



Postpartum depression: From the happiness of having a child to the pain of not being able to take care of it

Depressão pós-parto: Da felicidade de ter um filho à dor de não conseguir cuidar

DOI: 10.56238/isevjhv2n5-031

Receipt of originals: 10/20/2023

Acceptance for publication: 11/07/2023

Thainara Pagan Tonon

Medical student, University of Franca - UNIFRAN, Franca, São Paulo

Fernando Luis Macedo

Adriana Pagan Tonon

Municipal Institute of Higher Education (IMES), Catanduva, São Paulo
Professor, Doctor of Psychology

ABSTRACT

Introduction: The Postpartum Depression (PPD) is appointed with a mental disorder. In the period of pregnancy, the woman goes through many changes in her life, which can be both emotional and physical and which is often not perceived by her support network or because of the lack of knowledge, making the diagnosis very difficult. PPD covers around 15% to 20% of puerperal women who manifest numerous changes in risk factors, such as lack of family reception, violence, mistimed pregnancy, low income, etc. **Objective:** Demonstrate through the literature review the risk and protective factors in PPD and present through the literature review issues relevant to PPD. **Methodology:** The respective research is a literature review. **Results and conclusions:** The results indicated that the protective factors include primary care that helps prevent the disease in addition to a multidisciplinary team, family support, especially from the partner, understanding of what a PPD is. The risk factors are many, from anxiety, previous depression, low income, lack of reception among others. It is concluded, then, that PPD is a serious but punctual mental disorder that affects women in the puerperium period. That brings them a lot of guilt for finding themselves unable to take care of the baby, however, a disease with a positive prognosis if the treatment is done properly, since multidisciplinary, social and family team support.

Keywords: Mental disorders, Postpartum period, Pregnancy complications, Postpartum depression.

1 INTRODUCTION

Depression is an illness that strikes a huge population, referred to as a mental illness, characterized as a depressed mood. Its onset is characterized by mild and unnoticed symptoms, such as mood swings, sleepiness, discouragement, body aches, lack of interest, etc. That said, it evolves into a more complex, more serious condition, requiring rapid medical treatment (BONATTI, et al, 2021).



Postpartum Depression (PPD) is identified as a mental disorder. During pregnancy, women go through many changes in their lives, both emotional and physical, which are often not perceived by their support network and because of lack of knowledge, making the diagnosis very difficult (ROCHA; ALBUQUERQUE, 2022).

To Rufino et. al. (2018), PPD is classified as a mood disorder and is characterized by four main characteristics, such as emotional, motivational, physical, and intellectual. In the emotional sphere, sadness and anxiety are considered, while in the intellectual sphere, the lack of concentration is more perceived, and in the motivational sphere, discouragement and lack of insistence are observed. Finally, tiredness, prostration and malaise predominate. All these symptoms contribute to a good diagnosis, helping to prevent the progression of PPD.

The World Health Organization (WHO, 2023) points out that one in five women have considerable mental health complications during pregnancy and postpartum. PPD covers around 15% to 20% of postpartum women who manifest numerous alterations, such as, for example, lack of family care, violence, unpopular pregnancies, low income, etc.

The puerperium, six to eight weeks postpartum, can be separated into immediate (1st to 10th day), late (11th to 45th day) and remote (beginning on the 45th day). During this time, external and internal changes occur, being a stage of enormous changes in women's lives, in the social, psychological and physical spheres, increasing the emergence of psychiatric disorders (VIEIRA, et al., 2010).

According to (Silva et al., 2020 and Monteiro et al., 2018), in the puerperal period, women are susceptible to exposure to depressive symptoms, as well as changes in sleep, repressed mood, psychomotor disorder, loss of appetite, tiredness, and excessive guilt. However, the main characteristics of puerperal or postpartum depression are nervousness, deep sadness and vulnerability. These symptoms appear due to disorganized hormonal changes, in addition to the fear of not being able to cope with motherhood.

In the article "Risk and Protective Factors Associated with Postpartum Depression in Psychological Prenatal Care", by Arrais, Araujo and Schiavo (2018), the results obtained only partially attested to the risk and protective factors considered by the literature in the area, which makes it possible to believe that the particular and subjective conditions of each woman, the culture in which they live, the quality of life and in the relationships between the and the support network, Understanding the disease directly affects the pre- and post-maternity moment.

