TPM Vol. 32, No. S4, 2025
ISSN: 1972-6325
https://www.tpmap.org/

Open Access

EXPERIENCES OF PARENTS AND COMPANIONS IN THE BIRTH PROCESS AND IMMEDIATE POSTPARTUM PERIOD

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Summary
Objective: To recognize the experiences of accompaniment before, during and after birth. Pereira-Colombia. *Materials and methods*: qualitative-interpretative research, based on Heidegger's hermeneutic phenomenological theory, took into account the experiences of the participants through recorded interviews and field agendas, to investigate and delve into the subjectivities when experiencing the birth and accompanying the pregnant woman in the processes; the collection of information was carried out until data saturation, a process achieved through individual transcriptions of recordings, coding and analysis using Atlas.Ti software. *Results*: the accompaniment of the father or relative symbolizes an act of commitment, responsibility and alliance in the upbringing, emotional nurturing and close accompaniment for the family. *In conclusion*, the law of humanized childbirth in Colombia continues to have difficulties in its enforcement, mainly in operating rooms, leading to minimize the leading role of the accompanying person.

Keywords: fathers; health; family; parturition; cesarean section; role; (DeCS/MeSH).

INTRODUCTION

One of the events that is especially kept in the memory of those who experience it is the birth of a child, becoming a sublime moment for the evolution of the family; the pain of labor generates sensations in the woman that lead for moments to loss of control, which merits divergent care. that it restores comfort and better coping with stress, which could be achieved through the use of natural intervention strategies (*1*), which have shown great contributions to the management of the acute ailment generated by labor and birth; making visible the importance of weaving the favoring that provides close support during physiological transitions, aligned with the normativity on the way to humanization in care, highlighting the mother's leading role in its process.
Consequently, describing the experiences of the father in the face of accompaniment during birth as an active co-participant has become relevant in recent years since Resolution 3280 of 2018, by highlighting the paternal work as a transcendental part to facilitate the moment by having close consolidation, invigorating respect for rights (*2).* This makes visible the growing need to reinforce the act of care based on effective communication, humane, respectful, warm relationship, reassuring companionship and compassionate estimation of the physiological processes of women at the end of pregnancy, facilitating the protagonism as the main subject of care, allowing the role of the family or company of preference. from a dynamic, participative and encouraging support process, with suitability in prioritizing the needs of the pregnant woman, integrating the family approach, taking them by the hand to involve them in the talent of caring (*3*).
Consequently, the role of the holistic professional leans towards a facilitating view beyond the procedural (*4*), where they allow and intervene according to the needs of the pregnant women, parents and families who are courting the transition process that will provide them with a new member. In this way, it is important to interpret the experiences of the family during the accompaniment in labor, birth and mediate puerperium, to transform maternal and perinatal care.

METHODOLOGY

The design used in the research was qualitative-interpretive, based on Heidegger's hermeneutical phenomenological theory, which allowed to explain the phenomenon studied in a simple and transparent way. Therefore, the application of this theory made it possible to take into account the participants as the main object,

and to investigate and delve into subjectivities from natural approximations, approaching representations and meanings *(5)*.

The study population were parents or families (company of the surrogate's choice) who courted the process of labor, vaginal delivery or cesarean section and/or immediate or postoperative puerperium; Participation in the study was voluntary, including parents or companions over 18 years of age who lived the experience, allowing us to investigate and delve into subjectivities. The participants excluded from the study were those who did not experience the process, parents or relatives with alteration of the mental sphere due to drug use or pathologies, and minors.

The sample size was indeterminate and was established with the criteria of information saturation, reaching a total of 21 participants, of which two were not included in the study because they were part of the pilot test, the remaining 19 allowed to delve into the phenomenon facilitating the collection of non-transferable experiences and allowing to visualize adherence to current regulatory guidelines. For data collection, interviews were used with prior preparation of a thematic guide, the use of field agendas was contemplated where the contributions from non-verbal and emergent communication were condensed; The necessary interviews were carried out until information saturation was reached, for which it was necessary to meet several parents or relatives who had experienced the process as companions.

