

## The male perspective on planned home births

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**Abstract:** This article reports the results of a research on how fathers perceive and participate in home births. For that, five men who participated in the home birth of their children underwent a semi-structured interview, whose content was analyzed by means of discourse analysis. The results indicate that, despite the prejudices against home birth faced by these men, they actively participated in childbirth and postpartum. From the male perspective, home birth is an enriching experience that increase men's participation and widen the exercise of paternity during the whole process.

**Keywords:** paternity, home birth, men, father.

### Introduction

In Brazil, there was a gradual process of devaluation of women's ability to give birth, of the home as an appropriate place for birth and of the work performed by midwives (M. J. Spink, 2003). Currently, delivery and birth are basically a hospital event, which requires biomedical technologies. Medicalization was preceded and supported by the emergence of medical specialties, such as obstetrics, gynecology, embryology and genetics, which introduced the normative hygienist principles to families, in a continuum that begins in reproductive processes and extends to the moment of birth (Barbiani, Junges, Asquidamine, & Sugizaki, 2014).

One of the effects of this process was the exclusion of men and family members from the birth scene in general. In recent decades, one was able to observe a set of ideas, public policies and social movements that seek to retake the role of women and heteroparental or homoparental families in childbirth and birth. The professional discourse and the precepts that guide some public health policies advocate for the reinsertion of men in the context of childbirth and birth, although there is much to be done in this field of health practices (Caires & Vargens, 2012). On the other hand, as Tornquist (2002) and Badinter (2011) point out, in the fight strategies to overcome the medicalization and fragmentation process present in obstetric practices, often activists and theorists have taken positions that privilege naturalistic and physiological conceptions, reducing childbirth and birth to the biological dimension. In this current of thought, there is an emphasis on the mammalian dimension of humans during childbirth

and an exclusion of everything that can "hinder" the physiological relationship between mother and baby (Odent, 1981). This perspective reinforces the exclusion of men from the birth and birth scene and the gender stereotypes based on biology.

The conception of labor and birth as a family event has been one of the arguments of families living in urban areas for choosing the home as the place of birth, despite the large offer of hospital structure (Feyer, Monticelli, & Knobel, 2013). One of the factors influencing the choice of planned home birth is the guarantee of fathers' participation in the birth scene (Collaço et al., 2017; Koettker, Brüggemann, & Duflath, 2013). As a counterpoint to the historical discussions in Brazil about the importance of safety conditions and access to health equipment, the choice of the extra-hospital environment is a possibility to bring this event closer to the family, considering it a social/cultural event that should be lived according to the principles of safety, but which, at the same time, enables the protagonism and comfort of the people involved (Castro, 2015).

Brazilian public policies recognize the importance of valuing paternity and the participation of men in the birth and birth scene. The National Policy for Integral Attention to Men's Health (Ordinance no. 1944/2009) included paternity as an aspect to be valued in the proposition of sexual and reproductive health actions for men. The Rede Cegonha strategy (Ordinance no. 1.459/2011), also mentions the importance of the participation of men in the process of pregnancy and childbirth. As for the people present at the birth scene, the Companion Law (Law no. 11.108/2005) guarantees the woman's right to choose who can be by her side during all the labor, delivery and postpartum period. However, its implementation is still configured as

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a challenge for the management of health services, whether public or private, since there are numerous obstacles placed for, in fact, women to enjoy this right. Often, despite the woman's desire, this possibility of choice does not materialize, as many hospitals and maternity hospitals did not adapt their physical structure to ensure the presence of male companions throughout the process.

Unfortunately, there is still no systematization of records on the number of planned home births in most Brazilian municipalities. However, in the city of São Paulo, notification of this type of delivery has occurred since 2009, through monitoring of live birth certificates filled out and signed by self-employed health professionals registered with the Municipal Health Department. These records demonstrate that, comparing the year 2018 to 2009, there was a 304% increase in the number of planned home births in the city (Secretaria Municipal da Saúde de São Paulo, 2019).

