



## The partner as a caregiver in the birth process

O companheiro como acompanhante no processo de parturição

Compañero como acompañante en el proceso de parto

Camila Fernandes da Silva Carvalho<sup>1</sup>, Isaiane da Silva Carvalho<sup>1</sup>, Rosineide Santana de Brito<sup>1</sup>, Allyne Fortes Vitor<sup>1</sup>, Ana Luísa Brandão de Carvalho Lira<sup>1</sup>

**Objective:** to analyze the scientific production about the role of the man as a caregiver during the birth process of his partner.

**Methods:** integrative review held in electronic databases Scopus, Cumulative Index to Nursing and Allied Health Literature, PubMed, ISI Web of Knowledge, and Latin American and Caribbean in Health Sciences. **Results:** there were 389 scientific articles located, of which 26 studies were selected that showed active roles - physical and emotional support - and passive roles - spectator or total lack of viewer participation - of the partner during the birth process. The monitoring of this event by the father is considered positive experience. However, the lack of incentive limits their active participation. **Conclusion:** despite the historical, religious, cultural, institutional or individual barriers, there is a desire to actively participating in the child's birth, even though sometimes parents are unprepared to provide the support they would like.

**Descriptors:** Obstetric Nursing; Paternity; Labor, Obstetric; Parturition.

**Objetivo:** analisar a produção científica sobre o papel do homem como acompanhante no processo de parturição de sua companheira. **Métodos:** revisão integrativa realizada nas bases de dados eletrônicas Scopus, *Cumulative Index to Nursing and Allied Health Literature*, PubMed, *ISI Web of Knowledge*, e Literatura Latino-Americana e do Caribe em Ciências da Saúde.

**Resultados:** localizaram-se 389 artigos científicos, dos quais foram selecionados 26 estudos que evidenciaram papéis ativo - suporte físico e emocional - e passivo - expectador ou ausência total de participação - do parceiro durante o processo parturitivo. O acompanhamento desse evento pelo pai é considerado experiência positiva. Contudo, a ausência de incentivo limita sua participação ativa. **Conclusão:** apesar dos entraves históricos, religiosos, culturais, institucionais ou individuais, existe o desejo de participar ativamente do nascimento do filho, mesmo que, por vezes, os pais apresentem-se despreparados para fornecer o suporte que gostariam.

**Descritores:** Enfermagem Obstétrica; Paternidade; Trabalho de Parto; Parto.

**Objetivo:** analizar la literatura científica sobre el papel del hombre como acompañante durante el proceso de parto de la compañera. **Métodos:** revisión integradora, en las bases de datos electrónicas Scopus, *Cumulative Index to Nursing and Allied Health Literature*, PubMed, *ISI Web of Knowledge*, y Literatura Latino-Americana y del Caribe en Ciencias de la Salud.

**Resultados:** fueron localizados 389 artículos científicos, de los cuales se seleccionaron 26 estudios que mostraron papel activo - apoyo físico y emocional - y pasivo - espectador o ausencia total de participación - pareja durante el proceso del parto. El seguimiento de este evento por el padre se considera experiencia positiva. Sin embargo, la ausencia de incentivo limita su participación activa. **Conclusión:** a pesar de las barreras históricas, religiosas, culturales, institucionales o individuales, hay deseo de participar activamente del nacimiento del hijo, pero a veces los padres se presentan sin preparos para proporcionar apoyo que les gustaría.

**Descritores:** Enfermería Obstétrica; Paternidad; Trabajo de Parto; Parto.

<sup>1</sup>Universidade Federal do Rio Grande do Norte. Natal, RN, Brazil.

Corresponding author: Camila Fernandes da Silva Carvalho  
Av. Ayrton Senna, 1100, Bl. 7, Apt. 1002, Nova Parnamirim, CEP: 59151-900. Parnamirim, RN, Brazil. E-mail: camilafscarvalho@gmail.com

## Introduction

Paternal relationships in the contemporary family context have shown significant changes, represented in particular by the emergence of a new expression of the male role in society. This occurs mainly on the recent achievements of women and new roles assumed in public life, as in vocational careers. Thus, there is an implicit need for a rereading of man function in domestic environment, to share obligations, especially raising children. Despite this conception changing being laborious, the current context requires more active participation of man as spouse and father. This includes the experience of pregnancy and puerperal period with his partner<sup>(1)</sup>.

