

## Reflections about paternal support: do healthcare professionals and services contribute to its development?

*Reflexões sobre o apoio paterno: profissionais e serviços de saúde contribuem para seu desenvolvimento?*

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Family and parental relationships are highly complex and constantly changing, but along history, mothers have been held responsible for childcare, whereas the father's role has often been overlooked. However, the importance of paternal support has been acknowledged, as demonstrated in the study about breastfeeding conducted by Silva *et al* and published in this issue. Their study made us think about what professionals and institutions have done to promote paternal participation<sup>(1)</sup>.

Some significant factors have excluded men from breastfeeding. The scientific discourse about breastfeeding, built since the XIX Century, included only mothers and infants. The father's role was that of breadwinner<sup>(2)</sup>.

Numerous institutional practices still exclude the father from the settings where the pregnant mother and the infant receive care. Fathers stay in the waiting room while their partners walk into the offices for their consultations. They wait outside because they have been either formally excluded from it or have not been encouraged to participate. In the same way, numerous fathers that come to pediatric services are barred at the door. Only one person is allowed to stay with the child.

For 12 years, the Brazilian Federal Law no. 11,108 has ensured that women have a person with them during labor, delivery and post-partum, but many mothers still go through these events all by themselves, and even when the presence of someone else is allowed, some institutions demand that it be a woman.

Fathers are pushed away but, at the same time, society requires that they should participate and provide

emotional support. Such demands are contradictory. Such model, still prevalent and unjustifiable, has to change. Actions should be taken to avoid exclusion and promote paternal participation.

A literature review that included 44 studies conducted from 1995 to 2010 found that the presence of the father, of all family members and other close people mentioned in the survey, was the most relevant to provide support for breastfeeding according to the mother and affected both the woman's decision to breastfeed and breastfeeding continuity, which increased breastfeeding rates<sup>(3)</sup>.

That result was confirmed by Silva *et al*<sup>(1)</sup>, who also found that paternal support, according to maternal reports, was influential in the prevalence of breastfeeding in the first months. Moreover, those authors showed that less than 50% of the fathers accompanied their wives to the prenatal visits and that, although half of them were present during labor, only 3% were in the delivery room. These data show that men are absent from this setting<sup>(1)</sup>.

Men are not born ready to be fathers and are not sensitized for that. The act of "becoming a father" has to be "built" beyond their biological condition, based on institutional practices and cultural changes<sup>(4)</sup>.

A growing generation of men is interested in learning how to do household chores and being emotionally closer to their children. Paternal participation during pregnancy enables him to receive early signs from his child, which will support him in his paternity performance and strengthen the bond between partners<sup>(5)</sup>. The

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term *engrossment*, which defines the parental response to the contact with their newborns and provides involvement, concern and interest, has received special attention<sup>(6)</sup>. This feeling is a trigger for the provision of care, but hospital practices, which drive fathers and infants apart, do not contribute to promoting it. As mentioned by Silva *et al*, paternal participation and importance in prenatal visits and pregnancy groups may contribute to the establishment of a bond between mother-father-baby since gestation<sup>(1)</sup>.

Statutes, programs and public policies that provide for the need to include fathers in prenatal care, labor, birth,

puerperium and infant follow-up should be developed. Among other measures, we have the example of several Brazilian programs, such as the Statute of the Child and Adolescent, the Policy to Provide More Human Attention to Low-Weight Newborns – The Kangaroo Care Method, the Program to Make Delivery and Birth More Human, the National Humanization Policy, the Plan to Qualify Maternity Wards and the Baby Stork Network. This set of programs has led to great advances so far, but these policies are still expected to promote further behavior changes to redefine the practices of healthcare services.

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