The process of construction of paternity is marked by individual histories, social and cultural conceptions of a given time and the moment in life in which paternity occurs. Thus, becoming a father involves a multiplicity of feelings that permeate pregnancy, childbirth and the daily life after the baby is born. During this entire period, the man is called to assume a new attitude in intra- and extra-family relationships. The expectation is that they participate in the care of the woman/pregnant woman and, later, the child. In this phase of transition to fatherhood, its role is redefined and, nowadays, it must overcome the hegemonic model, according to which men were responsible for providing for the needs of the home, considering the socioeconomic dimension, reaching the affective/emotional, relational and social. These experiences promote profound changes in your way of seeing yourself and the world. Krob, Piccinini and Silva (2009) and Moraes and Granato (2016) comment that pregnancy can be configured for men/parents as an emotionally intense period, marked by ambivalent feelings of joy, concern and anxiety, which can influence the way they deal with the situations that arise in the care relationships with the child and with the woman/mother, and characterizes this period of transition to fatherhood as a phase of expectations and feelings that involve the father-mother-infant triad.

Pregnancy and the expectation of the arrival of a child have been discussed as transforming events that place men in front of a multiplicity of psychological challenges. In the literature, paternity is identified as one of the developmental milestones in men's lives (Condon, Boyce, & Corkindale, 2004; Souza & Benetti, 2009; Waldvogel & Ehlert, 2016). However, most studies on the presence of fathers in the birth scene focus on women's perceptions and feelings about caregivers, most often in maternity and birth centers (Dodou et al., 2014; Hodnett, Gates, Hofmeyr,

& Sakala, 2013; Holanda et al., 2018; Pinheiro & Bittar, 2012). The inclusion of men/fathers in the birth scene is seen by health professionals as a way of recognizing that they may be involved in caring for their children from the first moments of life (Villalón, Toro, Riesco, Pinto, & Silva, 2014).

In the national and international literature in the field of health and psychology, we find few references regarding the perspective of parents on home births. According to Cursino and Benincasa (2020), this event is still little studied in Brazil. In their study, Jouhki, Suominen and Åstedt-Kurki (2015) sought to understand the home birth experience of 11 Finnish fathers. They report that fathers supported the women and shared responsibility for helping them in the home birth process, which culminated in a challenging experience charged with strong emotions that intensified family bonds.

Lindgren and Erlandsson (2011) studied the experience of Swedish parents with home birth and concluded that women decide the type of birth and they adhere to that choice. However, despite feeling that this experience strengthens the paternal role, they suffer from the unconventional option of birth. Sweeney and O'Connell (2015), in a qualitative study with Irish parents, found that men benefit emotionally from positive childbirth experiences and that this experience can strengthen the relationship between the couple.

Delivery and birth, from the perspective of social constructionist psychology, are understood as an experience in which it is impossible to dissociate the biological, social and cultural aspects that constitute them. Thus, in the process of producing meanings of this experience, these three dimensions are closely articulated and appear in discourses about childbirth. In this approach, experiences, discursive practices and daily interactions enable the production of meanings, understood here in the sense proposed by Spink and Medrado (2000):

Meaning is a social construction, a collective enterprise, more precisely interactive, through which people – in the dynamics of historically dated and culturally located relationships – build the terms from which they understand and deal with the situations and phenomena around them. (p. 41)

Thus, this research seeks to build knowledge about the meanings produced by men/fathers who participated in their children's home births. According to P. K. Spink (2003), by making something psychologically relevant and useful, we can contribute so that knowledge and ideas travel beyond disciplinary boundaries and that others can associate them with different ideas and possibilities within the process of collectivization of knowledge.

## Method

This is a qualitative research guided by the constructionist perspective, which privileges discourses and recognizes the micro-social and political aspects involved in the process of construction and analysis of reality (Rasera, Santos, & Japur, 2016). The focus of the research was the meanings about the planned home birth and the modes of participation adopted by five men who went through this experience. Meanings are produced in a dialogical and dynamic way and articulate subjective, social, and collective dimensions when seeking to describe and explain different experiences in everyday life (Iñiguez, 2004; M. J. Spink, 2010).

The research instrument adopted was the semi-structured interview, as it allows for a dialogical relationship marked by the articulation and negotiation of positions between interviewees and interviewers and by the production of meanings (Aragaki, Lima, Pereira, & Nascimento, 2014). The interview carried out with the fathers was guided by four thematic axes: childbirth; preparation for home birth; the actions taken by the participant throughout the process; the postpartum. The interview questions were around these themes. As a complementary strategy, the researchers used a field diary to record personal impressions and context data about the interviews (Batista, Menegon, & Bernardes, 2014).