However, even with advances, the partner participation in pregnancy, childbirth and postpartum has been in a simple way, lacking encouragement of health professionals. This fact is associated with the birth process that historically corresponds to a feminine and intimate event, with little or no partner participation. In modern times, when the birth process was institutionalized with the advent of the medicalization of birth, the mother has become isolated from family life to become an object manipulated by the doctor<sup>(2)</sup>.

The insertion of man in the birth scenario has been encouraged especially with the advent of labor humanization. It is known that the presence of a companion, represented by the father, if it is the choice of the mother, is in line with the change of the paternal role within the family. In addition, the partner's presence is requested by the partner in order to be close to his child from birth<sup>(2-3)</sup>. Thus, there are questions about how their involvement can contribute to the birth process.

Given the above, the question is: How is the partner inserted in the context of the birth process?

It is noteworthy that in this scenario, the nurse, especially those who works with the women during the birth process, is an important professional in the fight against institutional routines and care expansion.

When not using prejudices and ready-made formulas, it contributes to a positive experience in terms of labor and birth. Therefore, this professional has a decisive role in the struggle for integration of the woman's partner in the birth process as part of nursing care and, consequently, in order to promote the humanization of care<sup>(4)</sup>.

Thus, knowing how the participation of the accompanying parent has been occurring is critical to raise reflections able to make possible ways to consolidate his presence as an active subject in the birth scene. In this sense, this study aimed to analyze the scientific literature about the role of the man as a companion during the birth process of his partner.

## Method

It is an integrative literature review following the six steps recommended for its implementation<sup>(5)</sup>. The search for scientific articles took place in December 2014, guided by a protocol that has been defined by the authors for this study. This search occurred in electronic databases Scopus, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, ISI Web of Knowledge (ISI) and Latin American and Caribbean Health Sciences (LILACS).

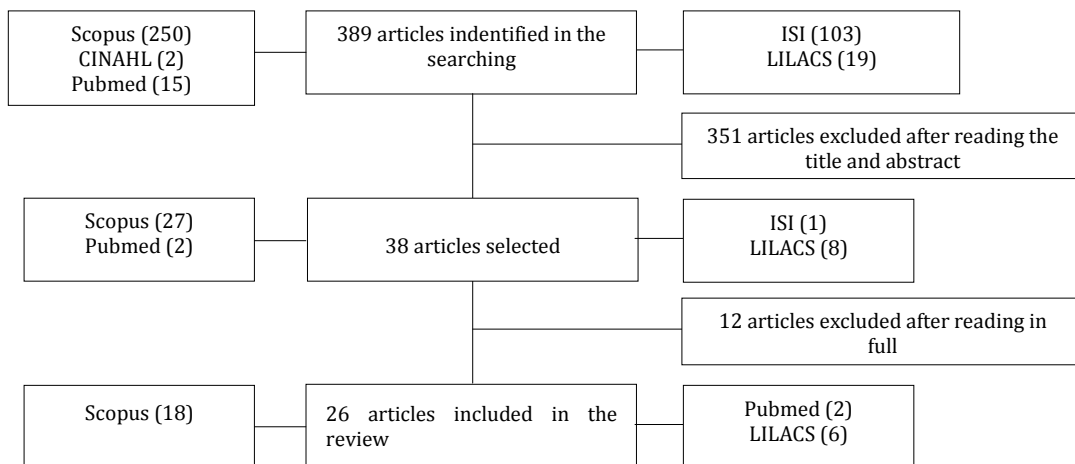
Non-controlled descriptors in Health Sciences (DeCS) in LILACS were crossed, using the Boolean AND operator, as follows: Paternity AND Obstetrical Nursing; Paternity AND Delivery Rooms; Paternity AND Labor, Obstetric; Paternity AND Parturition; Father AND Parturition; Father AND Labor, Obstetric; Father AND Delivery Rooms; Father AND Obstetrical Nursing.

In other databases, the descriptor of the Medical Subject Headings (MeSH) with their crossings were the same: Paternity AND Obstetrical Nursing; Paternity AND Delivery Rooms; Paternity AND Labor, Obstetric; Paternity AND Parturition; Father AND Parturition; Father AND Labor, Obstetric; Father AND Delivery Rooms; Father AND Obstetrical Nursing.

Two reviewers read the articles, considering the following inclusive criteria: scientific articles available in full, free of charge in selected databases, and spelled in English, Spanish or Portuguese. Exclusion criteria included publications editorial type, letter to the editor, opinion of experts and literature review.

