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Nursing care for women with postpartum depression.

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Cuidados de enfermagem a mulher com depressão pós-parto

Atención de enfermería a mujeres con depresión posparto

RESUMO

Objetivo: Buscar na literatura científica o que as evidências apontam sobre os cuidados de enfermagem a mulheres com depressão pós-parto. Método: Trata-se de estudo de revisão de literatura integrativa conduzida nas bases de dados, LILACS, SciELO, MedLine e BDENF no período de agosto a setembro de 2021. Foram utilizados os seguintes descritores e sequência de busca: Cuidados de Enfermagem, Depressão Pós-Parto e Puerpério. O corpus da análise compreendeu 6 artigos. Resultados: De acordo com os artigos selecionados e revisados observou a importância da identificação dos fatores de risco e monitoramento dos sintomas depressivos no puérperio por parte dos profissionais da enfermagem. A escuta e a análise correta, contribui para redução de agravos. Conclusão: O estudo possibilitou analisar que a enfermagem é peça indispensável e de suma importância na equipe multidisciplinar, na unidade básica de saúde, auxiliando no planejamento de ações que visem detectar precocemente o desenvolvimento da patologia.

DESCRITORES: Cuidados de Enfermagem; Depressão Pós-Parto;Puerpério

ABSTRACT

Objective: Search in the scientific literature what the evidence points about nursing care for women with postpartum depression. Method: This is an integrative literature review study conducted in the LILACS, SciELO, MedLine and BDENF databases from August to September 2021. The following descriptors and search sequence were used: Nursing Care, Post Depression -Childbirth and Puerperium. The corpus of analysis comprised 6 articles. Results: According to the selected and reviewed articles, the importance of identifying risk factors and monitoring of depressive symptoms in the postpartum period by nursing professionals was observed. Listening and correct analysis contributes to reducing injuries. Conclusion: The study made it possible to analyze that nursing is an indispensable and extremely important part of the multidisciplinary team, in the basic health unit, care helping in the planning of actions aimed at early detection of the development of the pathology.

DESCRIPTORS: Nursing Care; Postpartum Depression; Puerperium.

RESUMEN

Objetivo: Buscar en la literatura científica qué evidencia apunta sobre el cuidado de enfermería a mujeres con depresión posparto. Método: Se trata de un estudio de revisión integradora de la literatura realizado en las bases de datos LILACS, SciELO, MedLine y BDENF de agosto a septiembre de 2021. Se utilizaron los siguientes descriptores y secuencia de búsqueda: Nursing Care, Post Depression-Childbirth y Puerperium. El corpus de análisis estuvo compuesto por 6 artículos. Resultados: De acuerdo con los artículos seleccionados y revisados, se observó la importancia de la identificación de los factores de riesgo y el seguimiento de los síntomas depresivos en el puerperio por parte de los profesionales de enfermería. Escuchar y analizar correctamente contribuye a reducir las lesiones. Conclusión: El estudio permitió analizar que la enfermería es una parte indispensable y sumamente importante del equipo multidisciplinario, en la unidad básica de salud, ayudando en la planificación de acciones encaminadas a la detección temprana del desarrollo de la patología.

DESCRIPTORES: Atención de enfermería; Depresión posparto; puerperio.

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INTRODUCTION

The puerperium is the phase of the pregnancy cycle that begins after childbirth, lasting approximately three months. During this period, physiological, psychological and social changes are evident due to the development of the fetus. At this stage, the mother and family's routine is reorganized to encompass the baby. Therefore, it is a moment that the attention of the family health team aiming at the identification and prevention of complications that cause mental suffering, such as puerperal sadness also known as baby blues, puerperal psychotic disorder, and puerperal depression. [1]

Postpartum depression (PPD) is a highly prevalent disorder, as global analyzes show that this mood disorder affects 10% to 20% of women in the postnatal period, estimated that by the year 2020, will be the second biggest factor of morbidity among puerperal women. [2]

