

## KNOWLEDGE OF COMMUNITY HEALTH AGENTS REGARDING THE PARTNER'S PRENATAL PRECAUTIONS

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**Abstract:** The objective is to evaluate the knowledge of Community Health Agents (ACS) regarding the partner's prenatal care, since it is a health strategy created by the Ministry of Health, in order to strengthen the bond of men in primary care services to health and break paradigms involving fatherhood. This is a descriptive research with a quantitative approach, used for data collection was a semi-structured questionnaire applied to Community Health Agents, in the midwest region in the interior of the state of Mato Grosso, after approval by the Ethics and Research Committee 2062.048. Among the 19 female CHA who answered the questionnaire, 74% did not receive training on the partner's prenatal care, all of them are aware that the father/partner has the right to participate in prenatal consultations, 89.5% stated that men rarely accompany their partners to prenatal consultations, 68% emphasized that working hours are a reason for not accompanying their partners to consultations, 63% responded that lack of knowledge on the subject characterizes non-participation in prenatal care. birth, 58% believe it is due to lack of time, on the other hand, 68% answered that shame is not a reason for not accompanying their partners to the consultation. It was evidenced that 42% answered that they never thought about the need to know such a strategy and all answered that training is necessary, 74% of the families assigned to the Basic Health Unit (UBS) never asked about the partner's prenatal care and regarding to the didactic materials that describe this strategy, 100% are unaware of the partner's prenatal videos, as well as that 63% are not aware of the Prenatal Guide. It was considered that the lack of periodic training of these professionals makes health education in the population ineffective, failing to take information to the community and promote guidance on prenatal care for the partner together with the pregnant woman to

strengthen the bond.

**Keywords:** Prenatal care, Partner, Community Health Workers, Fatherhood.

## INTRODUCTION

In Brazil, there are non-governmental organizations that develop actions aimed at knowledge about men, masculinities and gender equity, such as the Promundo Institute, which operates not only in Brazil, but also in the United States (USA), Portugal and has representatives in Rwanda and Burundi and the ``Instituto Papai`` founded in 1997 in Pernambuco (PROMUNDO, 2014).

In 2002, the City of Rio de Janeiro created the Movement for the Valorization of Fatherhood through a group that aims to involve men in fatherhood, which implemented strategies such as making official the month of August "Valuation of Fatherhood" and the creation of "10 steps to expand the father's participation in public policies" (HEALTH UNIT - PARTNERSHIP OF THE FATHER, 2009).

From the development of actions and in view of the need to highlight Men's Health, the National Policy for Integral Attention to Men's Health (PNAISH) established by Ordinance GM/MS number: 1.944, of August 27, 2009, was created It aims to expand men's access to the health service and is developed based on 5 thematic axes, among which paternity and care stand out (BRAZIL, 2016).

Faced with the paternity and care axis, the Ministry of Health created the Partner's Prenatal Strategy in order to emphasize the role of men together with women in family planning, pregnancy and child development, demystifying predefined concepts that gestation is only for the woman, and on the other hand, this strategy somehow makes this man link to the health service for the promotion and prevention of his health, performing tests, consultations and participating in health education promoted

by professionals (BRAZIL, 2016).

The interest in the development of this study with the Partner's Prenatal theme began after participating in activities promoted by the ``Pro-Homem`` Extension Project during the week of Father's Day in order to highlight the importance of the father throughout the process gestational process, strengthening the father/partner bond.

The lack of the Men's Health discipline in the curriculum of the nursing course at the Araguaia University Campus was an obstacle to immersing the reflection on the importance of prenatal care for the father/partner, as well as studying preformed concepts of a patriarchal society that distance men from health promotion services in Primary Health Care (PHC).

Men's Health needs to be emphasized and developed in conjunction with teaching, research, extension and health service in the same way and importance that is worked with the health of women, children and the elderly, not being just an inclusion of strategies from the period woman's pregnancy and the Blue November campaign.

In view of this, the objective was to verify the knowledge of Community Health Agents (ACS) regarding the prenatal strategy of the father/partner, to reveal the weaknesses of communication between the ACS and the community, as well as to describe the obstacles involved the training of the ACS on the prenatal scenario of the father/partner.

## **METHODOLOGY**

This is a descriptive, exploratory study with a quantitative approach, carried out with the purpose of evaluating the knowledge of ACS regarding the partner's prenatal care in the central-west region of the state of Mato Grosso.

