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Man's prenatal care in times of COVID-19

Pré-natal do homem em tempos de COVID-19

Prenatal del hombre en tiempos de COVID-19

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Objective: to reflect on man's prenatal care during the COVID-19 pandemic. **Methods:** a descriptive, qualitative study that explored the testimony of men who accompanied their partners in the rooming-in of a national institute in the city of Rio de Janeiro, Brazil. The semi-structured interviews took place from September to December 2020. The interpretation was carried out through thematic analysis and categorization. **Results:** 10 men who accompanied their partners in the hospital rooming-in accomodations took part, of which four were between 25 and 35 years old; six had high school education; eight declared themselves single in a stable union, for more than two years, residing in the same place. The corpus of analysis consisted of 25 themes that, due to similarities, were grouped into two thematic units: *Man in prenatal care* and *Tension risk x paternity*, which were united in a large category: "*Man's experiences in prenatal care during the pandemic of COVID-19*". In the pandemic, only men who accompanied underage partners were able to participate in prenatal care and educational groups. Specific exams were requested mediated only by the pregnant woman. **Conclusion:** the Covid-19 pandemic made it difficult for men to access prenatal care, with possible effects on health care and paternity ties.
Descriptors: Prenatal care; Men's health; Pandemics; COVID-19.

Objetivo: refletir acerca do pré-natal do homem durante a pandemia da COVID-19. **Método**: estudo descritivo, qualitativo, que explorou o depoimento de homens que acompanhavam suas parceiras no alojamento conjunto de um instituto nacional no município do Rio de Janeiro. As entrevistas semiestruturadas ocorreram nos meses de setembro a dezembro de 2020. A interpretação se deu pela análise temática e houve a categorização. **Resultados**: Participaram 10 homens que acompanhavam suas parceiras no alojamento conjunto, dos quais quatro tinham de 25 a 35 anos; seis com ensino médio; oito se declararam solteiros em uma união estável, superior a dois anos, residindo no mesmo local. O *corpus* de análise foi composto por 25 temas que, por similaridades, foram agrupados em duas unidades temáticas: *Homem no pré-natal* e *Tensionamento risco x paternidade*, que foram unidas numa grande categoria: "*Vivencias do homem no pré-natal durante a pandemia da COVID-19*". Na pandemia, apenas homens que acompanhavam parceiras menores de idade puderam participar do pré-natal e grupos educativos. Exames específicos foram solicitados intermediados apenas pela gestante. **Conclusão**: a pandemia da Covid-19 dificultou o acesso do homem ao pré-natal com possíveis reflexos na atenção à saúde e nos laços de paternidade.
Descritores: Cuidado pré-natal; Saúde do homem; Pandemia; COVID-19.

Objetivo: reflejar el prenatal del hombre durante la pandemia de COVID-19. **Método**: estudio descriptivo y cualitativo que exploró el testimonio de hombres que acompañaban a sus parejas en el alojamiento conjunto de un instituto nacional en el municipio de Río de Janeiro, Brasil. Las entrevistas semiestructuradas tuvieron lugar en los meses de septiembre a diciembre de 2020. La interpretación se realizó mediante el análisis temático y hubo la categorización. **Resultados:** Participaron 10 hombres que acompañaban a sus parejas en el alojamiento conjunto, de los cuales, cuatro tenían de 25 a 35 años; seis con enseñanza secundaria; ocho se declararon solteros en una pareja de hecho, de más de dos años, residiendo en el mismo local. El corpus de análisis estaba compuesto por 25 temas que, por sus similitudes, se agruparon en dos unidades temáticas: *Hombres en prenatal* y *Tensionamiento riesgo x paternidad*, que se unieron en una gran categoría: "*Experiencias de los hombres en la atención prenatal durante la pandemia de COVID-19*". En la pandemia, sólo los hombres que acompañaban a sus parejas menores de edad podían participar en la atención prenatal y en los grupos educativos. Se solicitaron exámenes específicos mediados únicamente por la gestante. **Conclusión**: La pandemia de Covid-19 ha dificultado el acceso de los hombres a la atención prenatal, con posibles repercusiones en la atención a la salud y los vínculos de paternidad.
Descriptores: Atención prenatal; Salud del hombre; Pandemias; COVID-19.

