

FATHERS' PERCEPTIONS ABOUT THEIR EXPERIENCES AS BIRTH COMPANIONS

PERCEPÇÕES DOS PAIS SOBRE SUAS VIVÊNCIAS COMO ACOMPANHANTES DURANTE O PARTO E NASCIMENTO

PERCEPCIONES DE LOS PADRES DE SUS EXPERIENCIAS COMO ACOMPAÑANTES DURANTE EL PARTO Y EL NACIMIENTO

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ABSTRACT

This is a qualitative exploratory descriptive research carried out in a public maternity hospital. It aimed at identifying the father's experience of the birthing process of his child. Data was collected in 2013 through interviews with 12 fathers and analysed through thematic analysis, taking into account Brazilian public health policies. The following categories emerged: father's presence: an entitlement and a positive experience; birth as an important expression of resilience; C-section: mechanicalness versus tranquillity; feelings related to labour and birth; staff acknowledgement. For the fathers, being with the child and partner was an experience that strengthened the bond with the child and offered moral support to the wife. Nonetheless, the lack of knowledge about the birthing process creates negative feelings of impotence during labour, which can be overcome by the sharing of knowledge between nurses and fathers. This study increases production of knowledge on the theme, it gives voice to fathers and it subsidizes the planning of the professionals' actions.

Keywords: Parturition; Delivery Obstetric; Humanizing Delivery; Fathers; Nursing.

RESUMO

Pesquisa qualitativa, exploratório-descritiva, realizada numa maternidade pública, objetivando conhecer as percepções do pai acerca de sua vivência durante o processo de nascimento do filho. Coletaram-se dados em 2013, por meio de entrevistas, com 12 pais acompanhantes, sendo estes analisados a partir da análise temática à luz das políticas públicas brasileiras. Emergiram categorias: presença do pai – direito e experiência positiva; parto – momento marcante e de superação; cesariana – mecanicidade versus tranquilidade; sentimentos relativos ao parto e nascimento; reconhecimento da equipe. Para os pais, estar com seu filho e sua mulher é um momento singular, importante para fortalecer o vínculo e dar apoio e suporte à mulher. Porém, o desconhecimento acerca do processo de nascimento gera sentimentos negativos e impotência no trabalho de parto, que podem ser superados pelo compartilhamento de conhecimentos entre enfermeiro e pais. Este estudo amplia a produção de conhecimentos; dá voz aos pais, subsidia o planejamento de ações dos profissionais.

Palavras-chave: Parto; Parto Obstétrico; Parto Humanizado; Pai; Enfermagem.

RESUMEN

Investigación cualitativa, exploratoria y descriptiva, conducida en una maternidad pública con el objetivo de conocer las percepciones del padre sobre la experiencia vivida durante el proceso de nacimiento de su hijo. Los datos fueron recogidos en 2013 en entrevistas a 12 padres acompañantes. Las entrevistas fueron después analizadas a través del análisis temático a la luz de las políticas públicas brasileñas. Fueron observadas las siguientes categorías: presencia del padre – derecho y experiencia positiva; parto – momento único y de superación; cesárea; mecanicidad vs. tranquilidad; sentimientos relacionados con el parto y el nacimiento; reconocimiento del equipo. Para los padres, el estar con su mujer y su hijo es un momento único e importante que fortalece el vínculo y ayuda a la mujer. Sin embargo, la falta de conocimiento sobre el proceso de nacimiento genera sentimientos negativos e impotencia en el trabajo de parto, que pueden ser superados por el intercambio de conocimientos entre los enfermeros y los padres. Este estudio amplía la producción de conocimientos; da voz a los padres y ayuda a planificar las acciones de los profesionales.

Palabras clave: Parto; Parto Obstétrico; Parto Humanizado; Padre; Enfermería.

INTRODUCTION

Labour and childbirth are unique experiences in the life of a man and a woman; an intense event for the couple that has an impact on their emotional, biological and socio-cultural lives.¹ Father and mother go through numerous feelings and perceptions triggered by the birth of a new family member. The baby's father might just be the ideal companion for a woman in this process.

