Epidemiological picture of pregnant and postpartum women admitted to mental health beds in a high-risk public maternity hospital, Piauí, Brazil

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ABSTRACT

Introduction: Mental disorders, alcohol/drug use, social vulnerability, interpersonal/self-inflicted violence are serious risk factors in the pregnancy-puerperal cycle, associated with complications for the mother-baby binomial. Aim: To find out the epidemiological profile of pregnant and postpartum women admitted to mental health beds at a public maternity hospital, a high-risk referral center in Piauí. Method: This is a retrospective, descriptive, quantitative, documentary study that analyzed secondary data identified in hospital admission records and electronic medical records (MV® System), from November 1, 2016 to October 31, 2023, on the patients treated in the mental health beds of the high-complexity Maternity Hospital, part of the SUS network, in Teresina, Piauí. The study was approved by the Research Ethics Committee of the State University of Piauí, opinion no. 5.978.742/2023. Results and Discussion: 461 patients were admitted, predominantly aged between 21 and 30 (45.2%); brown (40.7%); incomplete primary education (13.7%); single (66.5%); with preserved family ties (29.7%), while 3.0% were homeless; living in Teresina (53.5%) or coming from other municipalities in Piauí (43%). The most prevalent psychopathological conditions were: depressive disorder (16.1%); anxiety disorder (14.1%); schizophrenia (10.2%); bipolar affective disorder (8.3%); postpartum depression (3.7%); mixed anxiety and depressive disorder (2.8%); mental disability (2%); personality disorder

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with emotional instability (0.9%). In addition, 30% of pregnant and postpartum women (138) were using harmful psychoactive substances, including, respectively, illicit drugs (38.4%); alcohol, tobacco, illicit drugs (34.1%); alcohol and illicit drugs (8.7%); 6.5% tobacco and illicit drugs (6.5%); tobacco (5.8%); alcohol (3.6%); alcohol, tobacco (2.9%). In terms of crisis situations, 57.5% had a psychosocial crisis; 15.5% had a psychiatric crisis of the psychotic break type; 8.2% had self-injurious behavior without suicidal intent; 17.2% had attempted suicide. In addition, 7.4% of the patients were victims of violence, especially domestic violence (4.1%) and rape (1.1%). With regard to therapeutic itineraries, 22.6% of pregnant and puerperal women reported having had experiences, above all, in the CAPS (9.1%), in various devices (6.3%) and in the Psychiatric Hospital (4.3%). Conclusion: The evidence shows that the creation of an institutional epidemiological database is crucial in order to strengthen longitudinal mental health surveillance actions and the qualification of specialized care by multi-professional health teams, with an emphasis on an expanded clinic, comprehensiveness and effective coordination with the Psychosocial Care Network and the Stork Network.

Keywords: Health Profile, Women's Health, Mental Health Assistance, Crisis Intervention, Maternity.

INTRODUCTION

The pregnancy-puerperal cycle is a phase of a woman's life that needs to be evaluated with special attention, as it encompasses numerous physical, hormonal, psychic and social insertion changes, which can directly reflect on mental health (Lima *et al.*, 2017). In line with this approach, Santos *et al.* (2022) and Zugaib (2015) argue that the pregnancy-puerperal period is considered the phase in which women are most vulnerable to the development of psychopathological conditions.

According to the World Health Organization (WHO), worldwide, about 10% of pregnant women and 13% of those who have just given birth exhibit some mental disorder. In developing countries, the rates are higher, 15.6% of pregnant women and 19.8% of postpartum women (WHO, 2019). In Brazil, the Ministry of Health points out that approximately one in four women develops some psychopathological condition or psychiatric disorder during pregnancy, with depression being the most observed diagnosis. In addition, among the psychiatric diseases that can complicate the pregnancy-puerperal cycle, the following stand out: depressive disorder, anxiety disorder, bipolar affective disorder, psychosis, harmful use of alcohol and other drugs (especially tobacco, marijuana, cocaine and its derivatives – crack), eating disorders, and autoimmune disorders (Brasil, 2022).