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INTRODUCTION

The year 2020 was marked by the declaration of the World Health Organization (WHO) about the COVID-19 pandemic, and from March of that year to today, the disease has been changing the course of world history, due to high rates of infection and mortality all over the planet[1]. Caused by SARSCoV-2, belonging to the coronavirus family, it has quick transmissibility rates, through person-to-person contact or with contaminated surfaces, through droplets or secretions that triggers respiratory and, more rarely, intestinal infections[1-2].

In Brazil, since April 2020, the Ministry of Health considers that pregnant and postpartum women up to the 14th postpartum day (including stillbirths or miscarriages) should be considered a risk group for COVID-19, mainly due to unfavorable maternal and neonatal outcome in the presence of moderate and severe disease, greater chance of hospitalization, admission to an intensive care unit and mechanical ventilation, especially those around the 32nd to 33rd week of gestation, in addition to the possibility, still uncertain, that the pregnancy changes affect the immune response[3]. It is noteworthy that black pregnant women, overweight (BMI >25 kg/m^2), who have pre-existing comorbidities and aged over 35 years, are more likely to develop severe conditions when affected by COVID-19[2].

As of June 2021, there have been 181,176,715 confirmed cases of COVID-19 worldwide, including 3,930,496 deaths. Currently, Brazil has the third highest country in number of cases, with 18,420,598 confirmed cases, including 513,474 deaths[4]. The Brazilian Obstetrical COVID-19 Observatory identified that, in 2020, 544 deaths of pregnant and postpartum women due to COVID-19 were reported in the country and, until May 26, 2021, 911 deaths were recorded, showing an alarming increase. Another relevant fact is that, of the total number of maternal deaths in Brazil, 56.2% affect brown and black women, evidencing the social inequality in the pandemic[5].

In this context, the Ministry of Health recognizes the Stork Network (Ordinance No 1459/201) as a set of care that aims to guarantee women's right to reproductive planning and humanized care for pregnancy, childbirth and the puerperium, as well as the child's right to a safe birth and healthy growth and development must be preserved and encouraged to meet the care needs of pregnant women, postpartum women and newborns in the best possible way[6]. It is up to the units: screening of pregnant and postpartum women, identification of risk factors and suspected cases, diagnostic investigation, appropriate conduct, as well as guidance on prophylactic measures at home, prevention of agglomerations and hygiene measures[6-7].

In times of a pandemic, the rights obtained with the Companion Law - Law No 11.108/2005 - which guarantees the right to a companion, chosen by the woman, during labor, delivery and immediate postpartum. However, according to the Ministry of Health, companions cannot be from a risk group, have flu-like symptoms and must undergo clinical screening at the time of hospitalization of the pregnant woman. Suspected or confirmed COVID-19 pregnant or puerperal women can bring a companion as well, as long as the companion is aware of the risks of contamination, is instructed not to move around the hospital unit, wears masks and performs hand hygiene[3].

Law No. 11,108/2005 does not cover the presence of a companion during prenatal care, a fact that exempts institutions from allowing their presence, even with restrictions. In Brazil, the removal of the father from the prenatal scenario was a reality in many health institutions, even recommended by some organizations, such as the Minas Gerais Society of Gynecology and the Association of Obstetrics and Gynecology of the State of São Paulo, who suggested discussing with the couple the possibility of the pregnant woman attending exams and consultations alone, in order to avoid crowds in the waiting room[8].