The father's presence during labour and birth was common practice in some primitive societies. In different periods and places, some indigenous communities practiced the *couvade*: the father attended the birth of his child, compressing the abdomen of his companion, cutting the umbilical cord and welcoming the child in his arms; he stood on guard as protection against evil and assistance to women and child.²

In late medieval age, childbirth and all related practices was an exclusive feminine domain. Moral obstacles prevented male access to the mother's quarters; their presence was allowed in cases of complications or in cases when the woman in labour so desired. In Brazil, until the mid-fifties, births happened at home. Although men did not attend, they were close to their wife, having contact with her and the new-born soon after birth.³

Technological developments in the health area meant that this process became dominated by medicine and took place within the hospital setting; women away from their families, left to live this important event alone.⁴ The feminist movement in favour of the humanisation of labour and birth initiated in the seventies and taken over in the nineties by health professionals and non-governmental organizations – among which the Humanization of Labour and Delivery Network (REHUNA) and the World Health Organization (WHO) – supported the implementation of programs, pacts and public policies in Brazil.⁵ Such policies – as the Antenatal and Birth Humanization Program (PHPN), the Baby Friendly Hospital, the SUS National Policy on Humanization of Care and Health Management (the *Humaniza SUS*), the Pact for the Reduction of Maternal and Neonatal Mortality and recently the Stork Network – encourage the participation of a companion, which may be the father, if the mother wishes. These initiatives are based on the idea that labour and birth are physiological, social, cultural and emotional events in the lives of women and communities, and there is no justification for them (the women) to remain alone at that time.⁶

Until 2005 the presence of the father or other companion in the birth room was not a mother's right. The practice depended on the hospital's approval. Some Brazilian state laws safeguarded this right. In 2005, Law No 11/108 guaranteed the presence of a companion next to the mother during labour, delivery and postpartum within the Unified Health System (SUS).⁷

The father's participation at birth promotes an early bonding between fathers and new-born and contributes to the prepa-

ration and affirmation of his fatherhood. In addition, the father is familiar reference, he brings emotional encouragement and care support to his partner during labour; conveys security, peace and comfort, which strengthen marital relationship. It also contributes to boost parents' commitment with the family's health and quality of life.^{3,8} In a masculine frame of mind the delivery process has different symbolisms and meanings that usually reinforce myths, generate insecurities and affect the fathers' perceptions, interfering and determining their actions, family interactions, as well as their active participation in the birthing process.³

Depending on the different perceptions, some fathers are eager and excited and have a proactive stance; others betray a certain apprehension and fear about birth and feel paralyzed by the event. Therefore the health professional should be aware of the different perceptions about the birthing process and information on that will help care planning and endorse a care model that recognizes and includes the man as an important player during birth and along the child development, as well as support to the parturient woman and the motivating factor behind this research. From this perspective, the present study aims to explore the expectations and meanings that individual fathers ascribe to their presence at birth. The setting was a maternity unit of a public hospital in Santa Catarina.

MATERIAL AND METHODOLOGY

This is a qualitative descriptive exploratory research carried out between April and June 2013 in a maternity unit of a public hospital in Santa Catarina. The study subjects were 12 men who said they were fathers of the new-borns and were present throughout the birth process (labour, delivery and immediate postpartum). Inclusion criteria were: individuals over 18 years old; those chosen by the women to be with them in the birth room.

These fathers were explained about the survey and confirmed their participation by signing the term of free and informed consent. Data were collected through semi-structured interviews, recorded and later transcribed. Fathers were invited to take part in the study when they were in the maternity unit, and time and place were agreed on. Data collection was suspended after data saturation. Saturation sampling is a conceptual tool frequently used in qualitative researches to establish or close the size of a study sample, interrupting the collection of new data.⁹

Data was analysed through thematic analysis in the light of Brazilian public policies. It consisted of three stages: a) pre-analysis: selection of documents (*corpus*) followed by in-depth reading and pre-analysis based on the study objectives; b) material exploration: data classification in order to understand the text; topics were grouped according to common characteristics which originated thematic categories; c) results treatment and interpretation: data analysis based on a theoretical framework.¹⁰

The research was carried out in accordance with National Health Council Resolution No 466/12. Approval from the Research Ethics Committee of the UFSC (protocol No 242/945) was gained and respondents' were identified by the letter P followed by a number according to the order in which the interviews were undertaken.¹¹

RESULTS AND DISCUSSION

Age group of the respondents was between 26 to 38 years; most of them lived in Florianópolis in a consensual union. Of these, seven were first time fathers; three second time fathers; and the other two were third and fourth time fathers. Four of them had not finished elementary school; five had finished middle school, one did not finish it; three had an academic degree, one had not finished it. There were five caesareans and seven normal deliveries.