The research was carried out in September and October with 19 CHAs, in six Basic Health

Units (UBS), on days previously scheduled during the daytime with the help of the nurses of the units in order to facilitate the CHAs' adherence to the research.

This way, a semi-structured questionnaire was used as a research collection instrument to achieve the proposed objectives and during the moment in which the participants answered the questionnaire, the researcher was present in the room in order to avoid doubts, exchanges of messages and guarantee reliability in the answers.

Inclusion criteria were: community health agent, female, working at the UBS and having signed the consent form to participate in the research. Therefore, the exclusion criteria were: health agents who were not at the UBS in up to three visits by the researcher, premium leave, vacation, male gender and having refused to sign the consent form.

Data collection took place after approval by the Research Ethics Committee of ``Universidade Federal de Mato Grosso`` – Campus Araguaia (UFMT/CUA), under number: 2062048. After data collection, analysis was performed, using the Epi Info program version 3.5.1. Therefore, the result was generated from a simple statistical calculation, as it resulted in a better visualization of the collected and analyzed data.

## **RESULTS AND DISCUSSION**

The study on the partner's prenatal care was carried out with 19 female CHWs, with a prevalence of respondents with married marital status and age 51 years or older, as described in Table 1.

Description	N	%
<b>Age</b>		
From 31 to 40 years	7	36,8%
From 41 to 50 years	3	15,8%
51 or over	9	47,4%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Marital status</b>		
Married	9	47,3%
Divorced	6	31,6%
Single	3	15,8%
Other	1	5,3%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 1** - Age group distribution, marital status of the interviewees, (n=19). Midwest region of the state of Mato Grosso, Brazil, 2023.

**Source:** Santos DCG, 2023.

Table 2 showed (74%) of the participants did not receive training on their partner's prenatal care. In the research by Almeida et al (2020), it was highlighted that permanent health education with the ACS has a positive impact on the promotion of health in the community.

A study carried out in Cáceres-MT by Lima et al (2021), emphasized that there are great advances in terms of policies and campaigns aimed at partner participation in prenatal consultations and men's health, but there is still a need for awareness and efforts by health managers and professionals to consolidate these government initiatives, as well as training the entire health team.

The person received training	N	%
Yes	5	26%
No	14	74%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 2** - The person received training on the partner's prenatal care, (n=19). Midwest region of the state of Mato Grosso. Brazil, 2023.

**Source:** Santos DCG, 2023.

However, the perceived gaps in training lead CHAs to build their own professional identity, regardless of incentives or demands from bodies responsible for their training. The difference is in the search for professionalization, sought by the agent himself and carried out effectively from his performance (MARZARI, JUNGES, SELLI, 2011).

Ramos et al (2020) considered in their research that the scientific knowledge and personal experiences of the CHAs strengthen health promotion, highlighting that scientifically based training is necessary to achieve positive results in the face of the problems evidenced in the community.

A study carried out by Giovanella et al (2018), affirmed the right to health and universal access based on universality, which is one of the principles of the Unified Health System (SUS), reinforcing that for the community to have knowledge and access to health, it is necessary that professionals have training regarding the health strategies that the Ministry of Health develops based on a need identified in the population and thus multiply information to the community and achieve better resolution regarding health.

Participation in Prenatal appointments	N	%
Yes	19	100%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 3** - The partner has the right to participate in prenatal consultations, (n=19). Midwest region of the state of Mato Grosso, Brazil, 2023.

**Source:** Santos DCG, 2023.

Table 3 highlighted that all CHAs interviewed are aware that the father/partner has the right to participate in prenatal consultations. The right to participate in prenatal consultations has been propagated mainly by the unit ``Parceira do Pai`` (Rio de

Janeiro), Instituto Papai (Pernambuco) and the documentary “O silêncio dos homens”, which bring personal and professional experiences with successful results.

The insertion of the father in prenatal consultations is a reproductive right and his participation is becoming more and more frequent, and his presence must be encouraged during prenatal consultation activities, serving to prepare the couple during pregnancy and for the time of childbirth, as well as for care in the puerperal period, in order not to burden the woman, assist in breastfeeding, care for the newborn and avoid postpartum depression (FERREIRA et al., 2014; CAMPOS; SAMPAIO, 2015).

In this scenario, it is also emphasized that the exercise of the right of man to be present during consultations is essential, but for this, prenatal care must be centered on the family, helping the mother, the baby and the couple. These changes affect the way men are inserted in the context, which is crucial for the father-son interaction, providing a greater likelihood of a healthy relationship during the child's growth and development (INSTITUTO PROMUNDO, 2014).