In the meantime, it should be noted that the Partner's Prenatal Care is configured as a public policy strategy of the Ministry of Health, in order to break and transform, in practical ways, social constructions of gender, seeking to consciously involve men - regardless of them being the biological father or not - in all stages of reproductive planning and pregnancy, bringing him closer to the arena of care and affection, as well as being the gateway to the services offered by Primary Health Care. In this way, the man is no longer a companion and becomes the subject of the process of gestating and giving birth, receiving a range of actions such as reception, requests for exams, updating of immunizations, active listening, bonding and educational activities, from the time of requesting the pregnancy test until the puerperium[9].

The COVID-19 pandemic brought a rupture in this process, still in its infancy, from the moment it took men away from prenatal activities. The main door to men's health is closed, the search for equality of responsibilities over reproductive processes is weakened, and not only that, the creation of the father-mother-baby bond, family strengthening, paternity ties, among other benefits, both for the health of men, women and newborns. This article, which brings man's prenatal care during the COVID-19 pandemic as an object, guided by the question: *How did man experience prenatal care during the COVID-19 pandemic?* aims to reflect on man's prenatal care during the COVID-19 pandemic.

METHODS

Descriptive, qualitative study, structured according to the Consolidated Criteria for Reporting Qualitative Studies (COREQ), focusing on the phenomenon: *Man's prenatal care during the COVID-19 pandemic*, based on reports of experiences during this period. The choice of a qualitative approach allowed the elaboration of discourses based on facts, opinions and meanings that the participants relate to their social experiences, and the inductive and interpretive understanding attributed to the testimonies, based on the research problem[10].

The sample was obtained by convenience, having as participants partners of pregnant women who have undergone prenatal care. Inclusion criteria were: men aged 18 years or older, biological father or not of the newborn and who is accompanying their partner in the hospital rooming-in, having performed at least six prenatal consultations. Exclusion criteria: having some sensory impairment, fetal or neonatal loss in less than 24 hours and partner in critical health condition.

The interviews were carried out from simulations with the data collection instrument, with a face-to-face, individual and private approach that took place in the room of the room of the room of a national institute, in the city of Rio de Janeiro, respecting the protocols of safety for COVID-19.

The semi-structured interviews lasted an average of 15 minutes, and took place from September to December 2020. An instrument with multiple choice questions was used, which delimited the social profile of the participants, and a set of open questions, which explored the man's experiences during prenatal care, recorded in MP4 format, fully transcribed, coded by an alphanumeric system, with the letter P represented participant plus a number, according to the sequence of performance. The end of data collection was not due to data saturation, but due to the intensity of the phenomenon, its multiplicities and subjectivities[10].

In the interpretation, thematic analysis[11] was used based on a thorough reading of the data; identification, by colorimetry, of the relevant themes; highlighting representative citations; grouping the themes into thematic units and categorizing them into a single large category entitled: Man's experiences in prenatal care during the pandemic of COVID-19

The research was reviewed and approved by the Research Ethics Committee of the Institution where the study was carried out, and all ethical precepts were protected (Resolution No. 510 of 04/07/2016) under CAAE: 32430620.9.0000.5269. Before the interview, the research proposal, the right to anonymity, confidentiality and recording request were explained. The consent of the research was obtained by signing the Free and Informed Consent Term, leaving a copy with the participant.

RESULTS

The participants were 10 men who accompanied their partners in the hospital rooming-in. The profile of the interviewees shows that 40% were between 25 and 35 years old; 60% had attended high school; 80% declared themselves single in a stable union, for more than two years, living in the same place.

Planned pregnanct did not occur for 80% of couples; 90% of men did not participate in prenatal consultations and/or exams during the COVID-19 pandemic. Only 10% had the opportunity to participate in an educational activity related to breastfeeding and 10% received a request for an exam for syphilis.