In this sense, depression commonly associated with the birth of a baby refers to a set of symptoms, which include irritability, frequent crying, feelings of helplessness and hopelessness, lack of energy and motivation, sexual disinterest, eating and sleep disorders, and a feeling of being unable to cope with new situations, in addition to psychosomatic complaints. PPD causes cognitive, emotional and physical changes, altering their behavior, starting weeks after delivery, between the fourth and eighth, intensifying in the first six months. [3],[4]

One of the signs presented is dissatisfaction when playing the role of mother, requiring family intervention in demonstration of affection, attention, support, expression of concern and security. However, this family care does not dispense with the qualified care of health teams. In this sense, the Family Health Units (USF) stand out as strategic devices in the care of postpartum women, in view of their responsibility to assist families in the territory, having essential tools for monitoring the pregnancy cycle, such as consultation and home visits in the puerperium. [5]

Care for postpartum women consists of home visits within 7 to 10 days of the postpartum period and the return of these women and the newborn to the health services for a medical or nursing consultation within 42 days after delivery. The puerperal consultation is defined as the assessment of psycho-emotional and social conditions, the formation of a mother-child bond, in addition to the physical state. In this context, nursing care is essential for the recognition of PPD, observed that the professional is part of the gateway, the primary care that has the role of welcoming and correctly directing the puerperal woman. [6] [7]

During care, it is essential that the pregnant woman inform her fears, anxieties and complaints. In this way, it helps nurses to identify risk factors, providing guidance. It is necessary to highlight the importance of harmony among health professionals, helping patients to feel confident and secure when expressing their weaknesses. [7]

In this way, the impact of PPD on the life of the mother, the baby, the family and the possibilities of the nursing professional's performance in the attention to this important moment of the life cycle can be seen. In view of these factors, it is questioned: "What are the behaviors and interventions developed by nurses in the care of puerperal depression?

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OBJECTIVE

To analyze nursing care for women with PPD, both in terms of prevention, reception and guidance.

METHOD

The methodology used for the research was an integrative literature review, with a qualitative approach, which aims to synthesize information based on data collection techniques from bibliographic research, allowing a deeper analysis of nursing care for women with postpartum depression, contributing to nursing practice based on scientific evidence. This method made it possible to comprehensively analyze and understand what there is in the literature on the subject based on the following guiding question: What does the scientific evidence point out about nursing care for women with postpartum depression?

Based on this questioning, the following steps were taken to carry out the research:

Identification of the topic and selection of the research question, establishment of criteria for inclusion and exclusion of studies, definition of information to be extracted from the selected studies, evaluation of studies included in the integrative review, interpretation and discussion of results and presentation of the review/synthesis of

Table 1: Search strategy used in databases for article selection.		
Descriptor in Portuguese	**Descriptor in English**	**Descriptor en Español**
Depressão pós-parto AND cuidados da enfermagem	Post Partum depression AND nursing care	Depresión pos parto AND cuidados de enfermería
Depressão AND puerpério	Depression AND puerperium	Depresión AND puerperio

FIGURE 1: Flowchart for selecting articles and reasons for exclusion, Jaboatão dos Guararapes - PE 2021
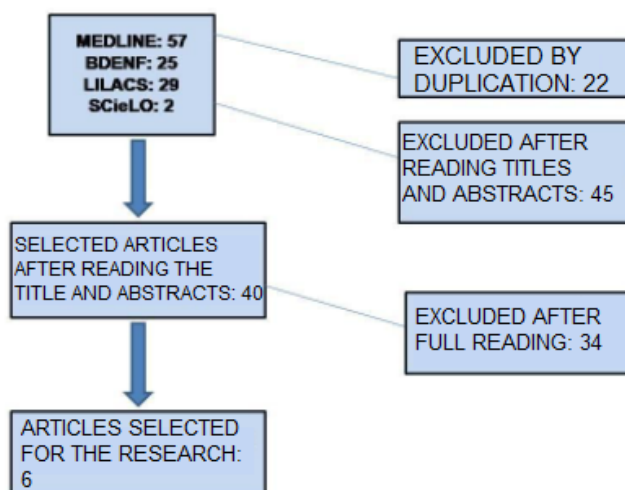
knowledge. [22]