After each in-depth interview, a transcription was made one by one with its respective coding to proceed to the second moment and delve into the subjectivities, the procedure was repeated with the 19 participants of the study until data saturation. The data analysis was carried out in two sessions, first, the information was collected through a preliminary review of each interview read paragraph by paragraph, a process that allowed the identification of various descriptors in the text, such as meanings, definitions, experiences and experiences related to the phenomenon. The second moment allowed us to delve into the meanings expressed by the participants, which were also highlighted and included in the transcripts of the experiences described. To achieve analysis and interpretation of the findings, the Atlas tool was used. This facilitated the organization of records and the finding of new findings in the literature.

For the execution of the research, the Declaration of Helsinki was taken into account since the establishment of an ethical framework for studies with human beings, oriented towards the protection of health, the rights of the participants, guaranteeing integrity, confidentiality and voluntary participation with prior informed consent. The guiding principles taken into account were: *respect for people*: the design and execution took into account respect for the dignity and rights of the participants, during the interviews it was avoided to cause harm or inconvenience. *Beneficence*: the participants received ethical treatment, with respect for their decisions and tending to ensure their well-being. Principle of *non-maleficence*: the study was designed minimizing risks and protecting the integral health of the participants; *justice*: the selection of the sample was carried out in an equitable manner, avoiding discrimination or arbitrary exclusion, taking social benefit as a priority. Autonomy: it allowed us to keep in mind the ability to make informed decisions, providing clear and detailed information about the phenomenon studied (*6*). Finally, the institution's ethics committee reviewed and approved the study's protocols, ensuring compliance with the established ethical principles.

RESULTS AND DISCUSIÓN

This section presents the results obtained by analyzing data from in-depth interviews with parents or families who accompanied during and/or after birth. The presentation was developed in the form of sessions, based on the three central thematic axes of this work, which corresponded to the objectives described in the study, each session was named according to the objectives set: the first was called: *description of the characterization of the participants in the study*; the second session: *categorization of the experiences of the trinomial in the light of the regulations Law 2244 of 2022* and *Resolution 3280 of 2018* (*2)* regarding dignified, respected, and humanized childbirth in Colombia; the third session contemplated the *determination of positive actions in humanization* in the face of the childbirth experience in parents or relatives who accompanied their partners; the sessions compiled above made it possible to describe the experiences of parents in providing support during and after birth.

First session*: Description of the characterization of the participants in the study.*

The sample obtained for the study was 19 participants between 21 and 65 years old, most of the pregnant women were accompanied by the fathers of the children (n°12), a smaller number by their maternal grandmothers (n°2). 3 unfavorable findings were found in pregnant women who did not enjoy support during or after birth, and only (n°1) received it from the paternal grandmother. The following table summarizes some aspects related to the identification of the study participants and explains them in detail based on the narratives from the subjectivity of the experiences.

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Board 1. *Identification of study participants: Experiencing accompaniment during and after birth. Pereira-Colombia. 2024.* (own elaboration).

Participante/ caracterización	P_1	P_2	P_3	P_4	P_5	P_6	P_7	P_8	P_9	P_{10}	P_{11}	P_{12}	P_{13}	P_{14}	P_{15}	P_{16}	P_{17}	P_{18}	P_{19}
Estado civil	Casado	Unión libre	Soltero	Casado	Casado	Unión libre	Casado	Casado	Unión libre	Casado	Unión libre	Unión libre	Casado	Casado	Unión libre	Unión libre	Casado	Unión libre	Sin pareja
Afiliación en Salud	EAPB-C	EAPB-C	EAPB-S	Sin afiliación	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-S	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-C	EAPB-S
Grado de escolaridad	PM	CP	B	T	CP	B	CP	CP	CP	B	P	B	T	T	B	P	CP	B	B
Acompañamiento	Si	No	No	Si	Si	Si	Si	Si	Si	Si	No	No	Si	Si	Si	No	Si	No	No
Asistencia a curso de preparación	Si	No	No	Si	Si	No	No	Si	No	No	No	No	No	No	No	No	Si	No	No
Via del parto	V	V	V	V	V	V	V	V	V	C	C	C	C	C	C	C	C	C	C