The *corpus* of analysis consisted of 25 main themes that, according to their similarities and differences, were grouped into two thematic units: *Man in prenatal care* and *Tension risk x paternity*. The critical and reflective look at these units united them in a large category: "***Man's experiences in prenatal care during the COVID-19 pandemic***"

With the beginning of COVID-19 protection measures, 90% of men did not have access to prenatal consultations:

In prenatal care, I could not participate because when I arrived here, I had to stay outside. Couldn't go in because of the pandemic. That was the annoying part. (P2)

I came for all prenatal consultations, but I couldn't go in... I was downstairs waiting, because it was right at the beginning of the pandemic and stuff, then they wouldn't let me in... I sent her a message. And she up there. (P4)

I brought her up the entrance here and stood outside waiting. In all, but I came to bring her because of the concern of wanting to participate. But unfortunately it didn't happen due to the pandemic. (P8)

Only one man had access to prenatal consultations, since his partner was a minor:

It was very interesting. It was very important because I straight up askedthings. Listen, let her ask. I was there just to hear from the doctors, which I really wanted to know about my son. I was there for the ultrasound. I entered and everything, because she is a minor. So, I got into everything. (P10)

Men were informed and guided about prenatal care by their partners:

She was always here and always told me that everything was fine with the baby. She was always giving me information. (P6)

When she got home, she told me the situation. And I tried to stay informed even though I wasn't there. (P9)

Every time she [partner] *came for prenatal care, she* [partner] *told me everything that was discussed and I, from time to time, researched something on the internet.* (P2)

COVID-19 protection measures also restricted participation in groups, with only one man, whose partner was a minor, having the opportunity to receive information about breastfeeding. This measure was criticized by P3 and P7:

We paid attention [in the group]. *I wasn't in the conversation, but I paid attention. To keep an eye out, to know things. And it was really cool, I really liked it. There were fewer people and with a distance. A distance between the chairs.* (P10)

Due to the pandemic, I think that participation in educational activities was not possible. It was annoying not to be able to participate because it would be another remarkable moment. (P3)

If there was a group, something like that, that the father could absorb, be more present, maybe a stimulus, a conversation... sometimes, just for the person to understand a little better how they do it, what it is, and understand their importance in this process. (P7)

Only one man had access to a laboratory test request, even so he was guided by his partner:

She received some guidance, when she got home, she passed it to me. So much so that, until the blood test, which I had to come here for, which was requested during prenatal care. I had to come on a different day from the appointment and take the exam. Now, all the instructions she received, when she got home, she gave me. (P5)

The tension between the risk of COVID-19 and the exercise of paternity emerged mediated by the discourse of medical knowledge x the right to be a father:

The doctor is the boss. I'm not a doctor. So, she will make the appointment, you wait here, regardless of this virus that they associated with us. But anyway, I wouldn't be able to get in anyway. So some people feel there, 'Oh no!!! But I had to...'. People, for the love of God, each one in their profession. If there is no hierarchy, there is no concession. You can't be subordinate to your boss and want to boss him around independently. So, for me, at that point, I didn't see any difficulties either, as in fact I accepted all the impositions they imposed on me. So no complaints, no objections. (P1)

The staff [reception] *stayed there: 'you can't go, you can't go, you can't go.' I insisted in going in, but this time, because of the pandemic, I even insisted and I was upset and everything. But you also have to understand that there is a risk.* (P8)

I cannot participate [in prenatal care, during the pandemic], *of course I think it is correct, but because I am a father and such, I think I could have participated.* (P2)

Men participate with their wives on their side. I think it makes women safer. I believe that she would have been calmer if I had gone in... If I had prevented it, because in the middle of the pandemic, if I did that, if I prevented it, I even entered with a glove, a mask. (P4)

Releasing the entry of the father, because I think that encourages parents to participate more in the pregnancy. (P6)

DISCUSSION

The social distance imposed as a preventive measure against the coronavirus aims to reduce interactions, avoid agglomerations and, thus, enable a safe physical distance, capable of reducing the transmission of the virus by respiratory droplets. In Brazil, this measure led to a new form of interaction in health services; at first, non-essential services were temporarily disabled or reduced, some started to work by telemedicine. The routine of the services that remained changed, mainly to achieve the reduction of people circulating in the assistance units[12].