Initially, the literature search resulted in 389 studies. After a pre-selection, there were 38 articles identified and by reading the full articles 26 studies were included that comprised the final sample, as detailed in Figure 1.

After collection of the material, there was the categorization of articles following a previously elaborated script, which contained title, authors and their professional area, newspaper and publishing language, database, publication year, country of origin, purpose, the study approach, partner acting (active or passive) and if it was the first child. Moreover, they were classified according to evidence levels recommended<sup>(5)</sup> to determine the confidence in the results from each article. Finally, the presentation of the results was divided into two themes: “active father’s presence in the birth process” and “passive father’s presence in the birth process”.



**Figure 1** - Flowchart of selection and identification of articles

## Results

Out of the 26 articles selected, 15 were published in English<sup>(6-20)</sup>, 10 in Portuguese<sup>(21-30)</sup> and one in Spanish<sup>(31)</sup>. There was a total of 10 studies from Brazil<sup>(21-30)</sup>, four of Sweden<sup>(8,10,16,19)</sup>, 2 of England<sup>(9,17)</sup>, and one in South Africa<sup>(12)</sup>, Canada<sup>(18)</sup>, Spain<sup>(31)</sup>, Iran<sup>(15)</sup>, Malawi<sup>(20)</sup>, Nepal<sup>(7)</sup>, Nigeria<sup>(11)</sup>, Poland<sup>(14)</sup>, Syria<sup>(6)</sup> and Turkey<sup>(13)</sup>. The articles were published between 1997 and 2013, especially in the years 2011 and 2012, with 4 publications<sup>(7-10,20-21,25-26)</sup>, respectively, followed by 1999, 2007 and 2009 with 3 publications each<sup>(12-14,22,27,31)</sup>. The journals in which the studies were published, highlighting the publication of Midwifery<sup>(7-10,16-17)</sup> (6 articles) and Revista Gaúcha de Enfermagem<sup>(22,30)</sup> (2 articles).

In the sample obtained, 22 articles used a qualitative approach<sup>(6-10,12,16-31)</sup> and 4 used quantitative approach<sup>(11,13-15)</sup>. The predominant level of evidence was VI, considered weak. Only one article<sup>(13)</sup> showed evidence level IV because it is a designed case-control study. There was a predominance of 18 publications produced by researchers of the nursing area<sup>(6-10,12-13,16-18,20-22,24-25,27-28,30)</sup>. The others, were published by professionals of psychology and medicine.

The information analyzed mainly expressed parental insight into the birth of their children (96.1%). Moreover, it was also presented, concomitantly or not, the insight of mothers and health professionals on the topic (26.9%). It was identified although that 8 articles<sup>(7-10,17-18,22,25)</sup> (30.8%) about men experiencing

fatherhood for the first time and 8<sup>(6,14,16,21,26-28,31)</sup> (30.8%) included those who already had children. In other publications, this information were not present.

### **Active father's presence in the birth process**

In this study, the presence of the partner in the birth process was considered active when he developed activities considered satisfactory by the researchers of the selected articles, concerning the development of actions that generated stimulus and support of the mothers. In addition, the active presence was considered when the man felt part of this process and exercised his companion and father role.

This active presence in the companion role was described in 19 articles<sup>(7-8,10,12-17,19,21-22,24-30)</sup> (73.1%). In the way of the active support by the man to his partner, the researchers considered the emotional support and physical comfort. Regarding the emotional support, 12 publications (46.1%) observed expressions which denote incentive, strength-serving, issuing words of affection, encouragement and reassuring as well as actions related to do this, showing that she was not alone, beyond the act of kissing her.

On the physical comfort, it was pointed out in 23.1% of the studies some activities developed by parents, like hugging, providing hydration, aid in breathing exercises, walking, position changing, wipe the forehead, hold the hand of the mother, or keep her warm, and the realization of some massage techniques.

The fact of her husband being present at birth also represented a way of active support associated with security, considering that their presence would be able to ensure better care for his partner and newborn, reinforcing his role of protector (26.9%).

### **Passive father's presence in the birth process**

The discussion of the passivity of the companions and/or limitations that threatened their active presence in the birth process was elucidated in

14 articles<sup>(6-7,9-12,14,16,18,20,23-24,29,31)</sup> (53.8%). The passive role was highlighted as the partner who does not interact with his partner and remains far from actions, representing a "witness" or "bystander" outside the center where the birth process occurs. In addition, a number of limiting factors to the active role of the partner as a companion was found in the investigated articles.