Equally worrisome for the pregnancy-puerperal cycle and women's health is the high prevalence of episodes of emotional instability, *baby blues (*maternal sadness), postpartum depression (Frota *et al.,* 2020) and common mental disorders, which require effective qualified management by a multi- and interdisciplinary health team (Mello; Vivian; Martins, 2023).

Psychiatric disorders during pregnancy represent an aggravation for maternal and fetal health, which compete with morbidity and mortality levels (Dias, 2011). Since a certain emotional instability is typical of life transitions and adaptations to changes, pregnancy, childbirth and the birth of a child delimit important moments of transition (Lobato; Reichenheim, 2011). Thus, the high prevalence of psychiatric disorders in the pregnancy-puerperal cycle is allied to the physical and psychological changes that pregnancy and the transition to motherhood entail for women (Ghaffar *et al.*, 2017).

In fact, the high prevalence of common mental disorders in the pregnancy-puerperal cycle reinforces the need for screening and management of them during pregnancy and the puerperium (Lopes *et al.*, 2020). In this logic, the involvement of pregnant women with alcohol and other drugs is an element that enhances the experience of situations of vulnerability (Porto *et al.*, 2019). Hence, the (re)recognition of similar demands in the gestational period can be useful in the formulation of strategies to reduce harm and health problems, in order to lead to a favorable gestational outcome for both the woman and the baby (Marangoni, 2022).

By the way, pregnant women in harmful use of alcohol and other drugs often annul the experience of pregnancy and basic human needs to the detriment of the consumption of psychoactive substances; while they demonstrate negligence in self-care and poor adherence to care opportunities

in the services that are part of the Psychosocial Care Network (RAPS). This context certifies that it is essential to expand public policies and measures aimed at attracting and increasing the adherence of these women to mental health services, with an emphasis on qualified, holistic care (Settani *et al*., 2022).

Given that prenatal care may be the only space for a woman of reproductive age to have contact with health services, it is a crucial occasion to offer interventions aimed at promoting women's health, especially for the identification of pre-existing, developing or worsening mental disorders (Costa *et al.*, 2018).

Therefore, Ferreira (2013) emphasizes the importance of undertaking health interventions aimed at minimizing the onset of psychopathological symptoms, to help pregnant and postpartum women to have a better adaptation to motherhood; actions that should be personalized, focusing on the lifestyle and contexts in which they are inserted. Despite this reality, Almeida *et al.* (2012) warn that the mental health assessment of pregnant women has received little attention, probably due to the belief that pregnancy represents a period of well-being and the greater appreciation given by professionals to psychotic disorders, which can occur in the postpartum period and because they require hospitalization.

To this end, in the eye of the anti-asylum hurricane, mental health care based on the aegis of the expanded clinic urgently requires the adoption of a kaleidoscopic vision, eminently holistic; it asks for loving-kindness and an ethical-aesthetic-critical-political-emancipatory posture, which values the patient in psychic suffering, mental disorder, harmful use of alcohol and other drugs as a citizen, protagonist, holder of voice and turn; for the sake of the political power of the movement, the flourishing and the defense of life (Barbosa; Engstrom, 2023).

Considering that suffering pierces the tightrope of life and attempts to seek care (BARBOSA, 2021), Steen and Francisco (2019) defend the relevance of assessing women's well-being during the prenatal and postpartum periods. Campos (2022), on the other hand, asserts that the pregnancy-puerperal cycle requires a more attentive look at women's mental health, which can positively influence the next cycles, bringing benefits to both mother and child. In turn, Cantilino, Neves, and Rennó (2022) highlight the diagnosis and management of psychiatric disorders such as depression, anxiety, bipolar disorder, psychotic disorders, in addition to recognizing the psychological impacts resulting from the victimization of violence, as priorities.