The coding of the information collected in this session is explained below to protect confidentiality and privacy in accordance with the basic principles of human research ethics and as an organization and selection mechanism for analysis:
Number: Participant
EAPB-S: Subsidized Benefit Plan Administrators
EAPB-C: Contributory Benefit Plan Administrators
P: Primary
B: Baccalaureate
T: technical
CP: Professional career
PM: Postgraduate Master's Degree
V: vaginal
C: cesarean section

Some aspects mentioned by the participants in this section were the recognition of a stable and cohabiting relationship, either by marriage commitment or free union; 17 participants mentioned the presence of an established and emotionally committed relationship, where support and companionship were provided from the beginning of pregnancy; Two participants accompanied the process without having a current relationship with the pregnant women, accusing this event of termination of the relationship in the prenatal period, the paternal commitment of one member was evident in the expressions, while the other was present in some symbolic moments for him.

In relation to the affiliation system, during the interviews it was found that 15 participants belong to the contributory regime, 3 to the subsidized regime and 1 person to the poor and vulnerable population. In relation to the care of pregnant women, it was found that 5 were treated in public institutions, while the remaining 14 cases received assistance in private institutions; This allowed us to visualize greater applicability in humanized childbirth care in the network of private providers with 9 participants, the other births were attended from the perspective of the companion with violation of the rights of the mother and father to exercise their role. As for the care provided by public institutions, barriers continue to be evident such as: *"the staff has communication problems, there is still misinformation and restrictions in the maternity areas*"; There were greater obstacles for fathers due to gender to be present in this type of service and family members continue to be visible as passive agents, relegated to waiting rooms imagining some experiences with episodes of anguish, helplessness and despair.

Regarding the educational level of the participants, 7 had completed secondary school, 6 were professionals in various fields, 3 had technical studies, 2 participants had reached the basic primary level; finally, 1 father enjoyed postgraduate studies. Articulating the above information with the contributions from the subjectivity of the experiences, fluid expressions were evidenced, with symbolism of the process and positive emotions relived in their gestures taken from field agendas as follows: "P1: look with watery eyes, facial expression of happiness, fullness and loaded with positive expressions such as: *it was the best moment of my life, I looked at his little face so sweet, so tender and my wife and I only cried with emotion."* This allowed us to reflect on the contributions and use of experiences when progress has been made at the academic level, maternal coping, support, dedication and reinforcement favored the performance of the paternal role.

Subsequently, what was collected from the preparation prior to birth allowed us to identify in 14 participants a lack of knowledge of the contributions of their presence in the accompaniment during and after birth, since they had not attended courses of preparation for maternity and paternity where they were motivated and allowed to be involved; 5 participants of the study were committed to supporting pregnant women by participating in previous

meetings, which translated into favorable expressions such as: "*I thought it was wonderful, I was happy, I cried with emotion, it was a unique moment to see my son, I felt blessed by God*".

Finally, 10 of the participants revealed that they had participated in close quarters before, during, or after the cesarean section. Some textual narrations were: *"they say that it cannot be contaminated when we enter the operating room, it hurt me a lot to see them take my son in the incubator while I waited in the room without news, they did not let me help her with the pain she felt after the operation".* The other participants of the study expressed permissiveness when attending some moments before, during or after childbirth, two fathers externalized negative aspects of the institution's staff by not being allowed to provide company, attributing it to the internal restrictions that prevented men from entering delivery rooms at night. In a positive way, seven participants expressed successful birth experiences: *"It was a unique moment, seeing my baby gave me courage, observing what my wife went through to give birth to our son made me appreciate her more, it is such a perfect miracle of God*."

Second session*: Categorization of the experiences of the trinomial in the light of the regulations Law 2244 of 2022 and Resolution 3280 of 2018 regarding dignified, respected and humanized childbirth in Colombia.* The following findings, evidenced in 9 participants who accompanied the birth via normal delivery, achieved expressions that are summarized below as key aspects in humanization:

1. Good treatment: it allowed us to glimpse the reduction of beneficent behaviors of obstetric violence, it was demonstrated in 6 participants who witnessed the process with their partners findings of good attitude, adequate communication and good attention by human talent in health. The fathers expressed receptivity to them, showing kindness and permissiveness to accompany the woman before, during or after childbirth. When contrasting this finding with the existing literature, an article was found that highlights compassionate maternity services, facilitators of maternal-fetal benefits with similar results, where cultural inclusion is contemplated, highlighting aspects of pregnant women satisfied with care being reciprocal in coping; Some of the documented benefits are reduced labor time and better adjustment of the newborn to life outside the womb. Likewise, the training of the parents and the commitment to be an ideal company contribute significantly to the life of the couple, the relationship with the staff is essential to meet the standards of care and have a positive birth experience (*7*).