Five categories emerged from data analysis identifying the expectations and meanings that individual fathers ascribe to their presence at birth.

The first category, "the father's presence at birth: a right and a positive experience", came up frequently in the data analysis. Most fathers considered their presence in the birth room a right, because they had conceived the child, wanted to be present at birth and felt calmer being there.

Mainly because I had conceived that life. No one better than the father and mother to be present (P11).

It is a new life coming into the world. It happens only once in a lifetime (P6).

The presence of a person chosen by the parturient woman was considered a legal right only after the birth companion law.⁷ However, many parents are still unaware of such law and therefore do not feel emotionally prepared to attend the birth.⁸ The presence of fathers in the delivery or birth room is a right that they might or might not want to exercise; it should not be compulsory.¹²

For most parents, birth brings life changes and responsibilities. The participants considered the birth of a child as a unique and unforgettable moment in their lives; it was the consolidation of their personal imagery about parenting.

There is this feeling that I'm more mature, I think I'm more responsible (P6).

When you are told you are going to be a parent, fatherly love begins to get hold of you; from the moment you hear the first cry, that feeling becomes stronger (P3).

Regardless of men's perceptions about the role of a birth companion, actual birth leads them into a unique and important experience.¹³ It is the moment when metamorphosis of male life materializes.¹⁴ To be present at the birth room, to hold the baby, listen to its crying and to be sure that all is well, gives them a new life dimension. The bond between father and son started at the delivery and contributed to the establishment of a relation that is a symbol of family ties, construction of parenting and affirmation of fatherhood.^{15,16}

Thus, the right to be present and participate in the delivery was seen as an opportunity to strengthen the bond with the child. Even if the fathers reported at first some trepidation when holding the fragile new-born, they wanted to interact, to participate in the care of their baby and stay by the child. Labour and birth meant to them now moments that needed to be experienced and that were instrumental in the construction of parenthood. Parents reported that after the birth they felt stronger to begin a process of recognition and discovery: they recognized the child and recognized themselves in it.

I was afraid to get closer, to touch and hurt him. I watched the girl bathing him. She was explaining to me what I had to do. But I was not listening to what she was saying. I was paying attention to him. It was the biggest happiness I had ever felt (P4).

Today I feel that he knows me. He was crying, I held him, and he calmed down. It is a period to find out what he likes, what he is looking at and feeling (P5).

I already loved him without knowing him, only when he was in the belly, but after I saw him I loved him much more. Doesn't he look like me? (P3).

The father's presence at birth brings fundamental contributions to build early ties and strengthening such ties can be a preventive factor for family abandonment, domestic violence against children and/or juvenile delinquency.⁸

In this process, health professionals should encourage the interplay between father and son, asking him to hold the baby in his arms and give it the first bath. Policies to promote father's involvement in attending antenatal appointments, parentcraft classes and birth are needed in order to reduce concerns and anxieties.³

On the other hand, when fathers consider their being at the birth room a valid experience such feelings are extended to the mother. The fathers' discourse revealed that their involvement in the birthing process made them appreciate more their partners as women.

I learnt to appreciate women more, even because giving birth is not easy (P8).

What changed things was my being present at birth, my love for the three is the same, but I fell in love with her! (P10).

The father's presence in the delivery room as a companion, always supporting the parturient woman, influences positively the marital relationship and the appreciation of women.^{8,15,16}

Fathers were aware that their presence was very important to their wives, even when nothing was said. When accompanying the birth, fathers wished to remain at their side, helping and giving all the necessary support. Often the only way to help them was trying to make them laugh: *I told her a joke to see if she could forget of some of the pain. And she tried to punch me (laughs) (P1).*

Fathers were aware that their figure was reassuring and a source of strength to the mothers; that it reduced complications during the birthing process. They saw themselves as part of a support network for women, helping them to face the difficulties and supporting them emotionally, with massages, advices on breathing, holding their hand, encouraging them, comforting and providing emotional security. They felt important, participatory and involved in the process.