The high percentage of unplanned pregnancies revealed by this study shows the weaknesses that still exist in reproductive planning activities. Although there is a judgment that the COVID-19 pandemic brought confinement, unemployment, changes in the forms of work

(home-office, different working hours), and consequently, greater coexistence at home, providing an opportunity to increase the frequency of sexual relations, this discourse is not in line with the Public Policy for Assistance to Sexual and Reproductive Health. The conscious use of contraception would mostly prevent the occurrence of unwanted pregnancies, even if the frequency of sexual intercourse between partners increased[13].

The pandemic hampered access to contraception, as many Basic Health Units (UBS) limited their services, and little has been done, at a nationwide level, to reduce the deepening of reproductive planning gaps, especially in the sense of providing face-to-face care to couples outside the risk group, and encouraging effective long-term methods[13].

In the scope of prenatal care, the research unit continued its activities in person, adopting a flow of care and management for pregnant women as recommended by the Ministry of Health[3,6], and restricted the entry of companions, being allowed only to minors (under 18). Group activities were reduced, maintaining the same prenatal audience.

Restrictions on access ended up reducing men's opportunity to intervene in their health, as well as in their preparation for fatherhood. Accepting the limitations imposed by the health units involves the individual's obedience to the medical authority, as well as the lack of recognition of the citizen as a subject of public policies aimed at his health. Thus, the health crisis installed with the COVID-19 pandemic caused greater tension in the power relations present in the control of the puerperal pregnancy cycle, with a serious threat to sexual and reproductive rights, which may become a risk factor for obstetric violence[14] and, even exacerbate gender inequalities.

Actions are needed that accompany the indicators of monitoring of good practices that support the positive experience in perinatality, among which, the presence and monitoring of men in prenatal activities, supporting the emotional, social and cultural aspects of childbirth care[14]. In addition to this aspect, the male role in pregnancy must be guaranteed, highlighting prenatal care as a gateway to the structuring of male health care.

The research revealed an important change in men’s thinking, which begins to identify the relevance of their participation in the pregnancy cycle, seeking, in some way, to be present, whether taking the woman to the consultation, receiving information from her about what was said by the doctor, which denotes the couple's active dialogue about the pregnancy. However, losses are considered in relation to: checking vital signs, requesting tests, possible referrals for health care, immunizations, opportunity to question and remove doubts, immediate support to the partner in the face of bad, dubious or even misunderstood news.

Brazilian men have difficulties in recognizing their illness and are afraid of discovering a serious illness[15], they seek health services less, entering this system through medium and high complexity, which generates greater costs for the Unified Health System[16]. Among the health programs sought, reproductive planning is the one with the lowest participation[17], a fact that contributes to the high percentage of unplanned pregnancies found in this work and reinforces the persistent gender inequality in terms of reproduction. Keeping prenatal care as a gateway to building a habit aimed at preventing men's health can minimize the vulnerability of this group, as well as make relationships more equitable.

Although men still do not understand the role of prenatal care for their health, they already contest their participation as the baby's "father", that is, they recognize this space as a moment that will prepare them for fatherhood, they feel the need to to be present and involved in birth planning.

Respondents also felt the lack of a space to learn and share their experiences, recognizing the need for group activities. Meetings for the production of knowledge are configured as a great strategy of social transformation that starts from reflection and negotiation between professionals and users, with the aim of building new possibilities, mediated by reflecting, perceiving, acting and modifying, considering the individual's previous knowledge. It is a moment of information, communication, exchanges and listening, seeking changes in habits related to self-care and caring for others[18].

