

Postpartum depression and its impacts on the life of postpartum women



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ABSTRACT

Postpartum depression (PPD) is a major public health problem, affecting both the mother's health

and her child's development. This type of depression seems to be the result of the woman's inadequate psychological, social and cultural adaptation to motherhood. Therefore, the objective of this review is to discuss the characteristics of postpartum depression and the impacts generated in the life of the puerperal woman and in the family network. The work in question is a literature review, carried out from the secondary collection of articles available in full. It should be noted that when detected early, there is the possibility of treatment only with the intervention of psychotherapy. However, in the more advanced stages of the disease, drug intervention is necessary. That said, it is essential to reflect on the importance of early care in PPD, aiming at professional interventions that provide the support they need to face the challenge of being a mother without losing identity, social insertion, parental relationship, among many others.

Keywords: Postpartum Depression, Puerperium, Gestation, Support Network, Psychological Treatment.

1 INTRODUCTION

Postpartum depression (PPD) is a major public health problem, affecting both the mother's health and her child's development. The manifestation of this condition occurs, in most cases, from the first four weeks after delivery, usually reaching its maximum intensity in the first six months (MORAES et al., 2006).

This type of depression seems to be the result of the woman's inadequate psychological, social and cultural adaptation to motherhood. According to certain studies, women with more stressful life events during pregnancy and at the beginning of the puerperium have higher levels of depressive symptoms. In addition, cultural differences related to customs, rituals, and the roles of family members are also credited by play a decisive role in the reduction or accentuation of PPD. Finally, psychiatrists comment that the etiology of postpartum psychic syndromes involves the interaction of organic/hormonal and psychosocial factors and female predisposition. Family history of depression,



personal history, or even an episode of puerperal depression are analytical factors for the risk of postpartum depression; other aspects are the following: premorbid personality, quality of maternal health, pregnancy complications, risky or complicated childbirth, and the puerperium with some clinical impairment (SILVA et al., 2010).

The objective of this review is to discuss the characteristics of postpartum depression and the impacts it has on the life of the postpartum woman and on the family network. The work in question is a literature review, carried out from the secondary collection of articles available in full.

2 LITERATURE REVIEW

When a woman becomes pregnant, the arrival of the child is usually loaded with expectations, changes and challenges. After the birth, the mother is faced with the real baby, her production and which may be different from the one she imagined. Therefore, we have a puerperal woman who tries to balance the tasks assigned to her as a mother (adaptation to the routine of the house, financial, emotional and social issues), along with the hormonal, physical and emotional transformation she undergoes. Pregnancy and the puerperium need to be looked at with special attention, observing several changes in female behavior and in the couple's life. In them, one expects an ideal, a model of a perfect mother, a romanticized image of motherhood, which is based on a rigid pattern incapable of admitting any trace of ambivalent feelings that she may feel (MULLER, 2022).

Such requirements explain why in the first month of the puerperium the risk of developing depression is three times higher when compared to other periods of a woman's life. With regard to the symptoms of depression associated with the birth of a baby, being the second cause of illness of women in the world, which can lead to suicide, one of the main factors of mortality among women of childbearing age (FONSECA, et al., 2017)

As already mentioned, postpartum depression refers to the set of symptoms, usually starting between the fourth and eighth week after childbirth. The most common symptoms are highlighted: persistent discouragement, feelings of guilt, sleep disturbances, suicidal ideas, fear of hurting the child, decreased appetite and libido, decreased level of mental functioning, and presence of obsessive or overvalued ideas.

Thus, it can be inferred that the precarious socioeconomic conditions of the puerperal woman and the non-acceptance of pregnancy are the factors that most influence the onset of depression in the puerperium. In addition, postpartum depression can also have impacts that go beyond the mother's emotional well-being, and can influence the relationship with the baby, partner, and family. It is important to seek medical help if these feelings persist, as there are treatments and support available to help mothers overcome postpartum depression and care for themselves and their babies (KROB, 2017).



According to Silva's 2010 study, interviews were conducted with mothers who had experienced this situation. During the interviews, the emotional changes most mentioned by the mothers were increased nervousness, sadness and easy crying; These changes, according to them, were a reflection of their demands on themselves in order to achieve a posture of tranquility and patience. Therefore, these feelings can make it difficult to connect with the baby and affect the mother's well-being.

In addition, there is evidence of an association between the occurrence of postpartum depression and the lack of support offered by the partner or other people with whom the mother has a relationship. The lack of pregnancy planning, premature birth, difficulty in breastfeeding, difficulties in childbirth and sometimes the death of the baby are also factors associated with the onset of maternal depression. In addition to these factors, some studies show an association between the mother's depression and stressful events, such as the child's health problems, difficulties related to returning to work, and socioeconomic adversities. In addition, sociodemographic variables age and educational level have not shown a consistent association with the occurrence of postpartum depression, contradicting the study by Krob (2017). However, among these factors, marital status has appeared in some studies as more associated with this condition, especially among single mothers without social support (LOPES, 2020).

3 FINAL THOUGHTS

From the articles analyzed by this study, it was possible to conclude that postpartum depression (PPD) is a pathology that brings symptoms and signs that require the dedication of a multidisciplinary team. When detected early, there is the possibility of treatment only with the intervention of psychotherapy. However, in the more advanced stages of the disease, drug intervention is necessary.

That said, it should be noted that postpartum depression is an adversity that affects many women in the postpartum period. Recognizing the signs of depression and seeking help is crucial to ensure that mothers receive the support they need to overcome this phase. With proper treatment, such as the therapeutic approaches of cognitive behavioral therapy and interpersonal therapy, and the support of family, friends, and healthcare professionals, it is possible to cope with and overcome postpartum depression, allowing mother and baby to enjoy a healthy and happy life together.

It is essential to reflect on the importance of early care in PPD, aiming at professional interventions that provide the support they need to face the challenge of being a mother without losing identity, social insertion, parental relationship, among many others.



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