The doctor asked her put her chin on the chest and I helped her do it. I supported her when it was time to push, asked her to take a deep breath [...] I did well; I feel that my being there was good for her and for him. It was good for me as well; it felt good to be there together, helping them (P5).

I think it's important for her to feel safe to have someone she knows, to have support. Someone she can count on (P6)

Every contraction, she squeezed my hand, I talked to her, told her to breath, to focus on her breathing, not on the pain. Once I started doing this it seemed that her pain had eased somewhat. I think not moving away from her side gave her comfort (P12).

The parturient woman that remains alone during labour and delivery is prone to fear, anxiety, apprehension and tension and all of them can increase the sensation of pain. The presence of someone she can trust prevents such feelings, breaking the cycle of tension/ fear/ pain; she feels able to manage pain and this reduces the need for medication; it makes women feel more secure and confident, consequently reducing the duration of labour and the incidence of postpartum depression and caesarean sections.¹⁷ The participation of a birth companion contributes to humanizing care and such practice is based on scientific evidence.¹⁸

In the second category, "birth as an important expression of resilience" the fathers' narratives considered normal childbirth as a unique moment in the couple's life; apprehension,

anxiety and fear were present, but the satisfaction, the sense of fulfilment and happiness experienced afterwards overcame those negative feelings.

The birth remains recorded in our minds, from beginning to end. (P7).

The birth of a child is a unique experience, intense for the couple and striking from an emotional, biological and socio-cultural point of view. Satisfaction at birth is strongly associated with a welcoming atmosphere and the presence of a companion throughout the process.^{1,19}

The fathers' narrative revealed that the lack of prior guidance regarding a normal childbirth made them feel unprepared and therefore prone to characterize the event as a box of surprises. Not knowing what to expect during the birthing process and what was happening to the parturient and to the baby was for them a normal situation since it allowed them to experience almost the same sensations as the woman: *the worse thing is that we also suffer; we suffer with them; seeing the person you like in pain (P7).*

Other participants, unaware of the evolution and physiology of childbirth and its procedures, perceived it as a difficult state: aggressive, frightening, painful, complicated to manage, unpredictable; it generated anxiety and fear in them making it difficult to help the parturient woman.

Anxiety, agony; you see it but nothing happens, it only hurts; it aches for hours and nothing happens. Why is the baby not coming out? Is it normal? I was not prepared to be there. If I did something wrong, if the baby felt on the floor, imagine what my reaction would be. Even giving an opinion is difficult. I began to worry. It was quite long (the delivery). It began early in the morning and still the baby would not come. I was scared (P9).

They did fine, but the problem is that vaginal delivery seems aggressive to the woman. It seems that all that pain was not necessary. To those that are by their side, the feeling is that you have your hands tied (P1).

The literature reinforces these statements. The emotional support provided by fathers is influenced by their availability and their knowledge about the process. Ignorance about physiology of the birthing process leads to astonishments at the delay and the pain. Lack of information and the difficulty of managing one's emotions often mean that the father will be a passive companion. Therefore, exchange of knowledge, of experiences and the clarification of doubts with the health professionals about the dynamics of labour are essential to stimulate an active stance and to avoid fantasies and anxieties.¹²

Freedom to participate is central in this process. When participation at childbirth is imposed by the woman or by health professionals, it can be an unpleasant experience.

I followed the delivery throughout. I went the hard way (P1). I didn't want to attend the birth; I did because she was alone. Her mother had left. I have serious problems with hospitals; my hands start sweating (P9).

Although most participants considered childbirth as a unique experience and wanted to be present during the process to be supportive of the parturients, that did not mean they were prepared to go through with it. It is therefore essential that health staff ask the fathers in advance about their intentions to avoid problems.¹³

Despite that, to most participants, delivery was a box of surprises, a stressful, exciting, challenging moment that the couple should share. Some described normal birth as a quiet affair. The experience was for them a demonstration of resilience and a defining moment in their lives.

