

The importance of inserting the father in prenatal consultations

A importância da inclusão do pai nas consultas de pré-natal

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ABSTRACT | OBJETIVO: To describe the perception of parents, pregnant women, and nurses about paternal prenatal consultation. **METHOD:** Descriptive exploratory research with a qualitative and quantitative approach. Thirty-two fathers and 32 mothers participated in the research, in addition to four nurses, through semi-structured interviews carried out in Basic Health Units. To analyze the qualitative content, descriptive techniques and thematic analysis were used, for the quantitative approach, a percentage calculation was carried out. The research was approved by the Ethics Committee. **RESULTS:** Three categories were created, the first being parental participation in prenatal care, in which it was identified that 97% of parents are interested in participating in consultations; however, 65% report that pregnancy is the woman's responsibility. The second category is the importance of fathers' participation from the pregnant woman's perspective, in which 72% report not knowing about male participation in consultations and that their partners never attended, and 84% said they encouraged male participation. The third category is the nurse's approach to including the father in prenatal care, demonstrating that 100% of nurses say they are prepared to receive men, 75% report encouraging participation, and 50% say that fathers do not show interest in attending the consultations. **CONCLUSION:** It was evident that fathers are interested in paternal prenatal care and that they need greater encouragement from nurses.

KEYWORDS: Prenatal care. Paternity. Pregnancy.

RESUMO | OBJETIVO: Descrever a percepção dos pais, gestantes e enfermeiros sobre a consulta de pré-natal paterna. **MÉTODO:** Pesquisa exploratório descritiva com abordagem quali-quantitativa. Participaram da pesquisa 32 pais e 32 mães, além de quatro enfermeiros, por meio de entrevistas semiestruturadas realizadas em Unidades Básicas de Saúde. Para análise do conteúdo qualitativo utilizou-se da técnica descritiva e análise temática, e para a abordagem quantitativa foi realizado cálculo percentual. A pesquisa foi aprovada pelo Comitê de Ética. **RESULTADOS:** Foram elaboradas três categorias, sendo a primeira a participação dos pais no pré-natal, na qual foi identificado que 97% dos pais têm interesse em participar das consultas, porém 65% referem que a gravidez é responsabilidade de mulher. A segunda categoria é a importância da participação dos pais na perspectiva da gestante, na qual 72% referem não conhecer a participação masculina nas consultas e relatam que os parceiros nunca participaram, e 84% dizem incentivar a participação masculina. A terceira categoria é a abordagem do enfermeiro na inclusão do pai no pré-natal, demonstrando que 100% dos enfermeiros se dizem preparados para receber os homens, 75% relatam incentivo a participação e 50% dizem que os pais não demonstram interesse de comparecer nas consultas. **CONCLUSÃO:** Ficou evidente que os pais têm interesse pelo pré-natal paterno e que necessitam de maior incentivo dos enfermeiros.

PALAVRAS-CHAVE: Cuidado Pré-natal. Paternidade. Gravidez.

Submitted June 22nd, 2023, Accepted Dec. 6th, 2023,

Published Mar. 19th, 2024

J. Contemp. Nurs., Salvador, 2024;13:e5301

<http://dx.doi.org/10.17267/2317-3378rec.2024.e5301> | ISSN: 2317-3378

Assigned editor: Tássia Teles

How to cite this article: Rezer F, Faustino WR. The importance of inserting the father in prenatal consultations. J Contemp Nurs.2024;13:e5301. <http://dx.doi.org/10.17267/2317-3378rec.2024.e5301>

1. Introduction

The Ministry of Health (MH) has maternal and childcare as a priority, suggesting embracement from the beginning of pregnancy, with an initial focus on prenatal care, to ensure a peaceful, humanized delivery and a healthy child. Through prenatal consultations, the *Unidades Básica de Saúde* - UBS (Basic Health Units) can offer the well-being of the pregnant woman with follow-up exams, medications, consultations, and treatments, avoiding complications for the mother and the Newborn (NB).¹