The study was authorized by protocol no. 746,170/2014/CAAE: 33567114.0.0000.5390, issued by the Research Ethics Committee of the School of Arts, Sciences and Humanities of the University of São Paulo (EACH/USP). All participants read and signed the Informed Consent Form. The data that could identify them were suppressed, the names used being fictitious.

Five men, aged 26 to 43, who participated in their children's labor and home births were interviewed. Of them, four had completed and one was attending higher education, and two already had a postgraduate degree. As for marital status, two were married and three were single living in a stable union, two of which recognized the union in a notary's office. Respondents lived in different neighborhoods in the city of São Paulo. As for the work regime, three had a fixed employment relationship and two were sporadic. Family income ranged from up to three minimum wages to more than three minimum wages. Three of them declared to have other children, but only one participated in the home birth of two of them.

The research was conducted from May 2015 to September 2016; all interviews, carried out in the participants' homes, were recorded and later transcribed. The recruitment of participants was possible through contact with a team of midwives who perform home births in the city of São Paulo; after being identified, they were contacted and all voluntarily agreed to participate.

Discursive analysis favored the use of dialogic maps because they allow giving visibility to the context, the process of production of meanings and the way people describe the world in which they live (Nascimento, Tavanti, & Pereira, 2014). Thus, the analysis began with attentive listening to the interviews and reading the transcripts. From there, three themes were identified: preparation for childbirth: expectations and learning; confronting prejudices against home birth; participation in childbirth and postpartum. These themes constituted the columns of the dialogic map, within which the transcripts of each interview were placed in full, respecting the order in which the speech was delivered and the questions asked by the interviewers included, which makes it possible to understand the dialogic context of meaning production. A map was built for each interview.

## Results and discussion

### *Preparing for childbirth: expectations and learning*

Delivery and birth are everyday events on which meanings are built. Since childbirth, in urban centers in Brazil, has predominantly taken place in hospitals for many decades, the research participants had to deconstruct the ways in which they understood the event and build new meanings for childbirth that takes place at home. Two of them refer to the fact that before this experience they had not thought about the place of birth and justified that this is not a very present issue in the male universe:

*It's feminine, it's a woman's thing, it's a woman thing. So, for example, this is endemic. It's part of the Brazilian man, right? (Raimundo)*

*I had, but actually I never stopped to think like that, about this moment, of birth, of childbirth, for us; like, are you going to have a baby? "Oh, it's in the hospital!", a man never even hears about it; a woman, she already hears about natural birth, birth at home; a man doesn't, man has no ear for these things. (Vitor)*

In the reports, it is evident that the interpretive repertoires used by them restrict childbirth to a woman's subject and to a type of conversation in which men do not participate. Repertoires are the set of terms, concepts and figures of language that enable the construction of meanings and versions (Potter & Wetherell, 1987). Repertoires on childbirth can be located in what M. J. Spink (2010) calls long time, which is to assume that there is a long history of circulation of repertoires that remain alive in cultural productions and can be reactivated in the processes of production of meanings. Hotimsky and Alvarenga (2002), in their research on

women's choices about companions during childbirth, state that in popular classes, the choice of other women as companions was associated with the notion that they have incorporated knowledge, which can be embodied due to the experiences of previous births. However, these choices are also associated with notions of female modesty, another aspect that keeps men away from the birth scene.

These repertoires have been updated by a movement that emphasizes the biologization of labor and birth and resumes the traditional division of gender roles. This is a current of thought that understands childbirth as a physiological event, in which the mammalian condition of women and their hormones are paramount, which motivates the presence of parents in the birth scene to be seen as an impediment to the full hormonal discharge (Odent, 1981). We agree with Badinter (2011), who takes this reading as reductionist, sexist and promoting the return of women to the domestic universe, keeping men away from caring for their children. Furthermore, this is a reading that excludes the psychological, social and cultural dimensions of birth.