They [the health team] praised my wife too, saying she had done a good job. I tried to control myself. It was great, cool, a unique experience; you have to live it to understand. I want to share it again; I already told my wife I wanted another one (P11).

I think I was not afraid. I felt quite emotional. I can't explain it; it was gratifying (P7).

Some participants wished to recommend the experience of witnessing the birth to others, because according to them it was a rewarding moment. When the child was born, they felt happy because that put an end to the birthing process; it concretized a maternal victory; it meant an overcoming of difficulties, anxieties and fears.^{14,16}

In the category "C-section: mechanicism versus tranquillity", participants revealed their anxieties at witnessing the woman's pain and felt relieved at the end of labour.

They [the health team] came to break the news to us that they were going to do a caesarean section. I felt calmer then because of her situation [labour]. I was concerned (P3).

What impressed me most was seeing her on the operating table and the birth of my daughter (P8).

I was afraid they would leave something behind or do something wrong. (P4).

It is evident that the participants were not prepared or guided throughout the pregnancy or during the birthing process. The caesarean section was an unknown and mechanical procedure to them, in which the woman's body was a machine and the new-born something that needed to be removed.

I sweated a lot. I was surprised when they took the child out. My God, they're sticking their hand inside her! They shove their hand into the person as if they were looking for something inside a garbage bag (P10).

I was afraid because I didn't know what was going on. Especially because of the caesarean section I didn't understand (P8).

Doctors look like car mechanics handling a car, but doctors are handling a human being (P4).

The researchers' attention was caught by the terms the participants used to describe the caesarean section, consistent with a technocratic, biologicist and cartesianist care model. This type of care considers the body as a machine and the main purpose of the obstetrician is the uterus and its product, instead of the mother and the child. Childbirth is the result of a mechanical work of involuntary contractions of the uterus and the C-Section is the doctor's intervention when, according to him, the uterine muscles do not respond appropriately.²⁰ This model is still the keynote of health care. Public policies guided by humanization principles are routinized and go unnoticed by professionals in obstetrics. Technological developments are of value and when properly used reduce deaths and morbidities; but their use needs to be re-framed within a humanizing perspective that focuses on the woman, the child and the father's involvement in the process. It should be the type of care that enables communication, relationships and the connection between the one being cared for, the family and the health professional.

Others considered it a good experience; a quiet moment when the woman did not need to make any effort to give birth to the child. After the C-section, some fathers were keen to attend another such procedure.

It was quiet; it was good. If I had to see it again, I would (P10).

I think that everything was more peaceful because it was a caesarean [...] there was not that feeling of expectation about the time the baby would arrive, how the baby would be born (P12).

A caesarean (C-section) is a surgical procedure to save the mother's and /or the child's life, when there are complications during pregnancy or childbirth. The procedure is not without risks however: in Brazil and in other countries it is associated to high rates of maternal and child morbidity and mortality. The recovery period and postpartum pain may be more prolonged; in some cases the birth may be premature: those risks are unknown to women and caregivers. A caesarean section should be neither elective nor unnecessary. The World Health Organization recommends that the caesarean section rate should not be higher than 15%.^{19,20} However, when required, it may be the best procedure for mother and child. The presence of a companion / father during a caesarean section should be further studied since it is still a significant event in the life of the couple. Although it is a surgical procedure the father plays an active role in comforting, interacting with the mother, asking for a welcoming environment, cutting the umbilical cord and showing the child to its mother. This would be a humanized event.

In the category "feelings about labour and birth," the researchers identified feelings of ambivalence experienced by the participants with respect to the birthing process: fear for the health of woman and child, fear of not meeting the expectations and hinder the process, impotence, anxiety, apprehension, excitement, uneasiness, nervousness for not knowing the process and wish to see the baby being born.

I was afraid of having a C-section, afraid of what might happen to the baby. We were there a bit apprehensive; I didn't enjoy the moment very much. By the time he was born, I was in shock; I didn't know whether to weep, to smile or to hug the baby (P2).

It was all pretty quiet after delivery, everything calmed me down. Fatigue, the nervousness, everything went away (P3).

