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Postpartum depression: an approach to the level of preparation of nurses

Depresión posparto: una aproximación al nivel de preparación de las enfermeras

Depressão pós-parto: uma abordagem sobre o nível de preparo dos enfermeiros

ABSTRACT

Objective: To verify the level of preparation of nurses to identify signs and symptoms of postpartum depression (PPD) in the health unit. **Method:** Qualitative, descriptive study, with application of a questionnaire through a semi-structured interview to six nurses who work in the Family Health Strategy (ESF) in the city of TrêsCorações - MG. Data collection was carried out in May 2021. **Results:** All nurses interviewed have worked for more than ten years. The knowledge about the severity of PPD and the importance of family care to help the puerperal woman face the situation, generating the least possible impacts. The role of the nurse was frequently mentioned in relation to assistance in coping with PPD and requires the involvement of the entire team. **Conclusion:** Nurses have sufficient preparation and knowledge to provide assistance to postpartum women with PPD and who have had changes in the care routines in the ESF.

DESCRIPTORS: Baby blues; Nursing; Women's Health.

RESUMEN

Objetivo: Verificar el nivel de preparación de las enfermeras para identificar signos y síntomas de depresión posparto (DPP) en la unidad de salud. **Método:** Estudio cualitativo, descriptivo, con aplicación de un cuestionario a través de una entrevista semiestructurada a seis enfermeras que trabajan en la Estrategia de Salud de la Familia (ESF) en la ciudad de TrêsCorações - MG. La recolección de datos se realizó en mayo de 2021. **Resultados:** Todas las enfermeras entrevistadas han trabajado durante más de diez años. El conocimiento sobre la gravedad de la DPP y la importancia del cuidado familiar para ayudar a la puérpera a afrontar la situación, generando menores impactos posibles. El papel de la enfermera se mencionó con frecuencia en relación con la asistencia para hacer frente a la depresión posparto y requiere la participación de todo el equipo. **Conclusión:** Las enfermeras tienen la preparación y los conocimientos suficientes para brindar asistencia a las mujeres posparto con PPD y que han tenido cambios en las rutinas de atención en la ESF.

DESCRIPTORES: Depresión posparto; Enfermería; La salud de la mujer.

RESUMO

Objetivo: Verificar o nível de preparo dos enfermeiros para a identificação de sinais e sintomas de depressão pós-parto (DPP) na unidade de saúde. **Método:** Estudo qualitativo, descritivo, com aplicação de questionário através de uma entrevista semiestructurada a seis enfermeiros que atuam na Estratégia Saúde da Família (ESF) no município de Três Corações - MG. A coleta de dados foi realizada em maio de 2021. **Resultados:** Todos os enfermeiros entrevistados possuem tempo de atuação superior a dez anos. Percebe-se o conhecimento acerca da gravidade da DPP e da importância do acolhimento familiar para auxiliar a puérpera diante da situação, gerando menos impactos possíveis. O papel do enfermeiro foi frequentemente mencionado em relação à assistência no enfrentamento da DPP e necessita do envolvimento de toda equipe. **Conclusão:** Os enfermeiros possuem preparo e conhecimento suficiente para prestar assistência a puérperas com DPP e que tiveram mudanças nas rotinas de cuidados na ESF.

DESCRIPTORES: Depressão Pós-Parto; Enfermagem; Saúde da Mulher.

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INTRODUCTION

Primary care represents the main entry point for users into the Unified Health System (SUS - Sistema Único de Saúde) and its expansion occurred through the Family Health Strategy (ESF - Estratégia Saúde da Família) teams, which work with actions for the promotion, prevention, recovery and rehabilitation of the health of the community.¹ Among the demands of primary care, postpartum depression (PPD) stands out, which can have a negative impact on the lives of women and children.²

PPD configures the occurrence of depressive episodes in the period after childbirth and corresponds to a phase in which the woman presents several symptoms, including crying, feelings of helplessness, lack of energy, lack of motivation and feeling of incapacity.³ A study evaluated the presence of depressive symptoms in the postpartum period of Brazilian women and identified a prevalence of probable cases of PPD in 26,3%.⁴ Santos et al. (2019)⁵ observed that, of the main postpartum complications, PPD was the second most prevalent, affecting 13,7% of women who underwent prenatal care in the SUS.

Studies reveal that the risk factors for the occurrence of a depressive condition in the postpartum period are: history of mental disorders, significant loss, stress during pregnancy, previous depressive episode, unwanted pregnancy, marital conflict, low social support and economic difficulties.⁶⁻¹¹ On the other hand, protective factors involve social support, maternal education, breastfeeding and adequate prenatal care.¹²⁻¹⁴

In this context, health interventions must be properly implemented to contribute to a better quality of life for women and the consequent development of the baby.^{15,16} The nurse, as an important member of the primary care team, has a fundamental role with regard to women's health care in all life cycles. Thus, this professional needs knowledge about PPD and preparation to assist the mother-child binomial before, during and after delivery.¹⁷

Furthermore, it is important for nurses to know how to differentiate the type of disorder that affects the puerperal woman in order to promote more targeted care. In the context of mental conditions after childbirth, many mental pathologies can affect the woman, such as puerperal dysphoria, or Puerperal Blues, whose

symptoms are similar to PPD. Puerperal dysphoria usually does not go beyond two weeks after childbirth and needs attention in terms of support for the woman. However, if they do not receive an adequate support network, the clinical picture may evolve and the woman may develop PPD in the future.¹⁸

In these terms, it is essential that the recognition of mental disorders in the period after childbirth is early, considering the importance of establishing an adequate care relationship and guiding the family about the situation.¹⁹ Thus, the objective of the research was to assess the level of preparation of nurses to identify signs and symptoms of postpartum depression.