From this perspective, Teixeira *et al.* (2019) testify to the importance of building comprehensive, problem-solving mental and obstetric health care, which values the guarantee of humanized monitoring of women and their newborns; in which professionals are sensitive to the psychosocial issues of pregnant and postpartum women with mental disorders, qualified to promote emergency care in crisis situations and to respect the particularities of this population. To this end,

the humanization of mental health care requires that respect for the feminine overcomes the prejudice and stigma experienced by these women throughout the therapeutic path. In fact, Lopes, Ribeiro and Porto (2020) recognize that the care of pregnant and postpartum women who use psychoactive substances designates a complex process, which requires the implementation of continuing education activities for the qualification of reception and care sensitive to the health demands of these women.

That said, the present study aimed to know the epidemiological profile of pregnant and postpartum women hospitalized in mental health beds of a public maternity hospital, a reference in high risk in Piauí and located in Teresina.

METHOD

This is a documentary, retrospective, descriptive, quantitative study that assessed secondary data extracted from hospital admission records and electronic medical records (MV® System), covering the period from November 1, 2016 to October 31, 2023, on patients assisted in mental health beds of a public maternity hospital, a high-risk reference in the state of Piauí, located in the municipality of Teresina.

The sample consisted of all patients admitted to the mental health beds of the Maternity Hospital in the period, according to hospital admission records and electronic medical records.

Quantitative and qualitative variables were collected alluding to the sociodemographic and clinical characteristics of pregnant and postpartum women. Sociodemographic aspects included: age, race, education, marital status, family ties, housing situation, and municipality of origin. Clinical information included: mental disorder, alcohol and drug use, crisis situation, victimization of violence, therapeutic itineraries in the RAPS.

The data accumulated in the research were analyzed by means of descriptive statistical procedures, then described in total numbers and percentages, and in the *Results and Discussion* section, information was presented in graphs, which were confronted with the theoretical findings that support the study.

To carry out the study, the proposal was submitted to the Maternity Hospital's Teaching and Research Board, a co-participating institution, in order to obtain authorization for its execution. Afterwards, it was analyzed by the Research Ethics Committee of the State University of Piauí (CEP/UESPI), receiving a favorable opinion, No. 5,978,742/2023.

It should be noted that the conduct of the research complied with the prescriptions of Resolutions No. 466/2012 and No. 510/2016 of the National Health Council, regarding respect for the integrity, confidentiality, confidentiality and anonymity of the patients whose medical records were analyzed.

RESULTS AND DISCUSSION

During the period investigated, a total of 461 patients were admitted to the mental health beds of the teaching Maternity Hospital. The accumulated evidence was distributed into the following categories: *sociodemographic aspects of patients hospitalized in mental health beds*; *prevalent psychopathological conditions*; *harmful use of alcohol and other drugs*; *crisis situation*; *victimization of violence*; *therapeutic itineraries at RAPS*.

SOCIODEMOGRAPHIC ASPECTS OF PATIENTS HOSPITALIZED IN MENTAL HEALTH BEDS

Pregnant and puerperal women predominantly had the following age between 21 and 30 years (45.2%), while 37.6% were between 31 and 40 years old; brown race (40.7%); incomplete primary education (13.7%), while 7.8% had completed high school; single marital status (66.5%); preserved family ties (29.7%), while 13.5% had weakened ties; 94.6% lived with their families; 3% were homeless; 53.5% lived in Teresina (53.5%) and 43% came from other municipalities in Piauí.

Andrade *et al.* (2018) testify that it is elementary that managers and professionals who are part of the health care team know the sociodemographic and obstetric idiosyncrasies of pregnant women, parturients and puerperal women cared for in Maternity Hospitals. From this perspective, the authors assert that maternal age is a relevant indicator in the analysis of a woman's health conditions during pregnancy, as well as in relation to delivery and newborn survival. Added to this is the fact that the patient's schooling may be correlated with inequalities in access to and adherence to health care during pregnancy, childbirth and the postpartum period. Based on this logic, low schooling can be understood as an obstetric risk factor, since the fragile understanding of health education actions is reflected in damage to the health of the mother and baby.