Some problems, such as difficulties in pregnancy, such as bleeding, seizures and hypertension, are common. PPD has a high regularity of complications that, despite being part of



the woman's life in cases of pregnancy, are factors of hospitalization and paralysis of daily activities, which brought a lot of fear and uncertainty about the future birth of the baby (BRASIL, 2012).

For Galvão et al. (2015), it is necessary to identify primal symptoms that are the triggers of PPD in the puerperium, since the earlier they are detected, the better the form of treatment. The most important protective factors are family and social support, both prenatal and postnatal (AIROSA & SILVA, 2013).

Therefore, this work is justified from a scientific point of view by bringing more studies on the subject of postpartum depression, which will corroborate for more references on the subject, helping other scholars with a larger repertoire of academic works. From a social point of view, studying this subject, which is of worldwide commotion, as it affects thousands of women in the world, bringing physical, economic, social and emotional damage, will help support and reception teams, family members and pregnant women themselves to understand more the mechanism of illness that this disease brings to all involved.

Finally, this work is necessary and its ultimate goal is to help pregnant women who go through PPD.

1.2 OBJECTIVES

1.2.1 General objective

To demonstrate through a literature review the risk and protective factors in PPD.

1.2.1 Specific objective

To present through a literature review issues pertinent to PPD.

1.3 METHODOLOGY

The respective research is a literature review, which, in agreement with Souza et al. (2010), is a methodology widely used to investigate studies that already exist and aims to achieve results on a given subject, in a substantiated, categorized and organized way.

For the elaboration of this review, the methodological techniques indicated by the literature were used, namely: 1) Recognition of the subject and the guiding question; 2) Organization of inclusion and exclusion criteria; 3) Assessment of the results involved; 4) Observation of the results; 6) Summary of knowledge (Crossetti, 2012; Botelho et al., 2011). To help in the research, the following guiding question was used: what are the main causes and risk factors that lead to the



onset of postpartum depression (PPD). The bibliographic research was carried out using the following databases: Latin American Health Sciences Literature (LILACS), Scientific Electronic Library Online (SCIELO), Google Scholar and Virtual Health Library (VHL). For the research of the articles, the following Health Sciences Descriptors (DeCS) were used: "mental disorders", "postpartum period", "pregnancy complications" and "pregnancy", postpartum depression accompanied by the Boolean logic "AND". The survey was conducted in August 2023, considering the inclusion and exclusion criteria. Articles that dealt with the respective theme were included, in the original category or literature review, in the configuration of full text, Portuguese language and English, and time frame from 2016 to 2023. Articles that presented only abstracts, were published in annals, and non-indexed articles were excluded.

The bibliographic search period took place from January 2023 to October 2023, and a bibliographic set with books, articles, monograph, world organizations, ministry of health, websites was used.

The works used represent the years 2010 to 2023. From numerous journals and authorships, in the areas of postpartum depression, psychology and medicine, in which only the most important were analyzed. Soon after, the detailed characteristics of PPD, Risk/Protective Factors, were worked on.

A total of 20 scientific articles were found; 2 ministries of health; 2 websites; 1 monograph and 1 World Health Organization.

2 LITERATURE REVIEW

2.1 PERTINENT ISSUES ABOUT POSTPARTUM DEPRESSION

Pregnancy is a physiological process, in which a woman's body adjusts to conceive a conceptus. As well as referring to a natural phenomenon, most of the time, gestational conduction occurs without any problem, lasting approximately 40 weeks (BRASIL, 2012a; OLIVEIRA & LIMA, 2017).

During pregnancy, there are several physical, social, and hormonal changes, as well as mental/emotional changes, which tend to be exacerbated during gestational and postpartum (SANTOS et al., 2022). However, each woman experiences this phase in a particular way due to the expressiveness of development, which can be positive or negative, producing maturation and changes in reflection and personality (GOLÇALVES; ALMEIDA, 2019).

Prenatal care is pointed out as a valuable instrument in reducing maternal and infant morbidity and mortality rates, and it is significant that it is proceeded correctly because it aims to



protect the evolution of pregnancy, enabling not only a delivery without major damage to maternal health, but also the birth of a healthy baby, even addressing psychosocial aspects. educational and preventive duties. Going further, in all prenatal consultations, gestational danger stratification is carried out, enabling correct guidance and direction in each period of pregnancy (PESSOA, et al., 2021).