Antônio, one of the interviewees, referred to an image of birth that he visualized long before he was about to have a child. In other words, he had to deconstruct images and meanings for childbirth when he decided, with his partner, for home birth:

*I planned, I always wanted, of course, to have children, but way ahead. So, I imagined... I imagined myself there at the hospital: I would be next to a nurse, I would feel sick, fall, she would help me... then I would wake up with everything right, the little clean baby, and it didn't even occur to me to actually participate in the process, you see? And it's totally different: in home births you have to actively participate, right?! (Antônio)*

Research participants learned about home birth through their partners; in the five cases, it was the women who presented them with this possibility and expressed the desire to deliver in their homes. International studies have described this same dynamic in relation to the choice of place of birth, as the authors point out that the choice for home birth was made by women and the partners supported this decision, respecting their wishes, although some had reservations about a birth at home (Jouhki et al., 2015; Lindgren & Erllandsson, 2011).

Research participants sought information to understand the process, referring to conversations they had with their partners, as well as books, videos, meetings of pregnant couples and dialogues with professional friends, as stated by Romão, Raimundo and Antonio:

*This is how a searched: I saw some videos, she always shared a lot of material in this regard. (Romão)*

*I went to read, to study, I went to ask,... I talked to the midwife. It's the issue of information. (Raimundo)*

*She put it on for me to see, right? She put it on YouTube and said: "Come here to watch a video of childbirth"... Then my stomach would turn over, I would lose my hunger, she would give me some books, we started going to meetings with pregnant women too. I think it made it a lot easier and, then, I gained security... And, from the moment that everything is new, it makes us feel insecure, right? (Antônio)*

It is interesting to note that by accepting the women's choice of home birth, the parents actively prepared for the event. This strategy seems to have a double function: on the one hand, home birth becomes a common project of the couple; on the other hand, it seems to ease the anxieties and uncertainties related to this event.

Three of the research participants explicitly referred to doubts and fears about the possibility of unforeseen events with the health of the woman and the baby, which they were unable to deal with in an extra-hospital environment:

*My fear was that something would happen to them and we would not be prepared here. That was my fear! Because that was my concern: "If something happens, what do I do?". (Antônio)*

*Ah, worry, I think it's always going to... no, I don't know, it mixes things up a bit, anxiety, a bit of fear. (Romão)*

*My question to her was: what if there's a problem? (Raimundo)*

For them, it was essential to talk to the team and companions to make sure they had all the necessary equipment to deal with emergencies, as well as a referral hospital for a possible transfer:

*There was a plan: we were going to São Camilo, right? It's close by... There was a doctor. If something happened, we would go to the hospital with this doctor. (Antônio)*

*If there is any problem,... [the midwife] said: "There is a hospital you can point to like this, this, this". It has a dynamic. (Raimundo)*

*So I wasn't so worried about something happening, some problem, we also had the necessary support [we had the midwives], so we had the support, we had the materials that were needed for the moment, it was ok. (Romão)*



In addition to guaranteeing a reference hospital team and the necessary equipment to attend to a possible emergency, the bonds of trust and the guidance offered by the midwifery team were essential to alleviate fears about childbirth in an extra-hospital environment. Studies have shown that the guidance of the health team to the companion is essential for them to expand their forms of participation in childbirth (Motta & Crepaldi, 2005; Oliveira & Silva, 2012; Souza & Benetti, 2009).

In the research carried out by Jouhki et al. (2015) on home births, fathers expressed they suffered when thinking about the possibility of their wife or baby dying due to the increased risks of births performed outside the hospital context. Parents participating in our survey did not clearly express this fear and spoke only generally about the possibility of something happening in this regard. This is probably because in our culture, death is still seen as a taboo about which it is difficult to talk openly, even when it is only a possibility.

For research participants, home birth was a rewarding experience and a lot of learning. They claim that it was initially a choice made by their partners and that they presented this possibility to them, starting, in a way, a process of socialization of fathers on home birth, through the presentation of new repertoires on childbirth and labor. Throughout the pregnancy, the choice also became theirs, who actively participated in the birth planning, in preparation for the event.

As for the participation/involvement of the man/father in the delivery and birth process, some authors comment that the hospitalization of childbirth and its transformation into a medical event can hinder the affective involvement of parents and their participation in childbirth (Piccini, Silva, Gonçalves, Lopes, & Tudge, 2004). On the other hand, other research, carried out in institutional contexts, about the presence of parents in the delivery room indicated that they were instructed during pregnancy, seeking information on the internet and watching videos that could prepare them for the moment of birth and for supporting women (Oliveira & Silva, 2012). This is in line with the assertions of Antunes, Pereira, Vieira and Lima (2014), according to which, although parents perceive the experience of childbirth as a moment of great suffering, tension, emotion and fear, such an event can provide an opportunity to deal with these feelings and emotions, to facilitate the approach of women and to reframe the roles traditionally attributed to fatherhood.