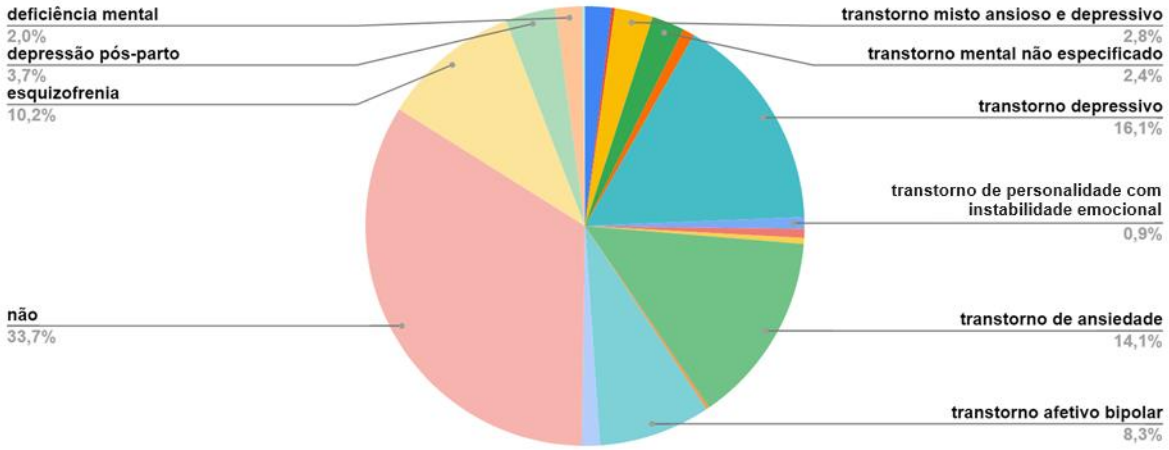
As a result, the weaving of the sociodemographic-clinical profile of high-risk pregnant and postpartum women is a powerful strategy to support the strategic planning of care interventions and public health policies aimed at reducing maternal and neonatal morbidity and mortality (Paiva *et al.*, 2018).

Meanwhile, although women's mental health is strongly intersected by socioeconomic and contextual dimensions and gender markers (Nepomuceno; Ximenes, 2019), low social and family support throughout the gestational and postpartum period is among the main risk factors for the development of mental disorders or worsening of preexisting psychopathological conditions. From another point of view, the increase in family and care support, through access to health services and preventive practices, are important factors to protect the mental health of pregnant women/postpartum women (Silva *et al.*, 2023).

PREVALENT MENTAL DISORDERS

The prevalent mental disorders exhibited by patients hospitalized in the mental health beds of the Maternity Hospital were: depressive disorder (16.1%); anxiety disorder (14.1%); schizophrenia (10.2%); bipolar affective disorder (8.3%); postpartum depression (3.7%); mixed anxiety and depressive disorder (2.8%); mental disability (2%); personality disorder with emotional instability (0.9%) (Figure 1).

Figure 1: Prevalent mental disorders



Cast iron: Barbosa *et al*. (2023).

The findings of the study confirm the findings of Barbosa (2023), regarding the predominance of pregnant and postpartum women hospitalized in mental health beds of the Maternity Hospital presenting psychopathological conditions related to: depressive disorder, anxiety disorder, puerperal depression, bipolar affective disorder, schizophrenia, puerperal psychosis, mixed anxiety and depressive disorder.