2. *Exercise of the paternal role*: in this section, 17 companions expressed responsible, committed and compassionate support during pregnancy, childbirth and birth, this finding confirms the importance of the father's participation in the pregnancy process, since his experience gives him a sense of responsibility towards the newborn and the family, the parents expressed *"moments of overflowing emotion, non-transferable love, need for protection towards mother and the new child".* In relation to these findings on the role and commitment to exercise their role, evidence of significant changes in fathers was found, highlighting the strengthening of the role movement for women by emphasizing the importance of addressing fatherhood (*8*).

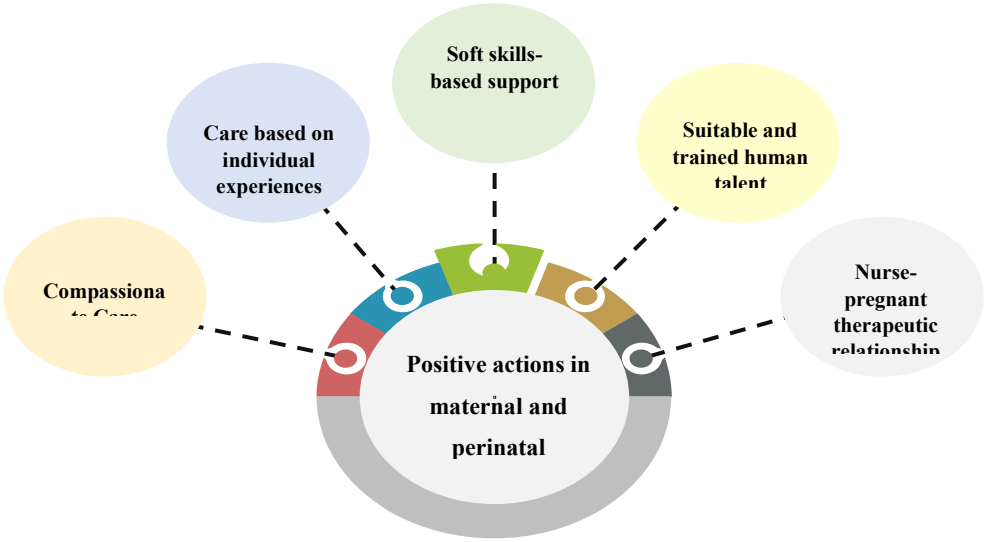
3. *Promotion of men's participation in birth:* in terms of participation in the process of caring for their partner, 13 men externalized active contribution, which helped pregnant women improve their ability to manage and tolerate pain; some participants embodied the moment by promoting better breathing techniques, providing physical support during contractions and "*caressing*" to help the partner feel relaxed during the pain. In a study on a father who is prepared and committed to his role as a companion during the birth process, the main benefit in the couple was found to be the acquisition of knowledge about the needs of the woman during childbirth and how the father can contribute to her well-being. Men acquire skills and improve their abilities to cope with the process by actively participating in all stages at the end of pregnancy, transcending with care and support during the postpartum period and throughout life (*9*).

Regarding the continuity of the positive experience of childbirth, applying Law 2244 of 2022, and especially the humanization of care processes in the operating rooms during the practice of cesarean section, the existence of a low level of compliance with the practice among professionals and specialists was found, in these areas the limited rules are still governed, use of traditional methods and implementation of routine interventions in maternal and neonatal care, so skin-to-skin contact, sacred moments, early breastfeeding and accompaniment are limited, attributing this aspect to the need to be free of contamination; With respect to the disadvantage in the mother-child bond, the separation of the binomial is based on specific aspects of the action of medications and valuation activities in extrauterine life. The above findings are still evident in similar studies where health services and personnel offer partial compliance with the current law in Uruguay, the article documented the permanent separation in hospitalization between the woman and her companions, the specific practices in the operating room include separating the mother and the baby, do not guarantee skin-to-skin contact between the baby and his assistant when leaving the operating room, Likewise, during the time that the women remained in the recovery room, separation from the mother, father and child was experienced. Women described the experience of cesarean section marked by frustration and pain because the newborns were not in direct contact (*10*).