Childbirth is a physiological process that belongs to the couple's intimacy. It is surrounded by fear, joy, anxiety since it is an abrupt process, with an unpredictable conclusion that brings significant changes to the family's rhythm.¹⁵

Research data revealed fathers' helplessness during the birthing process. Many of them did not know how what to do and felt paralyzed and lost without the proper guidance to offer comfort, sometimes assuming a stance that might look passive, but that was really observant of the surrounding events because they were eager to offer some kind of help.

It was hard to see her in pain at that time and not being able to help (P2). She felt pain; I felt helpless, I only offered some support, some help (P3). In fact, you do feel

helpless because I wanted to help but didn't know how to. It would have been better if I had told her to breathe, to take it easy, and to give her my hand (P11).

The study participants were ignorant about the birthing process and the non-pharmacological measures to relieve pain. The health team played an important role in conveying information during antenatal and in the maternity hospital, contributing to the active participation of the accompanying fathers.

A study reveals the fathers' interest and satisfaction in following their child's delivery, even if the mother's pain makes them feel apprehensive and impotent.¹⁶ Preparation for childbirth, when possible, should be offered to pregnant women and fathers during antenatal and in the course of labour and delivery. The attitude of professionals during pregnancy, getting the fathers involved early on, being attentive to their needs, breaking myths and exchanging information are some principles of a humanized care that foster the active participation of fathers in the process. Specific care strategies from pregnancy to postpartum should support the fathers' involvement in the whole process.^{3,17} In this sense, the nurse is a facilitator agent, establishing interaction with the parent, providing support in a climate of trust and understanding.

The study participants pointed out that they wished to assist and support the mothers during the birthing process, but were afraid of not being able to help or end up messing up the process because they felt unprepared. Others reported feeling discomfort, anxiety and fear in relation to the procedures, but sought to overcome those feelings in order to help the mother-to-be.

I stayed in the corner, out of the way but I felt apprehensive (P2).

I think I was a nuisance more than a help hand, but she wanted me to be with her. I thought I was not going to go through with it. She (the nurse) thought she would have to take care of three: me, the mother and the baby. (P9).

I don't like the sight of blood; I felt dizzy and had to move aside, but it was a great feeling (P1).

Other fathers had questions about the birth and were not aware of how it had been, especially those that had been there for the first time. They had preferred not to ask questions, for fear they might embarrass or even distract the team.

I asked whether it was not the time to take her to a caesarean section, and then they said no, "that she had to carry on with it." I was worried the baby would be too long to be born (P4).

I was not sure about what to do, like, do I have to allow the doctors do their thing? Must I must give my views? I had doubts, but I did not ask; I didn't want to embarrass anyone, but I had doubts (P3).

Consistent with this finding, the authors report that the participants were concerned about being in the way. They claimed that their silence or their look of being alienated from the proceedings meant they did not want to disrupt.¹⁶ On the other hand, the presence of fathers in obstetric centres is still considered a distraction in the hospital routine and this could explain their passivity throughout the birthing process.¹³

The ambivalence of feelings between the fathers' idealizations and the reality was also observed. Many fathers spent the entire pregnancy wondering how the moment of birth would be and how it would be like to see the baby for the first time. When faced with a child and delivery different from what they had imagined – because they ignore the process or cling to an ideal – the feelings were of fear and surprise in the face of the unknown, which may initially interfere with the bonding between father and child.

It's really kind of weird because it doesn't seem to be your child; maybe because it's all covered in blood. After that I got used to the idea that the child was mine, I felt emotional. Once born, the child did not look as I had imagined. I don't know what I expected. It's a different sensation (P1).

Regarding birth, the parents reported experiencing a mix of different feelings when witnessing the birth: anxiety, nervousness, excitement and, at the same time, a great peace and relief to see it and to hear it cry for the first time; to see, sense and feel that mother and child were well, made going through the whole birthing process with apprehension, anxiety and worry worth living; it was a prize, happiness and joy, an indescribable and exciting moment, the fulfilment of a dream.

Overall the feeling was between nervousness and tranquillity. At first you get no reaction, you don't know what to do [...] the doctor says "it's like that" and inside you're asking "Is it really?" Is something happening? [...] In short, it is nervousness, anxiety. After you hold the baby in your arms, you relax; you calm down (P3).