However, Teixeira, Souza de Sá and Arrais (2009) point out that, in addition to the need to encourage the involvement of men/parents in the birth scenario, it is essential to educate health professionals about the importance of the presence of a free choice companion of the woman during labor, delivery and postpartum, as there is still a lot of resistance to the presence of a companion throughout the hospitalization period.

## Facing prejudice against home birth

Planned home birth is still little known in Brazil, and couples who choose it often suffer discrimination and criticism. In the survey, all participants said they were faced with the lack of knowledge about the possibility of having a home birth. This probably happened because, in their families, the interviewees became the first generation who chose the home as the place of birth. It is interesting to note that the closest family members clearly expressed that they understood childbirth as a risky event, which requires hospitalization and many technologies, and, therefore, is worrying. In this context, one of the attitudes they took was to stop trying to explain and negotiate with people who were against home birth:

*She [the paternal grandmother] used to say that it was crazy: "let it go, this was something for the people of old". Nowadays you have to go to a hospital, you have technology. (Vitor)*

*My mother, at the beginning when we told her, she said: "Wow, no, you are crazy, this is very risky!". My brother is very uptight, you know? "Man, you're crazy, for God's sake don't do this!" There is a very close friend at work, his father was a doctor, and I mentioned it to him. Then, the next day, he called me and said: "Antonio, my father asked me to tell you not to do anything crazy". And every week he broached the subject: "You're not going to do it, are you? My father said it is very dangerous". And it continued, until I said: "I won't do it!". (Antônio)*

The prejudices, fears and resistance that parents encountered among friends and family when talking about the choice of home birth are associated with the widely held notion that childbirth requires hospitalization and medicalization. Castro (2015), in his research with women who opted for home births, reports that they also suffered a lot of resistance, being called "crazy". In the study by Lindgren and Erlandsson (2011), parents reported that they had to deal with their own feelings about being different compared to conventional ways of becoming a parent. The research by Jouhki et al. (2015) also pointed out that parents were deeply hurt by people who judged their choices and condemned homebirth.

## Participating in childbirth and postpartum

For childbirth to take place at home, extensive planning is needed, which includes adjustments to the physical space, purchase of some materials and utensils and even the adoption of some specific measures. So, for

some, this process started in planning, with the purchase of materials and testing the operation of some of them to ensure that everything was working:

*It was even fun, finding a pool and preparing the environment. Not only the pool, but trying to make the environment more peaceful. (Romão)*

*A week before,... assembling the bathtub, connecting everything. Even putting the hose, the water... We did the test,... it can stay there. So we prepared the whole environment to arrive on time and not be like: what are you doing with this here? (Raimundo)*

Parents reported having participated in the process from the beginning, some of them taking on the role of host, provider and caregiver, focused on organizing the house, receiving the team and making sure that everything happened as planned:

*I was divided, I took care of [her] a little, I talked a little, I made a juice and such, I knew the process would take a long time. (Vitor)*

*So, everything that was necessary to do as a practical function, I did it randomly or, sometimes, even at the request [of the midwives]... So, at first, I went up and filled the pool. That was two o'clock in the morning. And so, another energy that I also felt was the energy of a guardian, of being the owner of the house, receiving people so that my daughter could be born, knowing that my wife had no conditions whatsoever to receive anyone. And I had this sense of being a guardian, of being available to everyone. (Inácio)*

Some parents participated intensely in the process, in an intimate and bodily relationship with their partners, including at the time of delivery:

*As much as possible I tried to calm her down, breathing so she could try to keep up with the breath, some kind of caress, gesture. (Romão)*

*Yeah, she sat between my legs and then the [midwife] stood by, right? Waiting; and then he was born. When he was born I felt him slipping on my legs, I felt the woman's internal heat and I've seen the baby in [the midwife's] hand. (Vitor)*

*I remember squeezing [her] leg and thinking to myself: "It's going to be born, it's coming". And, when the bag burst, seconds before she was born, I said: "Look, it's coming out, it's coming out", and I squeezed [her leg]. So much so that in the photos it looks like I'm hurting her leg. (Inácio)*