Third session*: determination of positive actions in humanization in the face of the birth experience in the parents or relatives who accompanied the process.* The most important strategies discovered through an in-depth analysis of the 19 interviews are outlined below, these skills and abilities reflected a focus on maternity services with

positive trends towards humanization according to the narratives of the companions who experienced the process, see image 1:

Figure 1. Positive actions in maternal and perinatal humanization of the study: Experiencing accompaniment before, during and after birth. Pereira-Colombia. 2024 (own elaboration).



The study participants generously showed emotions in their physiognomies for having experienced contacts full of positivism with the health personnel, their faces reflected glowing looks when talking about the moment; the *P10 took their face while expressing how wonderful it was to see their baby*; the *P15* smiling and looking at the sky remembered what he felt when he could not experience the procedure, But she said *"when I see my son, magic came into my life, the days are wonderful when I see that little face."* The *P4* clenched his fists, wrinkled his forehead, raised his gaze and remembered how that moment filled him with nostalgia and made him cry with happiness.

Complementary to the previous experiences, the verbalized contributions regarding positive actions are condensed below:

1. Compassionate care: the expressions demonstrated an approach in the delivery room with significant differences from the management provided in the operating room; health services specialized in maternal and perinatal care have made demonstrative advances in the protection of the mother and child binomial, privacy, confidentiality and intimacy, as well as respectful treatment, tolerating spaces of union between the trinomial mother, father and son, favoring the traditional role of the family. Participants expressed and valued the encouraging moments in which health workers achieved approaches full of positive information, with encouraging words and nourished by sensitivity. This finding is documented in similar studies that describe favorable aspects in health services, such as the one detailed in the article on strategies to strengthen humanization in emergency rooms, where empathy allowed recognizing and understanding the suffering of others, helping to increase the desire to alleviate and end the pain of others. because action is driven by love, understanding, help and motivation, transcending to care supported by the individual thinking about the traces generated by each moment of life when receiving care based on one's own needs. (*11*).

2. Care based on individual experiences: in terms of care in maternal-perinatal services, medicalized care continues to be predominant; some participants experienced activities during hospitalization in which the preferences of pregnant women were taken into account, such as the use of less interventional techniques: spherodynamics and massages for pain management. During birth, in all cesarean births, skin-to-skin contact with its innumerable benefits is not taken into account, and routine activities continue to be applied with the newborn and the mother without respect for sacred time. Users who received care in vaginal delivery experienced greater applicability of intimate spaces between the mother, father and newborn, facilitating skin-to-skin contact, sacred time and early breastfeeding, as well as the accompaniment of the person of their choice. The current literature continues to describe the need to advance in the childbirth care of all women based on human rights, preceded by quality and respect for reproductive rights, since women face fears, ailments, and discomfort during this period, factors that staff should know and understand in order to improve coping with minimizing tensions by providing close support (*12*). In conclusion, it is still necessary to prosper towards care that creates a pleasant birth experience based on information, respect, understanding and autonomy of each woman, where invasive

interventions are avoided and the relationship between her, the newborn, the family and health personnel is improved, contributing to reduce morbidity and mortality of newborns and their mothers (*13*).

3. Assistance based on soft skills: the main findings narrated by the participants in relation to the care of human talent in health were characterized by adequate communication, demonstrations of empathetic care, spaces of cordiality, kindness and warmth, where the experiences of the trinomial mother, father and child had caregivers full of patience, tolerance and promoters of therapeutic confidence, more than half of the companions evidenced expressions of gratitude for having experienced sensitive, reliable services and in contexts of familiarity. When contrasting with the existing literature, a document on humanized care based on respectful treatment, comprehensive care, with responsibility, empathy, holistic care, sensitivity, control of emotions and ethics; externalized daily practices based on knowing how to know, do and understand the meaning of the person from biological, psychological, social and even spiritual interaction (14) (15).