The experience of the birthing process gives way to feelings that are difficult to be translated, but their classifying it as a *unique experience* displays the intensity of emotions and feelings of a happy and joyful event. Fear of the unknown, the unexpected, the anguish and misery brought by the uncontrollable, all these mixed feelings were overcome with the birth of the child.¹⁴

THE LAST CATEGORY WAS "RECOGNITION OF THE TEAM"

All parents recognised the importance of the health team throughout the birthing process. They guided, answered questions, stood beside them when needed; these attitudes led the parents to value the team's performance and understand their role. This differs from some studies that demonstrated that the professionals saw fathers as inspectors. The authors observed, moreover, that sometimes health professionals limit the fathers' area, and this should be reflected upon and questioned. Unequal power relations between professional and users, the real need of interventions in the birthing process and strategies to empower fathers and encourage their participation must be considered.

I received the guidance; they were very friendly. They explained everything to me: what I had to do, where I had stay, what I had to do if I got sick (P3).

The team was very cool. I was very surprised. They also gave us much attention. They accompanied us and that gave me enough security (P5).

Changes in the attitude of the professionals, as well as love and solidarity, are key tools in the achievement of significant results in maternal and child health.¹³ During the birthing process, it is necessary to give the couple the chance to play the main characters. Sometimes, fathers feel intimidated by staff and discouraged from participating, acting only as spectators because of the lack of professional interest in welcoming and including the companion given the interventionist care model that still holds true nowadays.¹

FINAL CONSIDERATIONS

The aspects revealed in the research enabled the authors to draw some conclusions about fathers' perceptions of the birthing process. The father's presence is perceived as a right and a positive experience that should be guaranteed throughout the birthing process. It strengthens father and child bond, consolidating fatherhood; it favours support to mothers; it appreciates the parturient and her marital relationship and it recognizes the team work.

The study participants perceived labour and birth as unique, indescribable and exciting experiences that bring together feelings such as fear, anxiety, grief, joy, happiness and love. Normal delivery is considered a stressful, apprehensive, sometimes difficult situation; it does above all, prove the parents' great resilience. Fathers acknowledge the importance of sharing this experience with their wife and child. They believe

that their presence contributes to offer more safety, comfort and that it strengthens the partner during the birthing process; it does as well enable dialogue with healthcare professionals. They feel the need to have more information on the process of giving birth and being born to participate in it more safely. Active participation can be enhanced if the parents are oriented during antenatal and maternity on the physiology of childbirth and care in the birthing process. Lack of guiding should not be an impediment to the realization of this right.

Caesarean section was considered as a mechanical and unknown situation, as well as relief and tranquillity, as a solution to the problem of delivery. Health professionals should seek alternatives to humanize this procedure; the fathers' presence and active participation might be one of them. Restrictions imposed by some professionals make fathers feel superfluous and assume a passive stance in this process. In this sense, health professionals should rethink and reflect on their positions and be able to welcome, share information and propose actions and strategies to favour and encourage fathers' active participation. Health professionals should schedule a visit with the future parents for them to familiarize with the delivery room.

Besides, professionals need to be aware of the needs of fathers acting as birth companions, explaining the procedures by exchanging information about the physiology of labour and non-pharmacological methods to control pain so as to incorporate them in the context of care. A feasible strategy would be to develop a birth plan still during gestation. Nurses, whether from basic or hospital care, need to be trained about the several forms to increase fathers' participation, encouraging them to participate more actively.

The present study brought benefits to the expansion of the state of the art on the subject, subsidizing women, newborns and fathers' care; it instigated review and reflection upon nursing practices, which may improve the care provided; it strengthened public policies related to birth companions in a humane care model; it gave voice to the fathers; it showed to the nursing staff the benefits derived from the father's acting as an escort; and it contributed to the planning of nursing actions geared towards human health and reproductive rights.

Finally, the study was restricted to the context of a public hospital that had already established the presence of a partner in the birth room and this limits the generality of the results. Therefore, further research is recommended to better understand the perception of fathers regarding their experience in the birthing process in public and private settings.

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