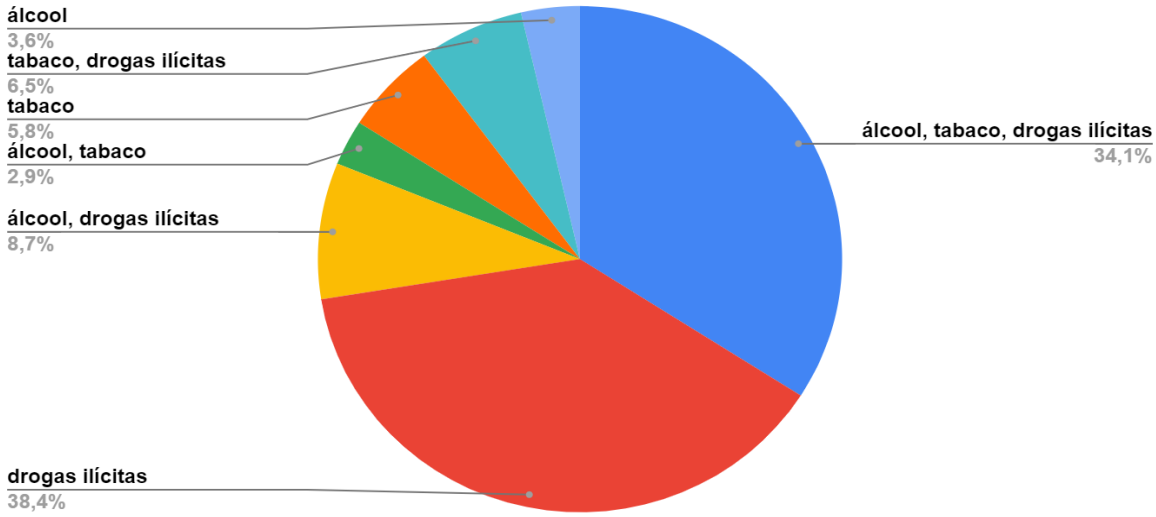
By the way, psychic disorders are not innocuous for the pregnant woman/puerperal woman and the fetus/baby, as they cause negative repercussions on women's health, notably associated with the intensification of suffering, worse daily functioning, worse quality of life and increased risk of suicide (especially in untreated cases). In fact, the mental disorders exhibited by the pregnant/puerperal woman negatively influence fetal life and child development, with an increased risk of behavioral changes and mental illness (Zambaldi; Cantilino, 2023). Therefore, it is essential to take a careful look at pregnant women, in order to promote health and adequate care after the birth of the baby, in order to increase the quality of life and well-being of women (Herdi, 2021).

HARMFUL USE OF ALCOHOL AND OTHER DRUGS

A total of 138 pregnant and postpartum women (30%) hospitalized were in harmful use of psychoactive substances, of which, respectively: illicit drugs (38.4%); alcohol, tobacco, illicit drugs

(34.1%); alcohol and illicit drugs (8.7%); 6.5% tobacco and illicit drugs (6.5%); tobacco (5.8%); alcohol (3.6%); alcohol, tobacco (2.9%) (Figure 2).

Figure 2: Harmful use of alcohol and other drugs



Cast iron: Barbosa *et al*. (2023).

The use of alcohol and other drugs during pregnancy is a complex problem, which requires specific preparation from health professionals, considering the peculiar health needs in question (Maia *et al*., 2019). Therefore, it negatively influences maternal and child health, even when the pattern of use does not appear to be a psychiatric condition of abuse or dependence (Aliane *et al.*, 2008). In this context, the patient's lack of judgment is essential for adequate care and the realization of a differential diagnosis of the type of drugs in use. In addition, treatment should not only focus on the type of drug consumed and the respective consequences for the woman and the baby but should also look for the complex causes that motivate use and, eventually, dependence (Lombardi, 2023).

Hence, the production of care for patients with demands resulting from the harmful use of alcohol and other drugs requires that the focus be extrapolated from the specificities and pharmacodynamics of the substances, encompass the nuances of the meanings and singular experiences of women, and value the greatness of the movements undertaken in the weaving of the therapeutic itineraries in search of care in the RAPS (Barbosa; Engstrom, 2023).