The guidelines were followed according to the Preferred Reporting Items for

Systematic Reviews and Meta-Analyses (PRISMA). For the selection of studies, the following databases were searched: Medical

Table 1- Characteristics of the selected studies, Jaboatão dos Guararapes/ PE 2021.				
TITLE	**COUNTRY/ YEAR**	**STUDY DESIGN AND SAMPLE**	**MAIN RESULTS**	**LEVEL OF EVIDENCE**
Nurse interventions in the care and prevention of puerperal depression11	Brazil, 2020	Integrative literature review, sample of 11 articles.	It highlighted the importance of nursing to postpartum women in mental suffering and methods of identifying PPD.	V
Perceptions of puerperal women about the nursing care received in the immediate postpartum period 19	Brazil, 2019	Qualitative descriptive study, carried out in the rooming-in of CE, sample of 25 puerperal women.	There was a need for a change in the assistance given to postpartum women, due to the low scientific knowledge of nursing.	VI
Nurses' perception of diagnosis and follow-up of women with postpartum depression 21	Brazil, 2020	Qualitative descriptive study, sample of 9 FHS nurses.	The study made it possible to analyze the lack of training regarding nursing professionals related to the theme, impacting and fragmenting care.	VI

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Screening and diagnosing postpartum depression: When and How? 18	Brazil, 2017	Integrative literature review, sample of 22 articles.	It was observed that the Edinburgh Postpartum Depression Scale (EPDS) was the most frequent tool in the screening and diagnosis of postpartum depression.	V
Knowledge of family health strategy professionals about postpartum depression 20	Brazil, 2016	Qualitative descriptive study, sample of 62 participants.	It highlighted the need for investments in mental health activities in primary care.	VI
Analysis of risk factors associated with postpartum depression 16	Brazil, 2016	Integrative literature review, sample of 17 articles	Observed the analysis of pathogenesis associated with biopsychosocial factors	V

Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Database in Nursing (BDENF), from August to September 2021. The databases were chosen for their wide range of studies. Using the descriptors verified by the Health Sciences Descriptors (Decs): Nursing Care, Postpartum and Postpartum Depression, according to the following table:

The same sequence was followed in the insertion of descriptors for searches in the databases, delimiting the study period in five years, with the objective of covering the largest number of publications on the subject. The selected articles met the following inclusion criteria: research available electronically in selected databases, published in peer-reviewed journals in the last five years, full texts available in full and free of charge in the languages, Portuguese, English and Spanish, published in the last five years. Articles, magazine articles and complete books that did not answer the guiding question of the study were excluded

The selective reading of the articles was carried out, initially, with analysis of the title and abstract. Duplicate articles were registered only once. To ensure the joint recording of information relevant to the topic, a specific instrument was used to analyze the articles, which included identification data (published period, education and institution to which the authors are linked, language and country), methodological aspects of the studies (research design, sampling and data processing) and main results and conclusions. Then, a detai-

led analysis of the articles was carried out, considering their rigor and characteristics, followed by the recording of the information listed in the instrument.

Initially, 113 articles were found, 22 of which were excluded due to duplicity. After reading the titles and abstracts, 45 studies were excluded. After reading the studies in full, 40 were excluded, as they did not fit the research problem. The corpus of analysis consisted of 6 articles.

For analysis and subsequent synthesis of the articles, an instrument was elaborated for the collection of information, in order to answer the guiding question, which included the following aspects considered: title of the article; goals; year of publication and periodicals; main findings; level of evidence arranged in a table for better visualization of the analysis. Regarding the level of evidence (LE) of the analyzed studies, seven levels are considered: I - systematic reviews or meta-analysis of relevant clinical trials; II - evidence from at least one well-designed randomized controlled clinical trial; III - well-designed clinical trials without randomization; IV - well-designed cohort and case-control studies; V - systematic review of descriptive and qualitative studies; VI - evidence derived from a single descriptive or qualitative study; VII - opinion of authorities or expert committees including interpretations of information not based on research. According to this classification, levels 1 and 2 are considered strong evidence, 3 and 4 moderate, and 5 to 7 weak. 10

RESULTS

The study process resulted in 57 articles in the MedLine database, 25 in BDENF, 29 in LILACS and 2 in SciELO. Figure 1 presents the flowchart of the article selection strategy according to the pre-established eligibility criteria.