Prenatal care is a care that should be thought about during family planning, together with the child's father, in order to ensure maternal and child health, undergoing an evaluation with a qualified professional (doctor and nurse) who aims to identify possible risk factors or diseases that can affect the fetus during pregnancy, being an excellent way to a healthy pregnancy.²

Most pregnant women arrive at prenatal visits unaccompanied and, thus, they are the only ones to receive assistance from health services, guidance from professionals during pregnancy, and complementary exams and rapid tests. The man has an important role in providing continuous support to his partner, which is indispensable for her to live the experience of motherhood and fatherhood together.^{3,4}

Highlighting the importance of including fathers in prenatal consultations, health professionals, including nurses, stand out for their respectable role in supporting and encouraging the father's insertion during the pregnancy-puerperal cycle, in order to increase the focus of care beyond the woman and the developing child and ensure a real place of paternal involvement.³⁻⁶

The reproductive right is provided for in the *Política Nacional de Atenção Integral à Saúde do Homem Nacional* - PNAISH (Policy for Comprehensive Attention to Men's Health). Therefore, it is necessary to make men aware of the duty and right to participate in the prenatal, childbirth, and postpartum period since fatherhood is not only a legal obligation, but a man's right to participate and accompany the entire life cycle of his child.⁴

Emphasizing the axes of PNAISH, when talking about fatherhood, it is important that they have access not only to public health policies but also to embracement and sexual and reproductive health in an orienting and welcoming way, not ignoring homosexual couples, respecting the different ways of being a man, strengthening bonds with better inclusion of care and fatherhood, especially in the *Sistema Único de Saúde* - SUS (Unified Health System) primary care, and without racial discrimination.⁷

In Brazil, in 2016, the MH published a Partner's Prenatal Guide for Health Professionals, which establishes: 1st - incentive for men's participation in prenatal consultations and educational activities; 2nd - performance of rapid tests and routine exams in the partner (blood typing and RH factor, rapid test for HIV, hepatitis B, hepatitis C and syphilis, treponemal and/or non-treponemal test for detection of syphilis, complete blood count, lipidogram, glucose dosage, hemoglobin electrophoresis, blood pressure measurement, weight check and body mass index calculation); 3rd - update of the partner's vaccination card; 4th - approaches to themes aimed at the male audience; and 5th - guidance on the role of men in pregnancy, prepartum, childbirth, immediate puerperium and child care.⁸

Therefore, it is interesting to program a way to include more of the father's participation in the consultations alongside the pregnant woman, stimulating the effectiveness of paternal prenatal care. The encouragement of paternal prenatal care is a formidable action, as it increases knowledge about the gestational process, strengthens the bond between father, mother, and child and offers educational actions and follow-up exams.⁹

Thus, it is necessary to include men in the prenatal strategy, in order to value the male model and bring positive aspects that help the ability to listen, negotiate, and cooperate, leading them to participate in reproductive planning actions¹⁰, with special attention to prenatal care. In view of the above, it is noteworthy that the question that guided the present study was: what is the perception of fathers, pregnant women, and nurses about the father's participation in the prenatal program? Based on the inquiry, the general objective of describing the perception of fathers, pregnant women, and nurses about paternal prenatal consultation was elaborated.

2. Material and method

This is a descriptive exploratory study with a qualitative-quantitative approach. Studies with qualitative and quantitative treatments allow for the enrichment of the discussion of the subject since this combination provides a broader picture of the guiding question of the study.¹¹

Regarding the delimitation of the research, it took place in a municipality in the northern region of Mato Grosso, which has a population of 36,130 people, according to the 2020 census. The municipality has a total of four UBS, all of which were selected for this study.