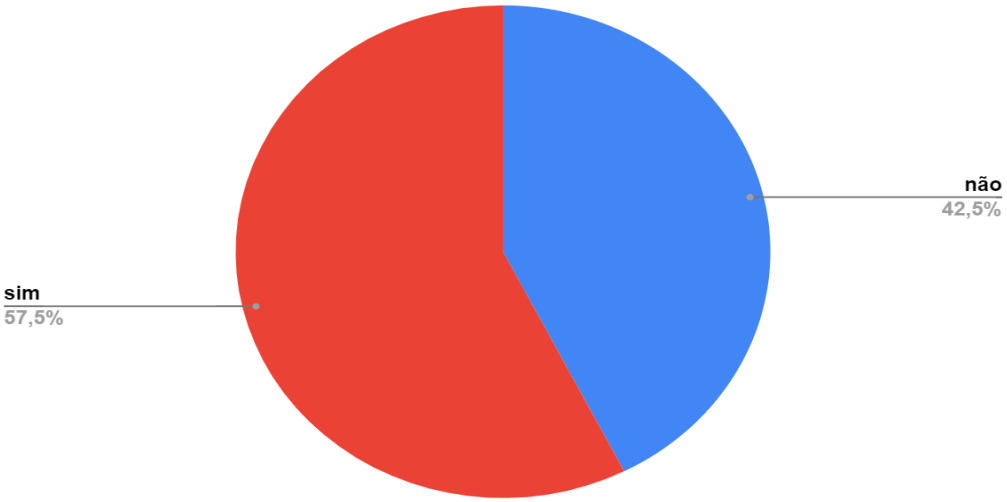
EMERGING CRISIS SITUATIONS

Commonly, patients admitted to mental health beds exhibited seizures of the following types: psychosocial crisis; psychiatric crisis; crisis related to self-injurious behavior without suicidal intent; suicide attempt.

Particularly in the case of psychosocial crisis episodes, 57.5% of the patients exhibited correlated conditions, as shown in Figure 3. Freitas (2023) elucidates that the psychosocial crisis

denotes a process that is linked to multidetermined suffering – arising from unexpected situations, such as diseases, epidemics, accidents, existential contents, issues related to human development. Thus, it requires qualified reception and care, based on network devices, especially in urgent and emergency situations; It also demands consideration of the person and the context in which they are inserted, as well as their community life, their social and affective bonds, and their uniqueness.

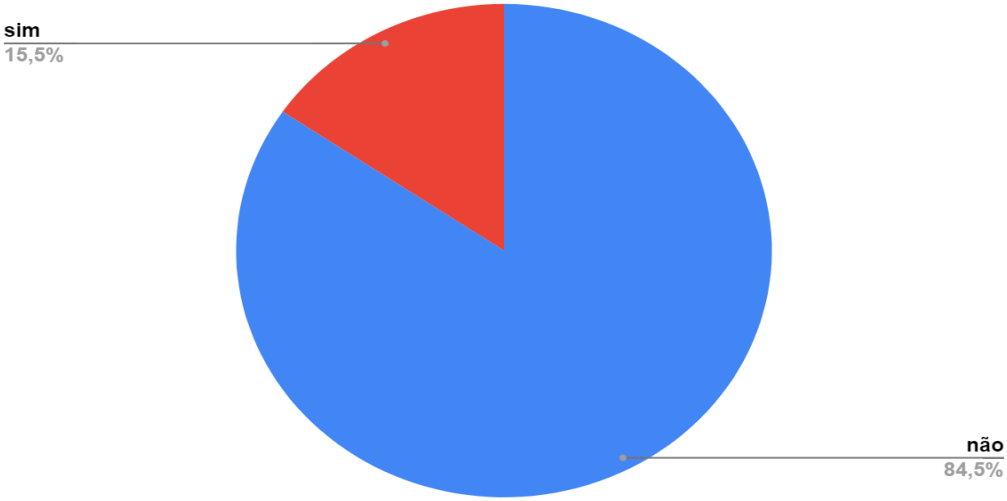
Figure 3: Psychosocial crisis



Cast iron: Barbosa *et al*. (2023).

It was found that 15.5% of pregnant and postpartum women exhibited episodes of psychiatric crisis of the psychotic episode type (Figure 4). This reality corroborates the findings of Barbosa (2023), since this is a demand routinely found in patients hospitalized in mental health beds in Maternity Hospitals.