Degner (2017) points out that maternal depression can be linked to a combination of losses and adaptations experienced by the puerperal woman, with changes in the body, experience with the real child and resignification of the imaginary baby, and the faults themselves that cannot be accepted due to the needs of motherhood. This depressive moment is associated with the baby blues, which occurs in the first days after childbirth, lasting between one and two weeks, and affects 50% to 80% of mothers. The most frequent symptoms are anguish, anxiety, sadness, crying, mood swings, loss of appetite, dysthymia, sleep problems, exhaustion, among others (BASS; BAUER, 2018.; POLES et al., 2018).

The facts about PPD in Brazil are worrying, in every four women, more than one exhibits symptoms from 6 to 18 months after the birth of the baby. This evidences the absence of techniques for prevention and treatment, in the face of physical, emotional, and economic degradation, generating harm to mothers, children, family members, and society (MACHADO, 2019).

During pregnancy, childbirth and puerperium, women are faced with various issues and expectations. Although it is a biological process, it is a time of pain, worries, anguish, suffering, fear, etc. This combination of symptoms causes some women to develop some type of mental illness, such as PPD (de mello et al., 2021).

It is also observed that major depression can lead to suicidal ideation, whose postpartum rates alternate between 2% and 22%, with rates in Brazil of up to 20.8%. Anxiety is one of the aspects most linked to PPD. The numbers of anxiety in Brazil range from 19.8% to 42.9% in pregnancy and around 20% in the puerperium (GALLETTA, et al., 2022).

2.2 RISK FACTORS FOR POSTPARTUM DEPRESSION

According to the study by Gomes et al. (2023), there is a high preponderance of PPD symptoms, characterizing numerous risk factors that, linked to pregnant women or those with children less than one year old, corroborate the emergence of PPD. It is important to note that the lack of bonding, in which the woman is unable to externalize her feelings in the face of her difficulties, makes it impossible to build a necessary welcoming plan for pregnant women. A



multidisciplinary team is indispensable, since PPD is a condition of mental illness that needs to be supported, with prepared listening and psychological and drug treatment.

It is evident to Conrado et al., (2023), that the pregnancy-puerperal moment is difficult and sensitive for pregnant women, where the multicausal changes coming from the connection of physiological, social, and emotional/psychological aspects, in addition to the result of reasons of genetic and environmental risks is capable of predisposing the emergence of PPD.

To: Puyané et al. (2022, p. 585)

Neuroticism is the most widely studied personality trait in relation to PPD. Our meta-analysis found that this trait is strongly related to PPD. In addition, vulnerable personality style and anxiety trait are also associated with PPD. Screening for these traits can help identify women at risk, improving prevention, early detection, and possibly treatment.

According to Alves and Passos (2022, p.270), the main risk factors for PPD were: "women's unpreparedness and incapacity in the face of motherhood, low economic income, low education, family conflicts, lack of social support, unwanted pregnancy, young age, previous depression, and obstetric problems".

The aforementioned author goes further and indicates psychological aspects, such as, for example, pre-existing emotional illnesses, women's unpreparedness in motherhood, leaving them with feelings of inability to be mothers, abandonment of professional life, etc.

Other risk factors for PPD are: feelings of guilt, persecutory thoughts in which they will not be able to take care of their own child, low self-esteem, constant sadness and anxiety, nervousness and crying spells, lack of concentration, obsessive and suicidal thoughts, anguish are common characteristics of this disease (OLIVEIRA; DUNNINGHAM, 2015).

2.3 PROTECTIVE FACTORS OF POSTPARTUM DEPRESSION

According to Ferreira et al. (2020), during pregnancy and essentially in the puerperium, it is believed that the partner's support to overcome this new stage is confirmed, however, numerous women complain about their lack of support, so the tendency to develop PPD increases. Therefore, the support of the partner is indispensable, not only physically, but emotionally, as it reduces the anguish and uncertainties resulting from the puerperium.

According to Pires et al., (2020) there are means that can reduce or even prevent PPD. Proceed with a well-conducted and structured prenatal care, with quality in reception, have scientific knowledge in relation to PPD, know how to use the tools of process of signs and symptoms, and the use of the Edinburgh DDP scale (EPDS).



