal care for partners/paternity in the curriculum.
Guimarães WSG, Parente RCP, Guimarães TLF, Garnelo L ⁽¹⁷⁾	Overworked units, lack of human resources.	Develop good working conditions. As a professional, work with what you have at the moment and do your best.

Source: The authors.

DISCUSSION

The results highlight the relationship between fathers and their partners in participating in family planning, which is a challenge for health professionals when it comes to aspects related to reproductive health, the role of paternity, prevention and health promotion for the father-mother-child trinomial.⁽¹⁸⁾

In addition, in 2016, the Ministry of Health (MS) published the first version of the partner's prenatal guide for health professionals in line with the National Policy for Comprehensive Care for Men's Health (PNAISH), within the scope of the Unified Health System (SUS), one of the axes of which is care and conscious paternity, aiming to guide professionals and managers of the Unified Health System (SUS) on the importance of male involvement throughout the pregnancy-puerperal cycle.⁽¹⁹⁾

In this context, it should also be noted that although this strategy focuses on men's health, it is also necessary to encourage the participation of the female partner in the partner's prenatal care, respecting and adding homosexual couples

and the plurality of backgrounds in order to achieve comprehensive care.⁽²⁰⁾

However, ongoing training for professionals is important, as this is a new strategy that probably wasn't covered during their academic training. Above all, in the context of comprehensive men's health care, the term "partner", based on the benefits of the EPNP, extends to all men, biological fathers or not, regardless of race, color, origin or social class, but who stand alongside a pregnant person (who can be either a cisgender woman or a transgender man), supporting and fulfilling their role as a partner in the exercise of parenthood.⁽²¹⁾

Therefore, the labor issue was the most cited limitation. Work overload, regular fatigue and working hours that coincide with prenatal consultations prevent men from being included and taking part in consultations. It is clear that the work situation is one of the most significant barriers preventing fathers from attending prenatal appointments.⁽²²⁾

Pregnant women's lack of knowledge about their partners' rights to attend prenatal appointments was evident, as was the lack of



encouragement from pregnant women themselves. Therefore, despite the existence of public policies and incentives that advocate this participation, they are still ineffective.⁽²³⁾

Men have maternity leave, which establishes five paid days, and with the extension of paternity leave, this number has increased to 15 days, totaling 20 days of leave, which could provide a greater bond between fathers and pregnant women during the gestational cycle.⁽²³⁾

On the other hand, it is possible to see that gender issues and the division of roles still predominate in society, even with all the encouragement from the Ministry of Health (MoH), since most men believe that prenatal care is something that belongs to women, which is a limitation to the smooth running of their partner's prenatal care. It is important for professionals to create strategies in order to make room for this strategy and encourage men's participation.⁽²⁴⁾

Furthermore, it is necessary to adapt the provision of health care with opening hours that prioritize the particularities of men, in order to include them in health promotion and disease prevention actions when they are able to be present at the health unit.⁽²⁴⁾

To this end, nurses, as part of the family health team (ESF) in primary health care, should promote and articulate intersectoral actions, actions in companies, making employers aware of the importance of this law as the rights of men/employees, respecting the involvement of fathers/partners.⁽²⁵⁾

Therefore, their inclusion in this period needs to be respected at all levels of health care throughout the pregnancy-puerperium cycle without hindrance to their involvement. In Brazil, this right is guaranteed by the Accompanying Person Law (Law 11.108/2005), which guarantees the right to an accompanying person of the woman's free choice throughout the pregnancy-puerperium cycle, and can contribute to the paradigm shift - from the mother-child binomial to the father-mother-child trinomial.⁽²⁵⁾

However, the need to sensitize and prepare health teams to receive and welcome men in a comprehensive and appropriate way that favors the bonding of the pregnant woman/man and the family is reinforced.⁽²⁶⁾

FINALS CONSIDERATIONS

In summary, it has been shown that partner prenatal care is still a strategy that has little or no consolidation in Primary Health Care (PHC). The scientific evidence shows the limitations and possibilities of partner prenatal care in primary health care.

However, proposing recognition of the importance of the father's presence at prenatal appointments will help men to adhere to health services.

The limitations of the study were the lack of evaluation of the quality of the articles included in the review and the lack of publications related to the theme explored. As a result, it is suggested that further research be carried out on the subject in order to improve the practice of prenatal care for partners. This study



makes significant contributions to nursing and public health practice, by gathering scientific evidence.

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Nothing to declare.

Authors' contributions

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Tauana Reinstein de Figueiredo; Obtaining, analyzing and/or interpreting the data

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