Cultural and religious issues were also indicated in 6 articles<sup>(6-7,12-15)</sup> (26.9%) developed in Africa, Middle East and Asia. In these, the historical tradition regarding the birth be an exclusively women's event is emphasized as the main reason that keeps away parents from the birth process.

In these regions, there are no nationally implemented policies to encourage the father of monitoring the child's birth and, if any, they do not know them or are disregarded institutionally. On this, two articles have brought the problem of lack of own rules and policies of maternity as the authorization of the presence of parents in the labor and delivery rooms. The infrastructure of these sites was also identified as constraints to the partner's active presence (26.9%), regarding the absence of the couple's privacy, due to the presence of more than one patient in the same room, besides the existence of many devices that hinder the circulation and the practices developed by active parents, for example, the massage on their partners.

According to 11 articles<sup>(9,11,16,18,22-24,26,28,30-31)</sup> (42.3%) the health team presented a series of attitudes and behaviors which limited the fathers' actions or even removed them from the delivery room. Reports about wary and unreceptive professional to partners' presence in the labor and delivery room were found in these aforementioned studies. They discouraged questions, did not offer emotional support and information about the role parents could play, leaving them marginalized in the developed actions or even prevented them from attending the event.

In addition, 6(23.1%) articles<sup>(6,11,14-15,23,24)</sup> reveal the woman assuming attitudes that hinder the

participation of her companion, influenced by cultural and religious aspects already reported, leading to understand that men do not want to accompany them in a moment of weakness marked by tears, blood and pain, and those women do not want to be seen in this state.

According to the articles dealing with the passive presence, the role of the woman's partner can be characterized also by reasons related to lack of preparation and knowledge about the birth process, inability to be absent from work, lack of communication between man/couple and professionals as well as the fact that they believe there is not an important role in child birth.

Finally, the feelings experienced during labor and childbirth also contribute to limit the support to be offered by the man to his partner, as pointed out in scientific articles analyzed. They list as major oppressors feelings: fear (especially for possible complications and woman and child death), anxiety, shyness, distress, helplessness and loss of control.

## Discussion

The number of publications that mention partner's participation in the birth process has gained notorious prominence in national and international research. On the publication period of the articles in the sample of this study, they are related with the recommendation of the World Health Organization<sup>(32)</sup> and to respect the right of women to have a companion during labor and childbirth. This is because the first article on the subject was identified in the following year, that is in 1997.

It is highlighted the number of articles with a qualitative approach, and the major development by nursing professionals. In this regard, it points out that the qualitative research allow a different look about a particular phenomenon, to expand their perspectives when considering the complexity and diversity of the individual<sup>(33)</sup>.

In nursing, especially in obstetrics, the

development of studies of this nature reinforces the social role of the profession about the birth, denoting that by enabling the visualization of the invisible in the visible, through the subjectivity of the other, being possible to understand phenomenon capable to subsidize the construction and consolidation of knowledge and promote profound changes in the social scenario<sup>(33)</sup>.

The different ways of the partner assuming his role during labor and delivery, as shown in the review were also attested in research conducted in Switzerland with primiparous<sup>(34)</sup>. In general, monitoring delivery by the partner has been considered a positive experience, and factors such as providing information on the progress of labor and the presence of a professional to support the couple, are associated with these results<sup>(35)</sup>. When it is a father of the first child, having a professional that supports, such as a midwife, is described as crucial to the positive experience of birth, because this event is regarded as something new in their lives<sup>(36)</sup>.

The active participation of the father during childbirth gives women feelings related to peace and security, since birth is a stressful event and can be mitigated by the presence of a familiar reference<sup>(37)</sup>. Thus, partner's participation can also be linked to emotional support, which is not always provided by the health team. In this sense, to share this moment with his partner, with his partnership, will facilitate the evolution of labor<sup>(38)</sup>.

The physical support, identified in the analysis of the articles appears as a practice that should be encouraged, since, as pointed out in the literature, results in benefits such as decreasing the labor time, use of medication and analgesia as well as cesarean sections and neonatal depression<sup>(39)</sup>. The issue of security provided by the companion is desired over the cases of institutional violence during childbirth and that comes from those who should attend the laboring woman<sup>(40)</sup>.