Data collection took place between August and October 2020 and included a sample of 32 couples (32 fathers and 32 pregnant women) who participated in prenatal consultations and the four nurses who performed the consultations; these couples were actively registered in the UBS during the research. Considering the estimated percentage of 50%, a sampling error of 0.04 and the significance of 5%, the formula, according to the sample calculation, is sufficient to compose the sample.¹²

Pregnant women and their partners registered in the health units of the study, aged 18 years or older, in the last trimester of pregnancy and who were in the health unit at the time of data collection were included. Four nurses working in the UBS at the time of the study were also included. Exclusion criteria were single/single mothers, fathers who were not biological parents, and nurses who were absent from data collection due to vacation or leave.

Data were collected through a semi-structured interview with three questionnaires: the first to answer questions related to the father's perception, the second questionnaire applied to the pregnant women to understand their perspective on the father's participation in prenatal care, and the third applied to the nurses in order to understand the action through the inclusion of the father in the prenatal care.

The interviews took place in the UBS units when the pregnant women attended prenatal consultations with their partners. They were approached and instructed about the objective of the research, requesting registration through an Informed Consent Form (ICF). Each interview lasted 30 minutes.

The thematic content analysis was selected due to its greater flexibility and reflection on the subject, being a useful tool for evaluating the qualitative data.¹³ For data analysis, three themes were created: the fathers' participation in prenatal care; the importance of fathers' participation from the pregnant woman's perspective; and nurses' approach to the father's inclusion in prenatal care.

In the quantitative approach, the percentage was calculated through statistical processing in the Statistical Package for the Social Sciences (SPSS) software, version 22.0. To characterize the sample, descriptive statistics were performed by means of frequency distribution and position measurements. For the analysis of the qualitative data, the speeches were transcribed in full, to obtain reliable answers. Regarding the identification of the answers, the participants were classified as fathers, mothers, and nurses.

This research was approved by the Human Research Ethics Committee of 8099 - Associação Juinense de Ensino Superior do Vale do Juruena - AJES, with CAEE opinion No. 17212719.9.0000.8099, in accordance with the determination of Resolution No. 466 of December 12, 2012 for research with Human Beings and Resolution No. 510 of April 7, 2016 for collection of the ICF.

3. Results

Three thematic categories were created for descriptive and statistical analysis: fathers' participation in prenatal care; the importance of fathers' participation from the pregnant woman's perspective; and nurses' approach to the father's inclusion in prenatal care.

3.1. Fathers' participation in prenatal care

A total of 32 couples (32 fathers and 32 mothers/pregnant women) participated in this stage of the study. The parents were between 18 and 58 years old, 55% were married, 47% considered themselves white, and 61% already had other children. The sociodemographic characteristics of the couples are described below in Table 1.

Table 1. Questions about the characterization of the participants of the research. Mato Grosso, Brazil, 2020

Variables	N	%
Sex:		
Female	32	50
Male	32	50
Marital status:		
Single	20	31
Married	35	55
Stable union	09	14
Age:		
18-38 years old	42	66
39-58 years old	22	34
Race:		
White	30	47
Black	14	22
Brown	15	23
Yellow	05	07
Indigenous	01	01
Number of previous children:		
None	25	39
One	22	34
Two	05	08
Three or more	12	19

Source: survey data (2023).

Table 2 below contains data on fathers' participation in prenatal consultations. It was found that 70% of the fathers wished to accompany their wives to appointments. Still, no father participated in all prenatal visits. As for the law that ensures participation, only 15% reported knowing it, and in relation to the SUS gateway, 15% had positive responses.

Table 2. Questions about the father's participation in prenatal consultations. Mato Grosso, Brazil, 2020

Questions	N	%
Interested in participation and knowledge about the law that ensures participation in prenatal care with your wife:		
a. I participated in all consultations.	00	00
b. I Always wanted to participate.	22	70
c. Know the law that ensures your participation in prenatal care.	05	15
d. Know the gateway to the Unified Health System.	05	15
Parental responsibility during pregnancy:		
a. Pregnancy is the sole responsibility of the pregnant woman, therefore, she must have prenatal care.	20	63
b. The education of children is the sole responsibility of the mother.	12	37

Source: survey data (2023).