Nursing plays a very important role in protective factors, such as:

Nursing also acts in the care of the mother-child binomial and in the family dynamics, the strengthening of breastfeeding, cross-cultural care, the encouragement of the use of health services and maternal health education about this disorder and, above all, it should provide quality care to the puerperal woman, baby and family [...]. This will provide the health professional with a more comprehensive view of the subject and help in the development of a more humanized care, ensuring a better quality of life for women in this context. Therefore, prevention is the most effective solution against postpartum depression. Finally, it is concluded that careful monitoring of mood in the first year after childbirth is extremely important, especially in women with a history of familial depression. Identifying women at risk through a simple initial follow-up establishes a safe, mature and ongoing treatment for the good of mother and baby. Treatment should not be avoided, but should be well prepared (ALVES; PASSOS, 2022, p. 278).

The union of a multidisciplinary team, so as not to leave the problem only in the hands of psychologists and psychiatrists, can contribute to the increase of primary and secondary treatments in the face of PPD, and one of the greatest aids of the nursing team to cope with PPD was the discovery of new cases of PPD. prevention of the mother-child binomial and in the functioning of the family, encourage breastfeeding, stimulate the use of public health services and maternal health education about this disease (MENEZES et al., 2012).

Prenatal care determined by PPD prevention techniques is of essential importance, in addition to psychological follow-up during pregnancy in women who are likely to develop PPD can help in the understanding of the disease, allowing the pregnant woman to have a more emotionally balanced life at this gestational moment. Nevertheless, the Edinburgh Postnatal Depression Scale (EPDS) is the classification questionnaire produced in Great Britain for studies of PPD. This apparatus demonstrated, in most cases, a great sensitivity for the diagnosis of PPD, thus corroborating a more immediate treatment (PASSOS; VIEIRA, 2022).

3 CONCLUSIONS

In view of the above, it is explicit that, in view of the results found, it was found that in many of these studies found that both pregnancy and puerperium require adequate care for prevention, diagnosis, and treatment even before postpartum depression is installed.

The objectives of this study were all contemplated, both general and specific, starting with the general ones, which found that the PPD indices in Brazil and in the world are worrisome and should not be disregarded.



It was also found that the prenatal period was observed as a very important tool of primary care, corroborating with the early diagnosis and initiation of treatment, even before the onset of the disease, since many women have enormous expectations about motherhood, leaving them insecure, anguished and afraid of not being able to take care of a baby, even since this is a natural process. biological, which all women can go through, at the time of fertility.

Regarding the risk factors, it was found that in the vast majority of pregnant women, helplessness, lack of acceptance, especially from the partner, lack of social support network, low age, not wanting to be a mother, having already gone through depression, anxiety, low economic condition, are the most preponderant aspects for the appearance of PPD. The protective factors, on the other hand, require family support, a complete multidisciplinary team for the necessary reception that each pregnant woman needs, in addition to quality of life, early search for professionals, both to provide satisfactory prenatal care and to avoid the disease, and why not, for early treatment, even before the onset of the disorder, this corroborates for a more controlled and efficient pregnancy.

Therefore, this work achieved its goal and does not fail to emphasize the importance of maintaining new work on the subject, which in addition to being very relevant has a huge range of work still to be done, especially in a world where more and more women go through pregnancy at an older age, leaving them even more insecure.



REFERENCES

AIROSA, S.; SILVA, I. Associação entre vinculação, ansiedade, depressão, estresse e suporte social na maternidade. *Revista Psicologia, Saúde & Doenças*, v. 14, n.1, p. 64-77, 2015. Disponível em: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S1645-00862013000100005&lng=pt&tlng=pt. Acesso em: 5 mai. 2023.

ALVES, L. S.; PASSOS, S. G.; Fatores de Risco para Depressão Pós-Parto e a Atuação da Enfermagem. *Revista JRG de Estudos Acadêmicos*, ano.5, v. 5, n. 10, p. 269-280, jan./jun., 2022. Disponível em: <https://revistajrg.com/index.php/jrg/article/view/363/440>. Acesso em: 06 de ago. 2023.

ARRAIS, A. R.; ARAÚJO, T. C. F.; SCHIAVO, R. A. Fatores de Risco e proteção Associados à Depressão Pós-Parto no Pré-Natal Psicológico. *Revista Psicologia: Ciência e Profissão*, v. 38, n. 4, p. 711-729, jun./set., 2018. Disponível em: <https://www.scielo.br/j/pcp/a/nzLTSHjFFvb7BWQB4YmtSmm/?lang=pt&format=pdf>. Acesso em: 10 mai. 2023.