Thus, there is among the articles analyzed the highlight of the mother's benefits due to the presence

of her partner, but the unqualified importance of monitoring themselves. Physical and emotional presence of the father becomes paramount not only on his child's birth, but previously during pregnancy in order to build emotional bond between them and consolidate their paternity<sup>(35)</sup>.

Given the above, it is clear that the birth of a child appears as a singular moment in the life of the couple. Thus, it is necessary to develop initiatives in order to seek the partner integration in this scenario, as an active and be able to contribute positively to this process. Taking into account that the involvement of man comes from the woman when choosing a companion, this integration must be carried out to stimulate discussion between them so that the decision is made consciously and in agreement<sup>(35)</sup>.

On the passive role of man during labor and delivery according to the studied literature, it depends on whether the woman was considered or not supported by the partner. The results showed several barriers, which prevent them to be more active in this process, anchored by the idea that motherhood is historically considered a women's event. Until the mid-twentieth century, labor and childbirth were led naturally by midwives in the homes of women and men stayed outside the room. With the advent of institutionalized delivery, technology and medical figure, the male entered into the routine of the event, but persisting paternal exclusion<sup>(41)</sup>.

It was observed that these traditional aspects still permeate the current scenario, especially in countries with strong cultural and religious influence. This is corroborated in studies conducted in Uganda and Kenya, where the partner's absence as a companion is cultural and strengthened between men and women<sup>(42-43)</sup>. Thus, these influences are also because of absence of national policies to encourage these parents in traditionalist countries. On the other hand, Sweden stands out in number of collected articles, showing over the years a strong involvement of parents as companions and advances within their policy<sup>(44)</sup>.

Brazil ratified Law 11,108 of April 7, 2005 which guarantees women the right to the presence of a companion of their choice, that is, the partner also has that right<sup>(45)</sup>. Nonetheless, many Brazilians are unaware of this law and, therefore, find it difficult to experience this moment. It should be noted the high number of caesarean sections in our country.

Therefore, according to the analysis performed, many obstetric centers and maternity hospitals are not prepared to receive the mother and the health care team is tough for the presence of this man in their routine. However, initial negative attitudes that surround the presence of man can be faced with changing behavior of professionals if they are receptive and offer the companion of the mother the opportunity for more active roles<sup>(46)</sup>.

In addition, both men and women in certain social groups are led to understand that the partner has no role in the birth process because this is inherent to the female gender. Furthermore, these women, including in decision-making, do not recognize his participation. Many services focus on women during prenatal care, in education and preparation for birth, also reinforcing this traditional view. However, it is understood that although it is an actual event of woman's body, man as a father must also participate together with the decisions taken and assume his paternal responsibilities<sup>(35)</sup>. Therefore, the lack of preparation and the fear of facing the unknown are listed as barriers to better performance of the partner's role as an active companion.

## Conclusions

The findings of this review suggest active and passive roles of partners in the birth process. Despite the obstacles related to their participation, either for historical reasons, religious, cultural, institutional or individual, there was significant growth of desire to participate in the child's birth, even if sometimes they are unprepared to provide support as they would like. However, they still require emotional support



and support as their responsibility as a father and companion, little explored in obstetric service, nor in scientific studies.

In this sense, health professionals, especially nurses, should seek strategies for father's reintegration into the birth scenario, so as to actively act in this process and thereby enable the benefits associated with the partner, his child and himself.

One of these strategies is related to the previous preparation developed during the prenatal and able to contribute to the development of parents safer and more integrated into the event. Moreover, it is noteworthy that the decision on the monitoring needs to occur together with the couple, being respected the desire to participate or not, in the case of man, and the desire of having or not a companion from the perspective of woman.

## Collaborations

Carvalho CFS, Carvalho IS, Brito RS, Vitor AF and Lira ALBC contributed in study elaboration, literature review, analysis, article writing and approval of the final version to be published.