Although fathers are an important part of prenatal care, the low participation rate still permeates society. There is a lack of preparation on the part of the fathers and a cultural association in the responsibility of the prenatal consultations, creating several barriers that prevent or hinder the monitoring of the father, as described in the following statements:

- "I don't go to appointments, because I work and can't go out" (Father 1).*
- "I won't, lack of opportunity" (Father 5).*
- "I don't go, I didn't know I could go" (Father 8).*
- "No, because I was never called by the nurse" (Father 15).*

In the following answers, we consider that there are negative feelings involved in participating in prenatal consultations:

"I don't like it very much, but when I have to, I go" (Father 3).
"No, I've never had a problem going" (Father 20).
"Yes, I'm going to the unit, but I don't like it" (Father 12).
"Yes, I avoid going to the health center as much as possible" (Father 4).

The parents' results also showed that they consider the pregnancy important for both parties:

"No, because pregnancy is a very important phase for both parties, so it deserves attention from both" (Father 5).
"Yes, but since I don't participate, my wife tells me how it went" (Father 20).

When questioned about inclusion by the health team, the parents showed very diverse feelings, understanding that there is a lack of welcome and information:

"Yes, but I didn't know I could participate, no one called me" (Father 8).
"Not much, there was a lack of more welcome and information" (Father 4).
"But I didn't even know I could participate" (Father 12).
"Not much, I wasn't invited or informed about prenatal appointments" (Father 21).
"No, because the attention was only on the mother" (Father 30).
"More or less, there was a lack of more information and encouragement" (Father 31).

3.2. Importance of the father's participation from the pregnant woman's perspective

A total of 32 pregnant women aged 18 to 39 years participated in this stage of the study. 69% were married, 37% considered themselves brown, and most of the pregnant women, 56%, already had other children. Of the participants, 38% did not perform family planning, the average number of consultations carried out by pregnant women is between one and five consultations (60%), and half of the pregnant women (50%) had their first consultation between three and seven weeks.

Table 3 shows the experiences and opinions regarding the participation of parents in the consultations. Regarding the father's participation in prenatal consultations, 72% of the pregnant women stated that they did not know about the father's participation program in prenatal care, and many fathers, 46%, had never participated in any consultation. The absence of fathers can generate anxiety and fear in pregnant women.

Table 3. Questions about the father's participation from the pregnant woman's perspective. Mato Grosso, Brazil, 2020

Questions	N	%
Do you know about male prenatal care:		
a. Yes	09	28
b. No	23	72
c. They did not answer	00	00
The father attended the first prenatal consultation:		
a. Yes	09	28
b. No	23	72
c. They did not answer	00	00
If the previous answer is yes, he participated voluntarily:		
a. Yes	04	13
b. No	05	16
c. They did not answer	23	71
How many consultations has the father participated in:		
a. None	15	46
b. Between 1 and 3 consultations	11	34
c. Between 4 and 6 consultations	03	10
d. All queries	03	10
You support your partner to participate in consultations:		
a. Yes	27	84
b. No	01	03
c. They did not answer	04	13

Source: survey data (2023).

Some statements will be described about the experience of pregnant women regarding the father's participation in prenatal care, highlighting that although the father was not very participative, even so, they think it is extremely important:

"In the first pregnancy, I did not have any participation of the father in any of the phases, prenatal care, and delivery. I was not very well assisted in the consultations either, which did not benefit me much about the information we should have during pregnancy. The monitoring of the father both in the prenatal period and in the delivery is in fact extremely important for the mother" (Mother 2).

"So, the experience with my husband during pregnancy was not very participatory due to his work, but he always helped me in whatever way I could (...) I believe that this participation is very important to our son" (Mother 7).

3.3. Nurses' knowledge about the father's participation in prenatal care

Four nurses participated in this stage of the research. This study includes 75% female nurses and 50% with more than three years of experience in primary care. Table 4, described below, presents the experiences and opinions regarding nurses' knowledge about parental participation in prenatal care. It appears that 100% of nurses responded that the health unit is structured to receive male prenatal care, the majority of whom 75% responded that they carry out strategies to encourage men to participate in consultations.