METHODS

This is a descriptive study with a qualitative approach, whose objective is to understand the experiences of the subjects involved.²⁰ The study consisted of nurses from different ESF units located in the city of Três Corações/MG, using the method of drawing lots of existing units in the city.

Data was collected in May 2021. The inclusion criteria were nurses who have been working in the ESF units for more

than a year. The exclusion criteria were nurses who are not from the ESF and nurses from the ESF who work in the same Health Unit. A minimum of one year of experience in the ESF was stipulated, so that nurses could demonstrate the experience of assisting postpartum women with postpartum depression. More than one nurse from the same unit was not accepted for the sample to represent a larger population with regard to puerperal care.

After identifying the research participants, the visit was invited and scheduled for data collection. A questionnaire was applied through a semi-structured interview. Demographic data of research participants were analyzed. As for the specific questions, four were related to the nurses' perception about PPD and about the tracking methods in the unit where the professionals work and the prenatal period is understood. In addition, information about the routine of puerperal care and the nurses' individual perceptions were also asked, such as whether they have difficulties working with the PPD, with justification of the answers being requested in all questions. After the end of the interviews, the data were transcribed in full and analyzed, being interpreted in the item result and discussion.

This research followed the ethical precepts of Resolution 466/12 and began after approval by the Research Ethics Committee of the University Vale do Rio Verde, under CAAE number: 45072521.60000.5158, and signature of the Informed Consent Term (TCLE). Respondents were identified by flowers, as a way to preserve their identity.

RESULTS

The questionnaire addressed four questions related to their experience about the care provided to postpartum women and issues related to PPD. Sociodemographic information is described in table 1.

Regarding sociodemographic information, 83.33% of the participants are women, with only one male nurse being interviewed. Half of the participants are up to 37 years old and another portion of the interviewees are between 42 and 46 years old. All of them, without exception, have 10 or more years of training, as well as the length of experience, which shows that 50% of the participants have up to 10 years of experience in the area, and the others have between 11 and 19 years providing services in the field of health. It is also noteworthy that all of them specialized through postgraduate studies.

In the initial approach of the specific questionnaire, the nurses' view on PPD was questioned, where the respondents: Daisy, Orchid and Rose have the same view on postpartum depression, about the fact that it is a serious disease that affects many mothers who, most of the time, they go through this problem alone, as family members do not realize and do not seek help at health units. The puerperal woman will find it easier to go through this period with the help of the ESF team. But for her to seek care, it is necessary to talk to her about the subject during prenatal care.

Violet believes that the nursing team has an important role in the diagnosis and that humanized care is needed, where she states:

"Through prenatal care, the nurse is the professional who has the most continuous contact during pregnancy and he/she must have sensitivity to understand the pregnant woman, listen and talk to her, knowing her fears about motherhood, and can help her to face them."

Sunflower reaffirms this role of nurses and cites that "The nurse can always be the first to detect postpartum depression, this at the beginning of prenatal care, how the pregnant woman behaves, whether it was a desired pregnancy or happened unintentionally, how she feels". Tulip, in turn, recounts her personal experience, and denies having witnessed a situation of PPD in postpartum women at the ESF unit where she works. However, she emphasizes that the pandemic period we are currently experiencing is a trigger of symptoms that should be observed, as she describes:

"Here at my ESF I have never had any cases of postpartum depression, until the beginning of the pandemic. Now, we notice the symptoms of depression and anxiety, especially in first-time mothers, in prenatal and postpartum consultations, so it is necessary to start a bond with the pregnant woman so that she has confidence to open up with the team, even more so with such a complicated time that we are living. Having to go through this whole process alone, I think it's what aggravates the

Table 1- Sociodemographic Data of ESF Nurses of Três Corações

| NURSES | SEX | AGE | MARITAL STATUS | STUDY TIME | WORKING TIME IN THE AREA | POST-GRADUATION |
|-----------|-----|-----|----------------|------------|--------------------------|---|
| Orchid | F | 37 | Married | 15 Years | 10 Years | Public Health |
| Violet | F | 32 | Married | 12 Years | 11 Years | Family Health Management |
| Rose | F | 46 | Married | 20 Years | 20 Years | Public Health |
| Sunflower | M | 42 | Stable union | 10 Years | 03 Years | Urgency and emergency |
| Daisy | F | 46 | Single | 19 Years | 19 Years | Women's Health and Urgency and Emergency |
| Tulip | F | 33 | Single | 10 Years | 10 Years | Health Services Audit, Hospital Accreditation |

Fonte: Questionário da Própria Autora, 2021

situation the most, bringing more insecurity for the mothers.”