## References

1. Staudt ACP, Wagner A. Paternidade em tempos de mudança. *Psicol Teor Prat*. 2008; 10(1):174-85.
2. Caires TLG, Vargens OMC. A exclusão do pai da sala de parto: uma discussão de gênero e poder. *Rev Enf Ref*. 2012; 3(7):159-68.
3. Silva RM, Barros NF, Jorge HMF, Melo LPT, Ferreira Junior AR. Evidências qualitativas sobre o acompanhamento por doulas no trabalho de parto e no parto. *Ciênc Saúde Coletiva*. 2012; 17(10):2783-94.
4. Frello AT, Carraro TE. Componentes do cuidado de enfermagem no processo de parto. *Rev Eletr Enferm [periódico na Internet]*. 2010 [citado 2015 mar 17]; 12(4):660-8. Disponível em: <http://www.revistas.ufg.br/index.php/fen/article/view/7056>
5. Pompeo DA, Rossi LA, Galvão CM. Integrative literature review: the initial step in the validation process of nursing diagnoses. *Acta Paul Enferm*. 2009; 22(4):434-8.
6. Abushaikha L, Massah R. Perceptions of barriers to paternal presence and contribution during childbirth: an exploratory study from Syria. *Birth*. 2013; 40(1):61-6.
7. Sapkota S, Kobayashi T, Takase M. Husbands' experiences of supporting their wives during childbirth in Nepal. *Midwifery*. 2012; 28(1):45-51.
8. Bäckström C, Wahn EH. Support during labour: first-time fathers' descriptions of requested and received support during the birth of their child. *Midwifery*. 2011; 27(1):67-73.
9. Longworth HL, Kingdon CK. Fathers in the birth room: what are they expecting and experiencing? a phenomenological study. *Midwifery*. 2011; 27(5):588-94.
10. Premberg A, Carlsson G, Hellström A, Berg M. First-time fathers' experiences of childbirth - a phenomenological study. *Midwifery*. 2011; 27(6):848-53.
11. Iliyasu Z, Abubakar IS, Galadanci HS, Aliyu MH. Birth preparedness, complication readiness and fathers' participation in maternity care in a Northern Nigerian community. *Afr J Reprod Health*. 2010; 14(1):21-32.
12. Sengane ML. The experience of black fathers concerning support for their wives/partners during labour. *Curationis*. 2009; 32(1):67-73.
13. Gungor I, Beji NK. Effects of fathers' attendance to labor and delivery on the experience of childbirth in Turkey. *West J Nursing Res*. 2007; 29(2):213-31.
14. Wielgos M, Jarosz K, Szymusik I, Myszevska A, Kaminski P, Ziolkowska K, et al. Family delivery from the standpoint of fathers - can stereotypes of participant or non-participant father be fully justified?. *Eur J Obstet Gynecol Reprod Biol*. 2007; 132(1):40-5.
15. Nejad VM. Couples' attitudes to the husband's presence in the delivery room during childbirth. *East Mediterr Health J*. 2005; 11(4):828-34.