Table 4. Questions about the father's participation from the nurses' perspective. Mato Grosso, Brazil, 2020

Questions	N	%
Your health unit is structured to receive male prenatal care:		
a. Yes	04	100
b. No	00	00
c. They did not answer	00	00
Your health unit carries out campaigns to encourage fathers' participation:		
a. Yes	03	75
b. No	01	25
c. They did not answer	00	00
The man who participates in prenatal consultations demonstrates better development in caring for the child:		
a. Yes	03	75
b. No	01	25
c. They did not answer	00	00
Fathers generally demonstrate a desire to participate in prenatal consultations:		
a. Yes	02	50
b. No	02	50
c. They did not answer	00	00
If the partner is absent from consultations, who should summon him:		
a. Health agente	01	25
b. Nurse	01	25
c. Nobody	02	50%

Source: survey data (2023).

Regarding the nurses' statements about paternal participation in prenatal care, it can be seen that nurses do not encourage fathers to participate so much:

"I don't usually insist, if the father doesn't want to participate, I don't insist" (Nurse 1).

"So, the health unit is structured to receive parents, but many don't want to participate because they work. I don't have any kind of campaign to encourage" (Nurse 2).

When approached about the importance of including fathers in consultations, nurses consider it important, but recognize the insufficiency of paternal participation:

"Parental participation is important and also a right, but most do not participate" (Nurse 3).

"I consider the mother's participation more important than the father's, but if he comes, it's better" (Nurse 4).

4. Discussion

Many fathers consider pregnancy to be the sole responsibility of the woman. A survey of 20 fathers in the Metropolitan region of Vitória showed that there is a need to include fathers more in prenatal care, pointing out that generally only the mother is responsible for caring for the pregnancy and the newborn. In addition, the research concluded that there is a demand from men to help and participate in all stages of prenatal care, although some were willing to follow a different paternalistic model to the traditional one.¹⁴

The father's participation in consultations has been discussed in different scenarios, a survey carried out in Vitória da Conquista, highlighted the lack of interest of fathers in attending prenatal consultations, the majority of participants did not know about male prenatal care (62 %), showing that parental participation was low (16%), despite this, nurses reported encouragement for paternal participation (100%).¹⁵

In addition, they report a lack of opportunity and invitation to participate in the consultations, as well as a lack of welcome. This scenario is not exclusive to Brazil. A survey carried out in Papua New Guinea, with 28 discussions of groups of pregnant women and their partners, reports that most men accompany pregnant women to the place of consultation but wait outside; in addition, it describes sociocultural barriers, lack of support from health professionals and that lack of awareness as the main factors that hinder male participation.¹⁶

It is clear that men do not have the same importance as women in primary health care, even with the existence of policies for their inclusion in prenatal care. Several barriers are elucidated, but the absence of a feeling of welcome can leave men further away from health units.¹⁷

For this reason, many fathers report that they don't like going to health centers. Involving men in primary care has been a difficult task, since they show resistance to the importance of health promotion and disease prevention. Factors that lead to difficulty in participating in prenatal care are also related to the gender bias imposed by society, which is why their experience of participating in prenatal care, and their difficulty or ease in seeking health care.¹⁷

It is also clear that pregnant women have barriers to including their fathers in prenatal consultations, such as appointment times, lack of commitment and shame about paternal participation, but that they feel the need for full participation. This fact is also reported in a study carried out in Fortaleza with 154 primiparous puerperal women, which found that 60% had their partners participate in at least two consultations, but few fathers were prepared for childbirth. The study reflected on the positive influence that the father's participation in prenatal care has on childbirth and the postpartum period. In addition, the puerperal women in the study reported the importance, interest and encouragement of their husbands to be present. Faced with changes and sensations, pregnant women need support and a secure basis for a bond and trust.¹⁸