Table 1 presents the characterization of the analysis of articles referring to the title, country, year of publication, study design, sample and main results. The articles were published between 2016 and 2020, with 3 integrative review articles (level of evidence V), 3 descriptive studies (level of evidence VI). All studies were developed in Brazil.

DISCUSSION

For a better presentation of the discussion regarding the results of this integrative review, it was chosen to divide it into two categories: Risk factors for women affected by PPD and nursing interventions in postpartum depression.

Category 1: Risk factors for women affected by postpartum depression.

Depression is one of the mental illnesses lacking in health promotion mechanisms. In this way, it is possible to observe the inefficiency of its treatment. Highlighting the lack of action in specific groups, such as pregnant and postpartum women. In addition, the deficiency in groups of nurses in detecting possible symptoms and risk factors for the development of puerperal depression is addressed. According to the study, the lack of knowledge regarding the pathology and its consequences confuses PPD with the characteristic symptoms of the puerperium period, often treating the

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situation with neglect and underestimating the suffering of women. 11 16

A depressão em gestantes e puérperas é considerada um grande problema de saúde pública, visto seu impacto negativo sobre a

> **The role of the nurse is essential during prenatal care. The professional leads the pregnant woman to be the protagonist of the pregnancy, increasing her autonomy. In this way, he uses some tools, such as increasing her autonomy through care centered on the pregnant woman and sensitive listening [...]**

vida da mulher e de seu filho. 12 13 In Brazil, the Ministry of Health, based on the principles of the Unified Health System (SUS), has advocated policies and actions aimed at promoting the health of the enti-

re population. In which women's health is included, through the program Integral Assistance to Women's Health: Bases of Programmatic Action (PAISM), established by the National Policy for Integral Care. The objective of these programs is to provide assistance to women's health during the reproductive and non-reproductive cycle, in primary care, giving priority to educational activities for health promotion and prevention, family planning, prenatal care and the postpartum period.

The role of the nurse is essential during prenatal care. The professional leads the pregnant woman to be the protagonist of the pregnancy, increasing her autonomy. In this way, he uses some tools, such as increasing her autonomy through care centered on the pregnant woman and sensitive listening, identifying the risks and vulnerabilities of the pregnant woman. The nurse has autonomy in the care of these women, whether prescribing nursing care and medications provided for in health programs and protocols of health institutions, maintaining therapeutic regimens, requesting complementary exams and strengthening the bond between the pregnant woman and her team. [23]

During the puerperium, the nurse's attention is of total importance, at this moment the professional can observe the mother-child relationship, how the mother behaves in the care of the child. The postpartum period is marked by biological and psychosocial changes that occur in the woman's body as her body returns to its pre-pregnancy state, as well as in her adaptation to the maternal role. 15

Women suffer interference from hormonal changes, The hormones progesterone, estradiol, cortisol, corticotropin (CRH), prolactin, TSH, T3 and T4, when in higher levels they can cause mood changes, interfering with their emotions, being able to generate a feeling of inability to care for the baby and lack of interest in him. The focus of most studies on risk factors has as a prevalence factor the negative impact that this pathology has on the lives of mothers.14 Since the identification of important aspects that expand the possibili-

ties of women to develop depression in the postpartum period is highlighted by unfavorable socioeconomic conditions, lack of social support, unwanted pregnancy, previous depression, obstetric problems, spontaneous or cesarean delivery, absence of a partner and young age.19 These factors can be identified both in prenatal consultations and in postpartum consultations through qualified listening. Changes in sleep pattern, such as insomnia, during pregnancy worsening during the puerperium. However, they are not enough to trigger a pathological process, but their occurrence before delivery has become a significant marker of recurrence of postpartum depression.