BASS, P.; BAUER, N. S. Parental postpartum depression: More than “baby blues”. *Journal Contemporary Pediatrics*, v. 35, n. 9, p. 1-11, 2018. Disponível em: <https://www.contemporarypediatrics.com/view/parental-postpartum-depression-more-baby-blues>. Acesso em: 02 ago. 2023.

BRASIL. Ministério da Saúde. Atenção ao pré-natal de baixo risco. Brasília, DF: o autor, 2012. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf. Acesso em: 20 mai. 2023.

BRASIL. Ministério da Saúde (2012a). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Gestação de alto risco: manual técnico*. Brasília: Editora do Ministério da Saúde, 5ª. ed. 302p.

BONATTI, A. T.; ROBERTO, A. P. S. C.; OLIVEIRA, T.; JAMAS, M. T.; CARVALHAES, M. A. B. L.; PARADA, C. ., G. L.. Sintomas depressivos em gestantes assistidas na rede de Atenção Primária à Saúde aumentam o risco de prematuridade e baixo peso ao nascer? *Rev. Latino -Am. Enfermagem*, v. 29, e3480, p. 1-10, 2021. Disponível em: <https://www.scielo.br/j/rlae/a/9rZWxSPNYK7Tj6FZqCHDJff/?format=pdf&lang=pt>. Acesso em: 03 jul. 2023.

BOTELHO, L. L. R., ALMEIDA CUNHA, C. C.; MACEDO, M. O método da revisão integrativa nos estudos organizacionais. *Revista Gestão e sociedade*, v. 5, n. 11, p. 121-136, 2011. Disponível em: <http://www.spell.org.br/documentos/ver/10515/o-metodo-da-revisao-integrativa-nos-estudos-organizacionais>. /acesso em: 10 mai. 2023.

CONRADO, G. M.; PAIVA, C. S.; SILVA, L. G. F.; COUTO, S. I. S. Fatores de risco que desencadeiam a depressão pós-parto (DPP): uma revisão integrativa da literatura. *Revista Research, Society and Development*, v. 12, n. 4, p. 1-6, 2023. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/40962/33434>. Acesso em 18 ago. 2023.



CROSSETTI, M. D. G. O. Revisão integrativa de pesquisa na enfermagem o rigor científico que lhe é exigido. Revista gaúcha de enfermagem. Porto Alegre, v. 33, n. 2, p. 8-9, 2012. Disponível em: <https://www.scielo.br/j/rngen/a/9TrSVHTDtDGhcP5pLvGnt5n/?format=pdf&lang=pt>. Acesso em: 10 jul. 2023.

DEGNER, D. Differentiating between “baby blues,” severe depression, and psychosis. BMJ. 2017. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/29127097/>. Acesso em: 06 ago. 2023.

FERREIRA, G. R.; PIRES, B. S.; MACHADO, L. C. C.; FRADE, R. I.; RIBEIRO, M.de A. O. Identificação dos fatores desencadeantes da depressão no pós-parto.

Revista NBC, Núcleo de Biociências do Centro Universitário Izabela Hendrix, v. 10, n. 20, p.1-11, 2020. Disponível em: <https://www.metodista.br/revistas-izabela/index.php/bio/article/view/2103>. Acesso em: 02 abr. 2023.

GALLETTA M. A.K.; OLIVEIRA, A. M. S. S; ALBERTINI, J. G. L.; BENUTE, G. G.; PERES, S. V.; BRIZOT, M. L.; FRANCISCO, R. P. V. Postpartum depressive symptoms of Brazilian women during the COVID-19 pandemic measured by the Edinburgh Postnatal Depression Scale. Journal Affect Disord; v.1, n.296: p. 577-586, 2022. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/34606803/>, Acesso em: 22 jun. 2023.

GALVÃO, A. C. C., SILVA JUNIOR, F. J. G., LIMA, L. A. A.; MONTEIRO, C. F. S. Prevalência de depressão pós-parto e fatores associados: Revisão sistemática. Revista OnFacema, v.1, 54-58, 2015. Disponível em: <http://www.facema.edu.br/ojs/index.php/ReOnFacema/article/view/3>. Acesso em: 10 ago. 2023.

GOMES, B. K. G.; MARTINS, B. R. A.; SANTANA, A. A.; OLIVEIRA, P. S. D.; FREITAS, R. F.; RAMOS, R. S. F.; PERCIDIO, M. L. S.; VERSIANI, C. C.; VOGT, S. E.; RODRIGUES, V. A. Prevalência da Sintomatologia de Depressão Pós-Parto e Fatores Associados. Revista Research Society and Developmen, v. 2, n. 1, p. 1-11, 2023. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/39183/32326>. Acesso em : 4 mai. 2023.