4. Suitable and trained human talent in maternity services: a positive aspect found in the study highlights the discipline of nursing in the art of care, taking as a premise the communicational, information and education bases that the study participants and their pregnant women received in the different care scenarios. They mentioned that they were duly documented on care during labor versus the use of breathing techniques and to improve pain tolerance; at the time of birth they induced the first effective contacts with the newborn, favored the early initiation of breastfeeding from the latching technique, maternal and newborn positions; An exceptional aspect was the continuous involvement of parents in the direct care of their children, allowing and conducting diaper changes, clothing and sleep support. A section in the literature found highlights the role of nurses in the birth process in an original way because of the support provided to families, understanding and education. Nursing professionals work responsibly to ensure respect for the rights of mothers, feeling affinity with their children in the spaces where they accompany care. (*16).*

5. Nurse-pregnant therapeutic relationship: the nursing staff was remarkably close to the pregnant women from physical support to the establishment of comfort measures for pain relief, the participants expressed positive experiences when they dedicated time to their pregnant women to improve breathing technique and instruct companions giving continuity with reinforcements; likewise, They explained the use of massages on the back and legs, the controlled intake of liquids, the proportion or in some cases the request for warmth for the mother, they even supported assistance during bathing as a therapeutic mechanism of relaxation and relief. Likewise, other companions expressed *"fascinating"* moments when they attended to the mother and child binomial supporting rest spaces in the mother, where they provided constant reinforcement with each breastfeeding to improve the process and generously explained the necessary care with the baby at home. The above findings made it possible to fortify the discipline of nursing in the art of care, the foundations of the professional are a faithful sign of empowerment when leaving traces of positive experiences when providing care that will last in other contexts. This finding is supported by the current literature from the importance of providing care to a woman during childbirth: clarifying concerns, providing reassurance and developing comfort strategies that build positive relationships during childbirth and other periods of this stage (*17*).

Finally, the previous findings regarding the interpretation of the benefits expressed by parents or relatives regarding assistance during labor, birth and puerperium, detailed information that encourages the discipline of nursing, and of health workers in general, leading to objective reflections that perpetuate progress in the humanization of health services where the central axis of care is the trinomial mother, father and child, allowing the role of the family in society that favors the preservation of affective ties, emotional nutrition, accompaniment in development and transcendence in the different stages of the human being.

CONCLUSIONS AND RECOMMENDATIONS

The barriers to the adaptation and implementation of the Humanized Childbirth Law continue to be evident, concurring in the resistance to guarantee the right to accompaniment during birth regardless of the route, parents face adverse conditions reported in some maternity services due to gender, family members continue to be treated as passive agents, marginalized in waiting rooms, full of moments of suffering, helplessness and despair due to the restrictions that continue to generate abysses, conditioning care to what is strictly medicalized.

The results of the study showed greater adherence to the current guidelines in the humanized childbirth law in maternal and perinatal care services than in operating rooms, there is no cohesion to humanized practices by the different professionals and specialists; conditioned models predominate in these areas, as well as the application of traditional methods and routine and unnecessary interventions for the mother and the newborn, the benefits of skin-to-skin contact, the golden minute, the sacred hour, early and exclusive initiation of breastfeeding, as well as the right to accompaniment during birth, are dissipated.

The main findings regarding positive actions in humanization allowed us to visualize advances in maternity services, highlighting favorable aspects for the trinomial mother, father and child as clear information, in comforting terms from a perspective of sensitivity to the needs of the other based on human competencies.

Likewise, the maternal-perinatal services have staff who provided empathetic care, spaces of cordiality, kindness and warmth, with human talent full of patience, tolerance, trust builders and therapeutic communication, making the hospital stay a moment of familiarity and empowerment in the face of the paternal role.