According to the results presented in Table 4 (89.5%) of the interviewees stated that men rarely accompany their partners to prenatal consultations, (68%) emphasized that the work schedule of the partners is one of the reasons for not attendance at health units, (63%) stated that it is due to the partners' lack of knowledge on the subject and (58%) highlighted the lack of time. On the other hand (68%) answered that shame does not characterize it as a reason for not accompanying their partners to the prenatal consultation.

In agreement with Bertolini and Simonetti (2014), in the research carried out with 15 men in the interior of São Paulo, they highlighted that they mentioned difficulties in organizing their work commitments. Likewise, the

flexibility of non-conventional schedules, as well as extended hours, may increase the participation of these men in health units. To this end, Brazil (2019) created, through the Ministry of Health, the Saúde na Hora program to strengthen and expand access to Primary Health Care (PHC) services by extending the opening hours of the Family Health Unit (USF).

The study by Mendes and Santos (2019), based on the bibliographic survey, considered institutional barriers that prevent the father from exercising his right to attend prenatal consultations and highlighted the need for greater disclosure by health professionals, corroborating with COSTA et al (2022), who concluded from their research carried out with male students of the Nursing course at a university in the city of Rio de Janeiro, the need for wide dissemination, the inclusion in the curriculum of universities about pre partner's birth certificate for a better reception of these men and also reinforced the awareness of professionals to guide couples about their rights to follow up prenatal consultations and the benefits that this follow-up brings to the trinomial (father, mother and children).

It was also clarified in the research carried out with primiparous puerperal women from a reference maternity hospital located in the city of Fortaleza (CE), which established the importance of the companion from admission to hospital discharge, concluded that the follow-up of the father/partner in prenatal consultations empowers the couple and strengthens the affective bond for the necessary care during childbirth and postpartum (HOLANDA et al., 2018).

In a bibliographical review conducted by Carvalho et al (2019), it was highlighted that the insertion of the companion from prenatal care guarantees multiple benefits from the reduction of pharmacological methods to relieve pain, reduction of labor time and

Description	N	%
<b>Partner follow-up</b>		
They rarely follow	17	89,5%
They don't follow	2	10,5%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Partner is ashamed</b>		
Yes	6	32%
No	13	68%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Lack of time</b>		
Yes	11	58%
No	8	42%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Lack of knowledge</b>		
Yes	12	63%
No	7	37%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Incompatible work hours</b>		
Yes	13	68%
No	6	32%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 4** – Follow-up and the reasons that bring men closer or further away from prenatal consultations, (n=19). Midwest region of the state of Mato Grosso, Brazil, 2023.

**Source:** Santos DCG, 2023.

even the incidence of postpartum depression, ensuring more safety and comfort for the parturient.

The creation of strategies on the part of health professionals to link the father to prenatal care and thus be able to solve the reasons that this man is unable to attend prenatal consultations is evidenced in the research by (LADEIRA; SERRANO; APOLINÁRIO, 2021) when they emphasized the need to develop health education by implementing conversation/group circles that will promote the reception of this father and

together with the exchange of knowledge, strengthening responsible fatherhood.

It was highlighted that 32% of the CHA interviewed believe that shame distances men from prenatal consultations, however, Júnior et al., (2022) carried out a study with 18 men in a Basic Health Unit (UBS) in the city from Belo Horizonte (MG) reaching the conclusion that the lack of health promotion aimed at the male population is the reason that distances men, as they do not feel welcomed by health professionals.

Corroborating with regard to men's

knowledge of Family Planning (FP), Padilha and Sanches (2020) in a systematic review, considered it limited to the acceptance and use of contraceptive methods, remembering that there are several activities related to FP that the man must participate and Franze et al., (2019) reinforced in their study that professionals prioritize women in this planning, reducing the importance of men.

In this scenario, it is emphasized that educational materials on the partner's prenatal care, responsible parenthood, infertility, vasectomy, varicocele, erectile dysfunction, rapid ejaculation, prostate cancer, penis and testicles, as well as encouraging self-examination of the testicles and penis, are fundamental strategies to attract the male population, as well as to make these men welcome and have a feeling of belonging in the PHC space.