All reported that they experienced intense emotions throughout the process, and two parents said they had cried at the end of the birth. All cut the umbilical cord, a very remarkable experience for some of them:

*And she took [the baby] and then the crying came, the cry: "It's born, love, it's born!". And cry over there and scream over here, anyway. (Inácio)*

*I went down... This was not agreed, right? The midwife looked at me and said, "Do you want to [cut the cord]?" And I said: "I do, I do!" It's very nice... It felt good and I felt that way, it was something I should have planned on doing, and if [she] hadn't been talking right away... the emotion was so great the chance was going to pass. And it's something that has marked me. (Antônio)*

The possibility of actively participating in the birth was important for the participants, who felt they were supporting, exchanging affection with their partners and their children. All seem to have overcome the traditional notions that childbirth is a female event and started to see it as an emotionally enriching event for men, one of the ways of exercising fatherhood. The research by Jouhki et al. (2015) found results similar to ours: fathers reported having participated in home birth physically and emotionally. They dedicated themselves to supporting women during labor and postpartum, which meant being present and ready to meet their demands. They also assumed the role of owners of the house, in addition to being responsible for organizing the environment, such as preparing the pool and, in some cases, even carrying out small renovations. In addition, they reported that it was an emotionally very strong experience and some of them, despite having passed a long time, still felt emotional when talking about the birth.

All referred to home birth as an emotionally and physically intense experience, at the end of which they were exhausted. Some fell asleep almost immediately; others, despite tiredness, could not rest:

*I was tired. It lasted all night long, you know? But then it passed too. I stayed awake all day, I didn't sleep. (Vitor)*

*A relief, right? A feeling of relief. Everything was fine, she was born, then I got it, I passed out, I literally passed out. I got into bed with her. (Antônio)*

*It's beautiful, but it's intense. I wanted to [sleep], but I couldn't, we spent 24 [hours] of childbirth, plus the other day, I think we stayed around 50 hours. Because I was on adrenaline. (Romão)*

Although each one, in their own way, participated in the birth, some stated that they would have liked to have prepared better, in search of an even more active involvement. This is what they plan, if they have more children:

*I can't imagine [the next birth] at the hospital, but I think I would still have to prepare, . . . and now I think I would have more: "Oh, we'll do it this way". I would put more of me, you know? I think I was too passive on this one. (Antônio)*

*I wasn't expecting this process, this work of strength that is part of the strongest contraction, so long. I thought it would be smaller. So I wasn't prepared for that, honestly... Regarding normal birth, I need to prepare a little more... I don't know, there are moments that I found super beautiful, and it really is. But I think you have to be prepared, because it's a lot of emotion there and nearby, and you're a participant in the scene. So you gotta be ready for it. (Romão)*

The home allows the presence of other people throughout the process, but this was a choice that varied a lot between couples. Romão and his partner chose not to have anyone but the midwifery team. In Raimundo's case, the couple chose a friend of the woman to accompany the process. Antônio's mother and a friend of his companion were in Antônio's house. In the case of Vitor, in the first birth there was a sister of his partner and in the second, only the midwifery team. Inácio and his partner had the help of her mother and stepfather, who were called to support the couple's eldest daughter. The relationship with family and friends is permeated by all the conversations and negotiations prior to home birth, but all said they called the closest people right after the birth.

It is interesting to note that fathers experience, in the postpartum period, many emotions and seek to elaborate and consolidate the meanings produced for the entire birth process, while they are already involved in another very intense task, which is caring for a newborn:

*It was a very beautiful thing, so much so that I reach the porch, which is where she was born, if I turn and move I have flashes of the moment, the second she was born. Not only from when she was born, but from all the movement that happened that night, for having this observation that it was the universe pulsating for her to come into the world. And it was very beautiful, it really was the most beautiful and most wonderful experience of my life, real, raw, a true*

*thing. The father has to be there from the first moment, and for life he has to be there by its side. (Inácio)*

It is interesting to note that the research participants refer to childbirth as a moment of intense affective experiences and they understand that, by participating in the planning and childbirth process, they have already started the exercise of fatherhood.