REFERENCES

(1). Palet-Rodríguez M, Torrubia-Pérez E. Utility of complementary therapies in the management of pain during childbirth: an integrative review. Global Nursing [Internet]. 2023; 22(2):465–96. http://dx.doi.org/10.6018/eglobal.529861.
(2). Resolution 3280 of 2018. Ministry of Health-Minsalud. Technical and operational guidelines of the Comprehensive Care Route for the promotion and maintenance of the health of the maternal and perinatal population. Minsalud.gov.co. 2018. https://www.minsalud.gov.co/Normatividad_Nuevo/Resoluci%C3%B3n%20No.%203280%20de%2020183280.pdf.
(3) Castillo-Merino Y, & Tumbaco-Quimis KL. Perception of humanized nursing care in post-cesarean patients. Digital repository of the State University of the South of Manabí. 2022. https://repositorio.unesum.edu.ec/handle/53000/4206.
(4) Cárdenas-Martínez FJ, Gómez-Ortega OR. Nursing situation analysis: caring for the family from Roy's adaptation model. Rev. Care. [Internet]. 2019; 10(1): e601. https://doi.org/10.15649/cuidarte.v10i1.601.
(5). Fuster-Guillen DE. Qualitative research: Hermeneutical phenomenological method. Purposes and Representations, 7(1), 201-229. 2019. https://dx.doi.org/10.20511/pyr2019.v7n1.267.
(6). World Medical Association. WMA Declaration of Helsinki – Ethical Principles for Medical Research on Human Subjects, adapted. 2015. https://www.wma.net/es/policies-post/declaracion-de-helsinki-de-la-amm-principios-eticos-para-las-investigaciones-medicas-en-seres-humanos/.
(7). Gómez-Ángel Y, Ortiz-Ferro M. Humanized childbirth: health professionals' perception of facilitators and barriers to the accompaniment of pregnant women during labor. 2020. https://repositorio.unal.edu.co/bitstream/handle/unal/78858/1023934277.2020.pdf?seq.
(8). Morosini A. Responsible parenthood: a sociological reflection on paternal abandonment. Multidisciplinary Scientific Journal Nucleus of Knowledge. [Internet]. 2023; 42–52. http://dx.doi.org/10.32749/nucleodoconhecimento.com.br/ciencias-sociales/el-abandono-paterno.
(9). Muñoz-Serrano M, Uribe-Torres C, Hoga L. Father prepared and committed in his role as a companion during the birth process. Aquichan [Internet]. 2018; 18(4):415–25. http://dx.doi.org/10.5294/aqui.2018.18.4.4.
(10). Pabón-Ortiz EM, Mora-Cruz JV, Buitrago-Buitrago CY, Castiblanco-Montañez RA. Strategies to strengthen the humanization of health services in emergencies. Rev. Science. 2021; 18(1):94-104. https://doi.org/10.22463/17949831.2512.
(11). Pérez C, & de los Ángeles, M. Humanized childbirth and the nursing function in public health establishments. Digital repository Technical University of Ambata-UTA. 2021. https://repositorio.uta.edu.ec/handle/123456789/32612.
(12). Angarita-Navarro AM. Nursing accompaniment in labor and delivery care: A narrative review of the literature. Health Research Journal, University of Boyacá [Internet]. 2018; 5(2):323–44. http://dx.doi.org/10.24267/23897325.346.
(13). Henao-López CP, Osorio-Galeano SP, Salazar-Blandón DA. Relationship between nursing staff and pregnant women during labor. Institutional repository University of Antioquia. 2020. https://bibliotecadigital.udea.edu.co/handle/10495/20736.
(14). Pisco-Álvarez SE, & Zambrano-Loor LY. Role of nursing in humanized childbirth care. Digital repository of the State University of the South of Manabí. 2023. http://repositorio.unesum.edu.ec/handle/53000/5071.
(15). Arévalo-Venegas CE, Castiblanco-López N. Phenomenological study: I am a father and I went into labor, it was a dream come true! Enferm. Univ. [Internet]. 2021; 18(1):16–28. http://dx.doi.org/10.22201/eneo.23958421e.2021.1.870.
(16). Promundo Healthy Masculinity International Plan. Gender Equality. Promoting men's involvement in nurturing and sensitive care for early childhood development. A package for programs and influence. 2021. https://www.gub.uy/sistema-cuidados/sites/sistema-cuidados/files/documentos/publicaciones/5%20GLO-Involucramiento_hombres_DPI-IO-Final-ESP-May21_compressed.pdf

(17). Riaño-Correa AL. Accompaniment of the partner or family member in labor and delivery. University of Applied and Environmental Sciences- UDCA. Monograph 2021. https://repository.udca.edu.co/handle/11158/4318.