The father's participation makes the pregnant woman more confident and calmer. In a study carried out in Iran with 45 participants, including 12 postpartum women, six husbands, and 19 nurses, it was pointed out that the father's participation in prenatal consultations is most often not dispensable. In a few cases, women report having great recognition of the father in the family environment, since his absence is justified by work hours and other personal barriers, such as unwillingness to participate, dependence of women on the family, lack of knowledge on the part of men, and lack of preparation.¹⁹

The father's participation in both prenatal care and childbirth is of essential importance for the couple, as it makes the pregnant woman feel more welcomed, safe, and more confident to face the physical and emotional transformations, taking into account that the father's participation brings more support to the pregnant woman and reduces the great chances of the woman developing depression or postpartum depression.²⁰

From this perspective, the nurse needs to provide encouragement by inviting parents to participate in the consultations. Currently, the UBSs are already structured to serve men, but there is still a significantly low adherence of them in public health centers, which leads to an increase in the aggravation of diseases and mortality of the male population.²¹

Taking this into account, a survey of seven participants in the southwestern region of Bahia found that the men were completely satisfied with receiving paternal

education, where they were able to clarify their doubts and experience what it was like to be a father for the first time. Men need to help and participate, but this is camouflaged by the machismo imposed by society, which prevents them from seeking out their rights. It is also noticeable that they do not participate because they are not prepared to take part in the prenatal period, but they can be taught by competent people, such as health professionals.²²

It is noteworthy that nurses should develop the necessary ways to reduce the aversion factors, one of them would be the encouragement of the invitation, because the parents usually feel excluded and stigmatized by society, so they avoid the consultations, but if invitations are made, whether formal or informal, the parents will feel welcome and more motivated to participate in the gestational development.²²

Male prenatal care should be offered with the same care and guidance that is offered to pregnant women, always reinforcing the importance of men's health and their participation, to be a healthy man, partner, and father. The professionals affirm that prenatal care is still a focus for the female universe, justified by the low adherence of men to health care, difficulty in having a physical environment prepared to receive men, and that even knowing the policies and programs that support them, they still show disinterest and abandonment.²³

This panorama reveals that fathers still have a lot of resistance to participate in prenatal care, focusing only on women. Thus, the need to include the father in consultations and provide better follow-up is assumed, which is still a great daily challenge for nursing professionals in the context of primary care in Brazil.

It is recognized that among the limitations of the study, the fact that it was developed in a health region, with local characteristics that restrict the results to regionality, stands out, as well as the lack of recruitment of puerperal women, who could present the experience and the reflection of the father's participation at the time of delivery and postpartum.

The results found may serve as a warning to nurses to encourage the participation of fathers in prenatal consultations, in addition to providing more knowledge to men about their rights included in the Ministry of Health's prenatal care for men.

5. Conclusion

According to the results, most of the fathers do not perform paternal prenatal care, although most of them wish to accompany their wives to the consultations. However, all the interviewees did not perform this follow-up in all consultations, and most of them answered that pregnancy is the sole responsibility of the pregnant woman and she should do the prenatal care. Among the reasons for non-participation, the parents pointed out impossibility due to work, lack of opportunity, lack of knowledge and/or invitation from the nurse, and even because they do not like it.

With regard to the expectations of pregnant women, the findings revealed that there was a predominance of women who did not have the follow-up of their spouse in the first prenatal visit and who were not aware of the father's participation program in prenatal care, although they revealed that they supported this participation in the consultations.

Regarding nurses, all interviewees affirm that the health unit is structured to receive male prenatal care, but not all of these professionals carry out strategies to encourage men to participate in consultations.

Authors' contributions

Rezer F participated in the design, data collection and analysis, and final review. Faustino WR participated in the data review and final review.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, private companies and foundations, etc.) have been declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board membership, study design, manuscript preparation, statistical analysis, etc.).

Indexers

The Journal of Contemporary Nursing is indexed by [DOAJ](#) and [EBSCO](#).



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