## Final considerations

The research allowed us to recognize that, in contemporary times, there are men who want to experience the emotions and affections of parenting throughout labor and that, for them, actively participating in this process is an enriching experience.

Initially, the participants did not know much about home birth, but throughout the pregnancy and the birth planning process, they learned and produced meanings that allowed them to actively participate. Thus, we can say that men/parents participated in different ways, preparing the environment and ensuring all the material conditions for the birth to take place. They took part affectively and physically, saying encouraging words, hugging, massaging, giving body support to the women during contractions and in childbirth, cutting the babies' umbilical cords. They also participated in the postpartum period by reorganizing the house, lying down beside their partners and babies.

The planned home birth is an opportunity for parents to actively participate in the birth process. Specifically in this case, three factors seem to have contributed to this: the first was the availability of couples to carry out home births together and share information from the beginning; the second, the bond with the professionals who accompanied the delivery and birth. This bond was built during the prenatal period, when they were concerned with guiding couples on the safety standards established for low-risk births, explaining and clarifying all the parents' doubts, as well as developing care actions and emotional support to the parturient, to the partner and to the babies. The third factor is that the home environment provides greater control of the situation for women and men, as they are free to come and go during labor, choosing the place and position, as well as what to eat and drink. In addition, the couple decides who will be present during the process.

Therefore, we believe it is important to advance the research on planned home births in the field of psychology, to broaden the discussion on the multiple dimensions of this event and the psychosocial repercussions of the participation of men/fathers at this time.

## A perspectiva dos homens sobre os partos domiciliares planejados

**Resumo:** Este artigo apresenta os resultados de uma pesquisa que teve por objetivo estudar a perspectiva dos homens/pais sobre o parto domiciliar e os modos como eles participaram do nascimento de seus/suas filhos/as. Realizamos entrevistas semiestruturadas com cinco homens que participaram dos partos domiciliares e do nascimento de seus filhos. A análise discursiva possibilitou identificar que os homens prepararam-se para o parto, vivenciaram muitas expectativas e aprendizagens nesse processo, enfrentaram diversos preconceitos contra o parto domiciliar e participaram ativamente do parto e do pós-parto. Concluímos que, na perspectiva dos homens/pais, o parto domiciliar é uma experiência enriquecedora que amplia as possibilidades de participação dos homens nesse evento e o exercício da paternidade durante o planejamento e o parto.

**Palavras-chave:** paternidade, parto domiciliar, homens, pais.

## Le point de vue des hommes sur l'accouchement assisté à domicile

**Résumé :** Cet article présente les résultats d'une recherche qui a eu pour but d'étudier le point de vue des hommes/parents sur l'accouchement assisté à domicile et la manière dont ils ont y participé. Nous avons mené des interviews semi-structurés avec cinq hommes qui ont participé à des accouchements assistés à domicile. L'analyse discursive a permis d'identifier que les hommes se sont préparés à l'accouchement, ont vécu de nombreuses attentes et ont appris dans ce processus, ont fait face à divers préjugés contre l'accouchement à domicile et ont participé activement à l'accouchement et au post-partum. On conclut que pour les hommes/parents, l'accouchement assisté à domicile est une expérience enrichissante qui élargit les possibilités de participation des hommes à cet événement et l'exercice de la paternité pendant la planification et l'accouchement.

**Mots-clés :** paternité, accouchement assisté à domicile, hommes, parents.

## La perspectiva de los hombres sobre partos domiciliarios planificados

**Resumen:** En este artículo presentamos los resultados de una investigación que tuvo por objetivo estudiar la perspectiva de los hombres/padres sobre el parto domiciliar y los modos en que ellos participaron en el nacimiento de sus hijos/as. Realizamos entrevistas semiestruturadas con cinco hombres que participaron en los partos domiciliarios y el nacimiento de sus hijos/as. El análisis discursivo permitió identificar que vivenciaron muchas expectativas y aprendizajes en ese proceso; enfrentaron diversos prejuicios contra el parto domiciliar y participaron activamente en el parto y en el posparto. Concluimos que en la perspectiva de los hombres/padres el parto domiciliar es una experiencia enriquecedora que amplía las posibilidades de participación de ellos en ese evento y el ejercicio de la paternidad durante todo el proceso de planificación y del parto.

**Palabras clave:** paternidad, parto domiciliar, hombres, padres.

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