16. Hallgren A, Kihlgren M, Forslin L, Norberg A. Swedish fathers' involvement in and experiences of childbirth preparation and childbirth. *Midwifery*. 1999; 15(1):6-15.
17. Somers-Smith MJ. A place for the partner? expectations and experiences of support during childbirth. *Midwifery*. 1999; 15(2):101-8.
18. Chandler S, Field PA. Becoming a father. First-time fathers' experience of labor and delivery. *J Nurse-Midwifery*. 1997; 42(1):17-24.
19. Wikander B, Theorell T. Fathers' experience of childbirth and its relation to crying in his infant. *Scand J Caring Sci*. 1997; 11(3):151-8.
20. Kululanga LI, Malata A, Chirwa E, Sundby J. Malawian fathers' views and experiences of attending the birth of their children: a qualitative study. *BMC Pregnancy Childbirth*. 2012; 12:141.
21. Perdomini FRI, Bonilha ALL. A participação do pai como acompanhante da mulher no parto. *Texto Contexto Enferm*. 2011; 20(3):445-52.
22. Tomeleri KR, Pieri FM, Violin MR, Serafim D, Marcon SS. "Eu vi meu filho nascer": vivência dos pais na sala de parto. *Rev Gaúcha Enferm*. 2007; 28(4):497-504.
23. Carvalho MLM. Participação dos pais no nascimento em maternidade pública: dificuldades institucionais e motivações dos casais. *Cad Saúde Pública*. 2003; 19(Suppl. 2):389-98.
24. Paula DO. Pai: seu lugar na espera do nascimento do(a) filho(a). *Rev Bras Enferm*. 1999; 52(1):144-52.
25. Jardim DMB, Penna CMM. Pai-acompanhante e sua compreensão sobre o processo de nascimento do filho. *Rev Min Enferm*. 2012; 16(3):373-81.
26. Oliveira AG, Silva RR. Parto também é assunto de homens: uma pesquisa clínico-qualitativa sobre a percepção dos pais acerca de suas reações psicológicas durante o parto. *Interação Psicol*. 2012; 16(1):113-23.
27. Alexandre AMC, Martins M. A vivência do pai em relação ao trabalho de parto e parto. *Cogitare Enferm*. 2009; 14(2):324-31.
28. Carvalho JBL, Brito RS. Atitude do pai diante do nascimento. *Rev Rene*. 2008; 9(4):82-90.
29. Motta CCL, Crepaldi MA. O pai no parto e apoio emocional. A perspectiva da parturiente. *Paidéia*. 2005; 15(30):105-18.
30. Espirito Santo LC, Bonilha ALL. Expectativas, sentimentos e vivências do pai durante o parto e nascimento de seu filho. *Rev Gaúcha Enferm*. 21(2):87-109.
31. Navarro GM, López EC, Calvente MMG, Ruzzante NH, Rodríguez IM. Paternidad y servicios de salud. Estudio cualitativo de las experiencias y expectativas de los hombres hacia la atención sanitaria del embarazo, parto y posparto de sus parejas. *Rev Esp Salud Pública*. 2009; 83(2):267-78.
32. World Health Organization. Care in normal birth: a practical guide. Geneva: WHO; 1996.
33. Lacerda MR, Labronici LM. Papel social e paradigmas da pesquisa qualitativa de enfermagem. *Rev Bras Enferm*. 2011; 64(2):359-64.
34. Guittier MJ, Cedraschi C, Jamei N, Bouvain M, Guillemain F. Impact of mode of delivery on the birth experience in first-time mothers: a qualitative study. *BMC Pregnancy Childbirth*. 2014; 14(254):1-9.
35. Draper H, Ives J. Men's involvement in antenatal care and labour: rethinking a medical model. *Midwifery*. 2013; 29(7):723-9.
36. Hildingsson I, Cederlöf L, Widén S. Fathers' birth experience in relation to midwifery care. *Women Birth*. 2011; 24(3):129-36.
37. Palinski JR, Souza SRRK, Silveira JTP, Salim NR, Gualda DMR. Women's perception on the process of coaching labor. *On line Braz J Nurs* [Internet]. 2012 [cited 2015 Mar 17]; 11(2):274-88. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/3603>
38. Longo CSM, Andraus LMS, Barbosa MA. Participação do acompanhante na humanização do parto e sua relação com a equipe de saúde. *Rev Eletr Enferm*. [periódico na Internet]. 2010 [citado 2015 mar 17]; 12(2):386-91. Disponível em: <http://www.revistas.ufg.br/index.php/fen/article/view/5266/6945>



39. Nascimento NM, Progianti JM, Novoa RI, Oliveira TR, Vargens OMC. Tecnologias não invasivas de cuidado no parto realizadas por enfermeiras: a percepção de mulheres. *Esc Anna Nery*. 2010; 14(3):456-61.
40. Aguiar JM, D'Oliveira AFL. Violência institucional em maternidades públicas sob a ótica das usuárias. *Interface Comun Saúde Educ*. 2011; 15(36):79-92.
41. Rattner D. Humanizing childbirth care: a brief theoretical framework. *Interface Comun Saúde Educ*. 2009; 13(suppl 1):595-602.
42. Kwambai TK, Dellicour S, Desai M, Ameh CA, Person B, Achieng F, et al. Perspectives of men on antenatal and delivery care service utilisation in rural western Kenya: a qualitative study. *BMC Pregnancy Childbirth*. 2013; 13(134):1-10.
43. Singh D, Lample M, Earnest J. The involvement of men in maternal health care: cross-sectional, pilot case studies from Maligita and Kibibi, Uganda. *Reprod Health*. 2014; 11(68):1-8.
44. Duvander AZ, Lappegard T, Andersson G. J. Family policy and fertility: fathers' and mothers' use of parental leave and continued childbearing in Norway and Sweden. *J Eur Soc Policy*. 2010; 20(1):45-57.
45. Ministério da Saúde (BR). Lei nº 11.108, de 07 de abril de 2005. Altera a Lei nº 8.080, de 19 de setembro de 1990, para garantir as parturientes o direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato, no âmbito do Sistema Único de Saúde. Brasília: Ministério da Saúde; 2005.
46. Santos JO, Tambellini CA, Oliveira SMJV. Presença do acompanhante durante o processo de parturição: uma reflexão. *Rev Min Enferm*. 2011; 5(3):453-8.