GONÇALVES, F. B. A. C.; ALMEIDA, M. C. A Atuação da Enfermagem Frente à Prevenção da Depressão Pós-Parto. Revista Ensaios E Ciência: Ciências Biológicas, Agrárias E Da Saúde, v.23, n. 2, 140-147, 2019. Disponível em: <https://ensaioseciencia.pgsscogna.com.br/ensaioseciencia/article/view/6655>. Acesso em: 10 abr. 2023.

MACHADO, I. P.(2019) p. 1-21. Atuação do enfermeiro na depressão pós-parto: uma revisão narrativa. Trabalho de Conclusão de Curso (TCC em enfermagem). Centro Universitário de Brasília. Faculdade de Ciências da Educação e Saúde. Bras[ilia] (DF). 2019. Disponível em: <https://repositorio.uniceub.br/jspui/bitstream/prefix/13625/1/21506616.pdf>. Acesso em: 01 mai. 2023.

MELLO, R. S. F.; TOLEDO, S. F.; MENDES, A. B.; MELARATO, C. R.; MELLO, D. S. F. Medo do Paro em Gestantes. Revista Femina, v. 49, n. 2, p. 121-128, 2021. Disponível em: <https://docs.bvsalud.org/biblioref/2021/05/1224070/femina-2021-492-p121-128-medo-do-parto-em-gestantes.pdf>. Acesso em: 22 jun. 2023.



MENEZES, F. L.; PELLEENZ, N. L. K.; LIMA, S. S.; SARTURI, F. Depressão puerperal no âmbito da saúde pública. *Rev. Saúde (SantaMaria)* v.38, n.1, p.21-30, 2012. Disponível em: <https://periodicos.ufsm.br/revistasaude/article/view/3822>. Acesso 25 jul. 2023.

MONTEIRO, K. A., GODOI, B. D. N., TOLEDO, O. R., DAVID, F. L., AVELINO, M. M., MORAES, E. V. D. Evidências de sintomatologia depressiva no pós-parto imediato. *Revista Brasileira de Ciências da Saúde*, v.22, n.4, p. 379-388, 2018. Disponível em: <https://periodicos.ufpb.br/ojs2/index.php/rbcs/article/download/33808-12/20319/97574>. Acesso em 14 mai. 2023.

OLIVEIRA, L. C. C.; LIMA, G. M. B. Gestação de alto risco e o acompanhamento pré-natal no município de cuité-pb: um estudo na Zona Urbana. *Revista de Ciências da Saúde Nova Esperança*. V. 15, n.2, p. 67-76, 2017. Disponível em: <https://revista.facene.com.br/index.php/revistane/article/view/47/55>. Acesso em: 20 mai. 2023.

OLIVEIRA, M. J. M.; DUNNINGHAM, W. Prevalência e fatores de risco relacionados a depressão pós-parto em Salvador. *Rev. Brasileira de Neurolog. e Psiquisa*, v. 19, n2, p. 72-83, 2015. Disponível em: <https://rbnp.emnuvens.com.br/rbnp/article/view/158>. Acesso em: 06 ago. 2023.

ORGANIZAÇÃO MUNDIAL DA SAÚDE (OMS). 2023. Uma em cada cinco mulheres terá transtorno mental durante a gravidez ou no pós-parto. Disponível em: <https://www.segs.com.br/saude/371013-organizacao-mundial-da-saude-oms-relata-que-uma-em-cada-cinco-mulheres-tera-transtorno-mental-durante-a-gravidez-ou-no-pos-parto>. Acesso em: 08 jun. 2023.

PASSOS, S. G.; VIEIRA, M. N. M. Depressão Pós-Parto: A Importância dos Cuidados da Enfermagem. *Revista JRG de Estudos Acadêmicos*, ano 5, v, 5, n. 11, jul./dez., 2022. Disponível em: <https://revistajrg.com/index.php/jrg/article/view/469/519>. Acesso em: 06 ago.2023.

PESSOA, W. G. S.; LIMA, M. M. de F. B.; TAVARES, L. de M. Conhecimento da gestante sobre a importância da consulta pré-natal: Revisão integrativa. *Revista Eletrônica da Estácio Recife*, v.7, n.01,p. 1-13, 2021. Disponível em: <https://reer.emnuvens.com.br/reer/article/view/554>. Acesso em: 10 jun. 2023.