Protective factors such as breastfeeding, cultural issues (values and customs), high level of education, vaginal delivery, healthy marital relationship, self-monitoring of depression and guidance actions and interventions carried out with pregnant women in prenatal and postpartum periods can prevent baby blues. 17 Thus, it is up to health professionals to rethink the nursing care currently offered, in order to minimize the negative consequences of these risk factors. 16 18

Category 2: Nursing interventions in postpartum depression.

Among the interventions that are the responsibility of nurses, it highlights the way of screening patients in prenatal consultations at Basic Health Units (UBS), the Edinburgh Postnatal Depression Scale (EDPS) is used as a way of quickly and adequately identifying signs and symptoms of puerperal depression, favoring the detection of risk conditions to which the puerperal woman may be exposed, significantly increased the chances of an early diagnosis of postpartum depression and appropriate treatment. Characteristics related to mood, loss of pleasure, anxiety, guilt performance and, consequently, the conviction that suicide would be the solution to the problem are portrayed on the scale. This scale detects depressive symptoms occurring in the last 7 days, measuring both the presence and intensity and increasing severity of symptoms. 24

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The Edinburgh Postnatal Depression Scale is composed of 10 questions, using the Likert response format, they receive a score from 0 to 3, with the total score being from 0 to 30, the pregnant woman chooses the answer that most relates to the symptoms she has felt in the last few weeks, with a score greater than or equal to 12 being considered depressed. The scale allows for a more in-depth assessment at an early stage, contributing to adequate treatment during the gestational period. 24

Prenatal care, prioritized by the Ministry of Health, should be a strategy used by nursing professionals to ensure the development of pregnancy and favor the delivery of a healthy child, preserving the mother's health. The professional must be attentive, observing the pregnant woman during prenatal care, helping to identify any problems that may contribute to PPD. The evaluation should be carried out in various activities of the pregnant woman, such as sleep, nutrition, weight loss and even the levels of lack of energy and anxiety. 18 21

There are other forms of intervention by nurses to women in UBS, such as home visits during the postpartum period. Both means are important moments to welcome and listen in a qualified way, aiming at comprehensive care, giving freedom to resolve doubts. 11 An individualized approach is necessary, taking into account psychosocial factors, the woman's desires and expectations, afflictions and conflicts, contributing to treatment adherence, intervening in an appropriate way, consequently helping her recovery. 20

It is observed, as mentioned in the studies, that nurses are aware of their importance in the context of puerperal depression, but do not have the necessary experience or skills, making their role in the prevention of this pathology difficult. Through the study, it is clear the need for greater recognition of the professional nurse, in their acquired and specific knowledge of the profession and their experiences, in order to guide the construction of an effective clinical judgment that prioritizes the offer of a unique and quality care. 19

When carrying out this research, it was observed the importance of identifying risk factors and monitoring depressive symptoms in the puerperium by nursing professionals. Listening to the professional and the correct analysis will contribute to the reduction of complications, thus collaborating to alleviate the public health problem.

Within this context, it is perceived that the nurse has a responsibility at the level of complexity to provide assistance in a correct way, helping in the planning of actions aimed at early detection of the development of the pathology.

CONCLUSION

The development of the study made it possible to identify which are the main risk factors for PPD, as well as the main nursing care. It was also observed that there are several emotional and behavioral changes that occur both during pregnancy and during childbirth. The factors that contribute to PPD are multifactorial and may be hormonal, psychosocial and physical.

It is of total importance to provide quality care and nursing interventions to postpartum women in cases of postpartum depression. The disease is considered a case of public health, it takes into account the perspectives within the primary care, having the program that conditions actions that must be carried out for the integral treatment of the woman. The early identification and knowledge of nurses regarding the etiology and signs associated with PPD is essential to intervene properly, helping in the correct diagnosis and treatment. ■

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