Description	N	%
<b>Need for Knowledge</b>		
Yes	6	32%
No	4	21%
I never thought	8	42%
I know enough	1	5%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Team training</b>		
Yes	19	100%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 5** – Need for knowledge of the ACS and training of the team about the partner's prenatal care (n=19). Midwest region of the state of Mato Grosso, Brazil, 2023.

**Source:** Santos DCG, 2023.

Regarding the CHA's need for knowledge about the partner's prenatal care during a visit in the community, 42% answered that they had never thought about this need, which leads to the understanding that the practice of permanent education about this strategy created from public policies aimed at men is poorly developed with PHC professionals,

and thus fails to verify the need to know about the partner's prenatal care and its applicability in the community.

The analysis carried out by Santos et al., (2022) in a municipality in the southern region of Brazil with parents of children aged up to eighteen months considered the importance of having trained professionals in relation to the inclusion of men in prenatal care and thus knowing the real importance of participating in the pregnancy period and after the birth of the child.

Freitas et al., (2020) in their research concluded that professionals have a more restricted view when it comes to the insertion of men in the health service, encouraging men's participation only in the Blue November period and forgetting that actions aimed at the man is integrally, in view of this, the study reinforced strategies such as health education, home visits and tracking so that the community understands that the PHC carries out actions aimed at men as well as women, children and the elderly.

In this same perspective, 32% stated that they felt the need for knowledge about the partner's prenatal strategy, leading to the understanding that these professionals know about the men's health policy and are aware of how much the partner's participation in the pregnancy period is fundamental for the trinomial mother-father and child, but the practice of permanent education in PHC would facilitate communication between the team in favor of the community, since the study by Zinn et al., (2022) demonstrated that it is possible to promote an educational program in favor of the permanent health education in PHC aimed at communication between the team, training professionals and strengthening the Unified Health System (SUS).

Description	N	%
<b>Doubt of the families</b>		
Always	1	5%
Never	14	74%
Rarely	4	21%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 6** - Families' doubts about the partner's prenatal care (n=19). Midwest region of the state of Mato Grosso, Brazil, 2023.

**Source:** Santos DCG, 2023.

Table 6 highlights with 74% that these families assigned to UBS never have questions regarding the partner's prenatal care. When a population is not aware of the existence of a strategy, there is no possibility of expressing doubts because they do not know about the subject and because they carry concepts that the gestational period is something that involves the woman and the man only the role of provider.

The National Primary Care Policy (PNAB) defines as professional attributions the territorialization, user reception, carrying out an active search, home visits, participation in permanent and continuing education, carrying out health education with the enrolled population, among others, in which the professionals who act according to the policy are aware of the health determinants and conditions of this population, making them capable of meeting the demands, even if this population does not have any doubts (BRAZIL, 2017).

A study with a qualitative approach published by Moura and Damasceno (2021), after exploratory research, it was realized that active fatherhood is the division of household tasks and care for the children, not being just the mother's responsibility, differentiating the traditional fatherhood that highlights the figure male as provider-father. After analyzing the terms responsible fatherhood, participatory fatherhood and active

fatherhood, it was reflected that responsible fatherhood was more focused on the absence of the father in the context of civil law and the non-abandonment of children after divorce, with that came public policies as an example the National Policy on Men's Health Care (PNAISH).

In this universe, responsible fatherhood was also complemented with participatory fatherhood, meaning that the man, in addition to legally assuming his responsibilities as a father, must also participate in the child's development stages from family planning, exalting the importance of affection in relation to the children, thereby forming active parenthood. Emphasizing that active fatherhood is to include love, respect and non-violent communication during the education of this child in the family environment, the authors considered that active fatherhood is a manifestation of changes related to masculinity. In view of the studies shown, the resignification of fatherhood promotes an affective, egalitarian and violence-free experience for this new being, understanding and experiencing that paternal and maternal responsibilities are performed together, without distinction of genders (MOURA and DAMASCENO 2021).

Santos, et al., (2021) concluded in a descriptive study after interviewing parents who experienced the birth of their child in a rooming-in room at a public hospital that this process of parenting in the contemporary model reveals a new version of fatherhood and with that to for there to be strengthening, it is necessary to establish acceptance and insertion of this man in the care of their babies for a greater bond and obtaining benefits in the cognitive and socio-emotional development of the child and in the man-woman relationship, and how nursing must provide a facilitating and welcoming environment for the inclusion of this man in the health service.