The nurses were asked about the existence of PPD screening in the prenatal period in the ESF where they work. In this context Orchid, Tulipa and Violeta emphasize that tracking was possible through the follow-up of postpartum women, which was altered due to the risks of contamination by Covid-19, a fact that makes the first visit that previously occurred at the postpartum woman's home, now is transferred to an appointment at the unit itself, where the medical consultation is held, together with the newborn (NB), after collection of the heel prick test, and then the first consultation with a pediatrician is scheduled. During the postpartum consultation, guidelines and questions are carried out in which the presence of PPD can be identified, so it is a simple form of investigation, but it can be effective.

Sunflower and Daisy reveal that in the ESF units where they work, the admission of pregnant women is done in a very complete way, so that the possibility of PPD in previous pregnancies is also investigated, in the case of mothers who already have children. Rosa presented a somewhat surprisingly negative response, as she stated that in the ESF where she works there is no PPD screening protocol that she is aware of.

The third question was related to whether the ESF has a puerperal care routine for the mother and her baby and the routines in this regard. Where Orchid, Violet, Rose, Daisy and Tulip claim to have the same routine in the ESF units where they work, describing the routine that the nursing team performs home visits (currently suspended) for guidelines on hygiene, breastfeeding, pediatric consultation and vaccination and provides the mother with puerperal consultation. Except Sunflower, who claimed to have no knowledge of these routines because his time working in the ESF was not much directed to the care of postpartum women.

The fourth question was related to the management of postpartum women with PPD, about possible difficulties to work,

being asked to exemplify these difficulties, if any. In this questioning, half of the interviewees, being Rosa, Tulipa and Violeta, stated that they feel supported in the unit, as they have the support of the psychologist and CAPS II if necessary, and therefore do not consider having difficulties.

Daisy, Sunflower and Orchid already mention difficulties, describing that they even start with the initial refusal of the condition by the puerperal woman, who does not understand their conditions and needs in front of a PPD and this includes family members who sometimes have no knowledge about the disease and they are not even able to understand the physiological, emotional and psychological changes that motherhood can bring, in a way that makes good teamwork difficult, as the support network is not only internal but also extra-hospital.

DISCUSSION

Mental and behavioral disorders can affect individuals at any stage of life. However, when it comes to women, the period of greatest prevalence of these disorders is during pregnancy and the puerperium.²¹ In the present study, the nurses showed concern regarding the depressive conditions of women after childbirth and recognized PPD as a serious disorder for women and their families.

Based on the reports, the importance of the nurse's role in the recognition and promotion of care in the face of the PPD problem was observed. Gonçalves et al. (2018)²² consider that the nurse's integral look is crucial for a good prognosis and tracking that starts from pregnancy. However, some studies emphasize that, despite the importance of nurses in the context of PPD, many have a deficiency in the recognition and behavior of the problem.^{17,23}

Some obstacles make health education an arduous process, such as lack of structure and support, excess demand, work overload, lack of qualification, among others.^{2,24} Therefore, training on the subject is essential, as well as the creation of instruments and protocols that guide the conduct of professionals.^{23,25} As an example, Teixei-

ra et al. (2016)²⁶ developed a tool aimed at postpartum care, including the PPD, to guide consultations and educational practices in women's health.

Monitoring women throughout the pregnancy-puerperal cycle was considered essential in the prevention or treatment of PPD. In this context, prenatal care is extremely important in order to ensure the health of the mother-child binomial.²⁷ With a view to this follow-up, the concept of psychological prenatal care emerged, which is a humanized follow-up focused on psychological care involving the woman and family in this process.²⁸

In the present study, points were made about the period of the pandemic regarding the follow-up of postpartum women, demonstrating greater difficulty regarding the occurrence of home visits. Thus, it is worth noting that, in the pandemic scenario, it is necessary to readjust the attention to women through the development of strategies seeking social and institutional support.²⁹

Also considering the need for support, family support is the indicator among the protective factors that are very favorable for the recovery of the postpartum woman. In a study on the assessment of risk factors in the development of PPD, the lack of support from the baby's father was associated with PPD.³⁰

The process of becoming a mother is fraught with challenges and involves social and cultural changes, in addition to experiencing strong emotions that can impact a woman's mental health.³¹ Therefore, the training of nurses is essential to provide adequate support to the needs of each postpartum woman.

CONCLUSION

Through the analysis of the interviews, it can be stated that nurses are prepared to provide assistance to postpartum women with postpartum depression in their ESF units. However, due to the pandemic, these nursing professionals were affected and are unable to carry out a nursing home consultation as was their routine before.

Even so, with all the difficulties that

are currently experienced, the research showed that nurses somehow try to provide guidance to postpartum women. There-

fore, it is concluded that nursing care with postpartum women is essential and extremely important, with nursing profes-

sionals, in this context, capable of offering support and providing the necessary care with excellence. ■

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