The desire to share the moments lived in pregnancy prompted participants to reflect on a more inclusive behavior towards partners during the COVID-19 pandemic; for them, preventive measures would be sufficient to safeguard participation. As far as health standards are concerned, the flows of care for pregnant women did not include the presence of companions during prenatal care. The recommendations and rules highlight the conduct to be followed in the care of pregnant women. Actions referring to the companion are mentioned only when referring to birth and puerperium, moments whose presence is guaranteed by law[3].

Men wereincluded in prenatal care due to the National Policy for Integral Attention to Men's Health (PNAISH), established by Ordinance GM/MS No. 1.944, of August 27, 2009, therefore, they should not be treated as adjuncts, but with their partner, as a protagonist couple, who take care of their physical and emotional health together, being listened to in their needs. The man who feels pregnant together with his partner tends to be more concerned about his own health. In addition, by participating in consultations and imaging exams, he initiates the emotional bond with the baby and strengthens the bonds of paternity.[19].

The tension between flows for the prevention of COVID-19 and prenatal care for men can generate a feeling of male impotence, reducing the subject's ability to cope, a fact that contributes to increasing the vulnerability of this group, enhancing inequalities, exclusions, social inequities that should be repaired after the pandemic with male assistance models that understand the health and disease processes, the adoption of health care practices and the reduction of vulnerabilities[20].

The risk of contracting an unknown virus and the installed health emergency overlapped with the rights and public policies related to men's health, corroborating excluding, rigid practices, based on a traditional perspective, which reduces the male to the provision and ordering of the family, preventing the reach the full exercise of their sexual and reproductive rights[21].

The question that marks this tension is to understand why strategies that include men in the flow of prenatal care were not drawn up. Although it was necessary to reduce the movement of people in sociable environments, the use of masks, distancing in offices, scheduled y appointment, frequent hygiene of hands and hospital utensils, screening of symptoms, cleaning and maintenance of ventilated environments, the insertion of men could contribute to the continuity of prenatal care for the couple.

The implementation of tools in the area of Information and Communication Technologies for health care, such as the use of teleconsultations, electronic medical records, electronic prescriptions are devices that allow remote communication between services and users, as well as the remote monitoring of patients with COVID-19, which facilitate the continuity of full prenatal care, that is, allow the couple to be assisted without compromising their reproductive rights[22].

The Pan American Health Organization considers that the web, chatbots, information boards (dashboards), mobile applications (apps), social networks, telephone numbers (call centers), virtual campuses, messaging, video and voice services on the Internet , text messages (SMS), wikis and forums are recognized information technologies that can be used according to the possibilities and technological familiarity of users, services and professionals[22].

CONCLUSION

The reflections obtained from the study point out that the COVID-19 pandemic made it difficult for men to access prenatal care, reducing their participation in the pregnancy cycle, hiding their role in the gestating process, with possible repercussions on paternity ties. The opportunity to access health care and services was reduced, in addition to minimizing their involvement in educational activities, further distancing their relationships with health services and professionals.

The health crisis that took hold in Brazil caused developments with the potential to accentuate male vulnerability to health care, enhance gender inequalities, exposing a society still marked by an archaic sexist stereotype, which envisages consolidating an egalitarian policy in relation to sexual and reproductive.

The limitations of the study are related to the choice of a single scenario for data collection, a fact that makes it impossible to generalize the information, since it does not cover the peculiarities between public and private services, the differences in the structure, investment, complexity and capacity of the units services located in the state itself, as well as in different Brazilian territories. In turn, this work rekindles the need to expand paternal involvement for responsible paternity and greater equity in child care, even more hampered by a pandemic situation.

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Cristiane Vanessa da Silva and **Thalita Rocha Oliveira** contributed to the design, data analysis, writing and revision. **Raquel Fernandes Costa de Araújo** worked in the design, collection and analysis of data and revision. **Danielli Oliveira Ciuffo** and **Fernanda de Sá Coelho Pio Alcântara** collaborated in data analysis and revision. **Camilla Santos de Oliveira** participated in data analysis, writing and revision.

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