Description	N	%
<b>Partner Prenatal Guide</b>		
Yes	2	11%
No	12	63%
I don't know	5	26%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Booklet recommendations?</b>		
Yes	10	53%
I don't know	9	47%
<b>Total</b>	<b>19</b>	<b>100%</b>
<b>Partner prenatal videos</b>		
No	19	100%
<b>Total</b>	<b>19</b>	<b>100%</b>

**Table 7** - Knowledge regarding the guide, recommendations and videos of the partner's prenatal care, (n=19). Midwest region of the state of Mato Grosso, Brazil, 2023.

**Source:** Santos DCG, 2023.

In Table 7, the knowledge of the didactic materials that it describes about the Partner's Prenatal is highlighted, and 63% of the interviewees answered that they did not know the partner's prenatal guide aimed at professionals. The Partner's Prenatal Guide was prepared by the Ministry of Health (BRAZIL, 2016) after the development of the Partner's Prenatal health strategy as a complement to the training that the professional must receive after creating public policies that aim to promoting and preventing the health of the population and thinking about the quality and safety of care for the population that uses health services, the National Policy for Permanent Education in Health (PNEPS) was created, which institutes the training and development of workers for the sector, articulating teaching and service and strengthening the principles of SUS (BRAZIL, 2018).

Regarding the recommendations on the partner's prenatal care, inserted in the pregnant woman's booklet, 47% of the CHAs are not aware of the content, both the pregnant woman and the partner would need

information that sensitizes the man about paternal health care. In this same plot, it was identified that 100% of the participants in this research are unaware of the videos about the partner's prenatal care, reinforcing the importance of disseminating the existing didactic means to train themselves with the updates that are emerging regarding paternal care.

Currently available digital platforms bring several videos that talk about prenatal care, highlighting here some of them: RN Regional Nursing Council. The Protagonism of Nursing in the Partner's Prenatal Care. You Tube, March 28, 2023. Available at: <https://www.youtube.com/watch?v=GNeW0hFhwIY&t=714s>; Man's Pre Christmas. You Tube, March 1, 2017. Available at: <https://www.youtube.com/watch?v=PY6nRcqj4nA&t=29s>. Uncomplicating Collective Health. Father/ Partner Prenatal – What is it and how to perform and register? You Tube, May 9, 2022. Available at: <https://www.youtube.com/watch?v=tazLUkBcozQ&t=102s>. The transformations of fatherhood. You Tube, August 6, 2021. Available at: <https://www.youtube.com/watch?v=3ARIu3kXfno&t=25s>. In addition to the platform mentioned above, we have Spotify with Podcasts and social networks such as Instagram with profiles aimed at active parenthood, highlighting the Non-Governmental Organization (NGO) Promundo.

The study carried out by Caetano et al., (2021) corroborates the statement described above, in which they obtained the outcome of their study after creating an educational video to train a team of health professionals, emphasizing that audiovisual resources are a strategy suitable for teaching.

Machado et al., (2020) considered from the dialogues with the CHAs during the execution of the Care Paths project, highlighting that the methodology used to

carry out the training is fully justified for those who will receive this information in the sense of being motivational in capturing of knowledge, emphasizing professional and personal experiences, inserting permanent education and considering popular education in health brought by the participants, as well as emphasizing that participatory methodologies are necessary for the transformation of education.

## FINAL CONSIDERATIONS

This study revealed that there is a lack of periodic training for CHAs who are inserted in health services and, consequently, leading to a lack of knowledge of the didactic resources available in the digital world and thus reducing the quality of assistance regarding the partner's prenatal care.

In order to achieve the implementation of public policies, including the partner's prenatal care, there is a need to establish health strategies in order to advance in the promotion of health education, motivating men to know their rights regarding the prenatal care of their partner. partner and encouraging them to seek health services and enjoy everything that

the SUS provides for responsible parenthood.

However, the objective of the study was achieved by identifying the existing gaps among the ACS interviewed, such as the lack of knowledge of the partner's prenatal strategy and the educational materials made available to direct the insertion of the strategy in the community, lack of permanent education and, consequently, failure to apply the strategy. health education in the community.

Therefore, the management of the municipality proposes the application of permanent education for professionals in view of the creation of new strategies in health and continuing education using methodologies in which the professional has the initiative to actively participate in the training carried out.

Finally, as a strategy for implementing health education, the insertion of a course on active fatherhood as well as groups of pregnant women including their partners in the UBS every month in partnership with educational institutions, promoting the role of the couple in the face of the generation of a new being and increasing the embracement and bond of the man in the health service.

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