PIRES, B. S.; MACHADO, L. C. C.; FERREIRA, G. R.; FRADE, R. I.; RIBEIRO, M. O. A. Identificação dos Fatores Desencadeantes da Depressão no Pós-Parto. *Revista NBC, Belo Horizonte (MG)*, v. 10, n. 20, p. 1-11, 2020. Disponível em: <https://www.metodista.br/revistas-izabela/index.php/bio/article/view/2103/1198>. Acesso em; 13 jun. 2023.

POLES, M. M.; CARVALHEIRA, A. P. P.; CARVALHAES, M. A. de B. L.; PARADA, C. M. G. de L. Sintomas depressivos maternos no puerpério imediato: fatores associados. *Revista Acta Paulista de Enfermagem*, v. 31, n. 4, p.351-358, 2018. Disponível em: <https://www.scielo.br/j/ape/a/HMjZg8HJgbMdsJysnyQsYjL/?lang=pt>. Acesso em: 10 jun. 2023.

PUYANÉ, M.; SUBIRA, S.; TORRES, A.; ROCA, A.; GARCIA-ESTEVE, L.; GELABERT, E. Personality traits as a risk factor for postpartum depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, 298, p. 577-589, 2022. Disponível em: <https://www.sciencedirect.com/science/article/pii/S0165032721012283>. Acesso 24 ago. 2023.



ROCHA, K. F.; ALBUQUERQUE, A. M. S. S.. Depressão pós-parto: importância da prevenção e do diagnóstico precoce. *Fac. Sant'Ana em Revista*, Ponta Grossa, v. 6, p. 417 - 429, 1, 2. Sem. 2022. Disponível em: <https://www.iessa.edu.br/revista/index.php/fsr/article/view/1925>. acesso em: 05 ago. 2023.

RUFINO, S.; LEITE, R. S.; FRESCHI, L.; VENTURELLI, V. K.; OLIVEIRA, E. S.; MASTROROCCO, D. A. M. Aspectos gerais, sintomas e diagnóstico da depressão. *Revista em foco*. edição n. 10, p. 837 – 843, 2018. Disponível em: https://portal.unisepe.com.br/unifia/wp-content/uploads/sites/10001/2018/11/095_ASPECTOS-GERAIS-SINTOMAS-E-DIAGN%C3%93STICO-DA-DEPRESS%C3%83O.pdf. Acesso em: 8 ago. 2023.

SANTOS, F. S.; SIQUEIRA, E. H.; AQUINO, J. V. R. N. M.; ARAGÃO, I. P. B. Características clínicas e fatores de risco da depressão pós-parto: uma revisão de literatura. *Revista Eletrônica Acervo Médico*, v. 5, e10041, p. 1-7, 2022. Disponível em: <https://acervomais.com.br/index.php/medico/article/view/10041/5993>. Acesso em: 02 mai., 2023.

SILVA, B. P. D.; NEVES, P. A.; MAZZAIA, M. C.; GABRIELLONI, M. C. Transtorno mental comum e sintoma depressivo perinatal: revisão integrativa. *Revista Brasileira de Enfermagem*, v.73 (suppl 1): e20190823, p. 1-8, 2020. Disponível em: <https://www.scielo.br/j/reben/a/NRt6pstBzDZVHs56FrT3zPz/?lang=pt&format=pdf>. Acesso em: 10 jun. 2023.

SOUZA ,M. T. D., SILVA, M. D. D., & CARVALHO, R. D.. Revisão integrativa: o que é e como fazer. *Revista Einstein*, v. 9, n. 1, p. 102-106, 2010. Disponível em: <https://www.scielo.br/j/eins/a/ZQTBkVJZqcWrTT34cXLjtBx/?format=pdf&lang=pt>. Acesso em: 5 mai. 2023.

VIEIRA, F.; BACHION, M. M.; SALGE, A. K. M.; MUNARI, D. B. Diagnósticos de enfermagem na NANDA no período pós-parto imediato e tardio. *Revista Enfermagem*, v. 14, n. 1, p. 83-89. 2010. Disponível em: <https://www.scielo.br/j/ean/a/btHkypj68Y7w3JPG8JwrzFn/?lang=pt>. Acesso em: 05 jul. 2023.