Figure 4: Psychiatric crisis – psychotic break

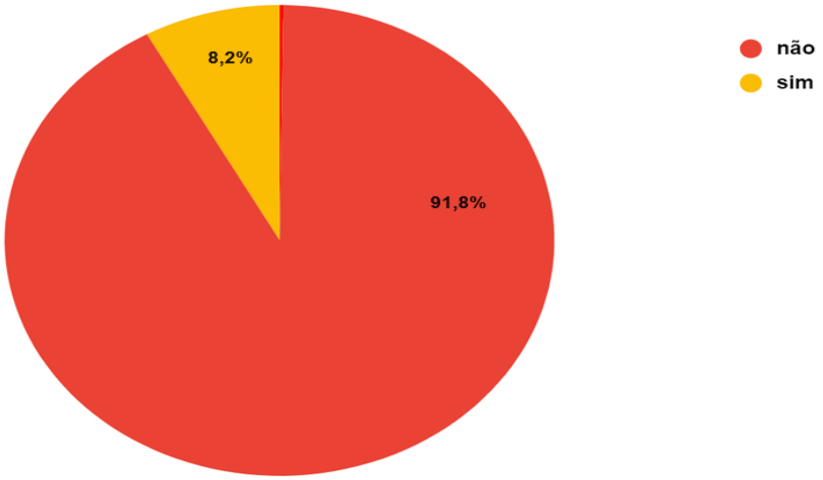


Cast iron: Barbosa *et al*. (2023).

According to Dell'Aqua and Mezzina (1991), patients in psychiatric crisis meet at least three of the following five parameters: severe acute psychiatric symptoms; serious breakdown of a family and/or social relationship; refusal to submit to psychiatric treatment; affirmation of the non-need for treatment, but with acceptance of contact; obstinate refusal to establish psychiatric contact; and, situations of alarm in the family and social context, but without personnel capacity to do so.

Specifically regarding situations of self-mutilation, it was observed that 8.2% of pregnant and postpartum women had self-injurious behavior without suicidal intent (Figure 5).

Figure 5: Self-injurious behavior without suicidal intent

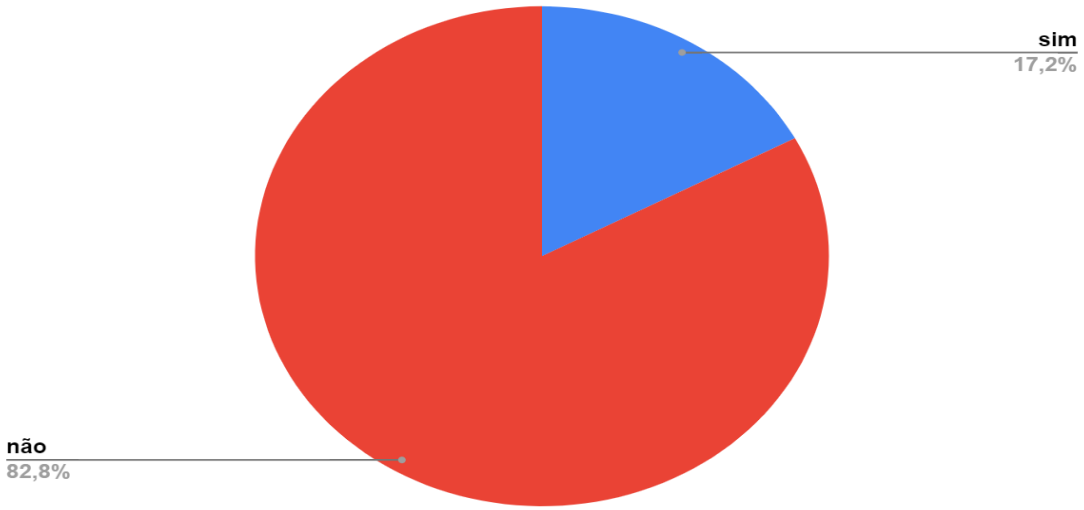


Cast iron: Barbosa *et al*. (2023).

Based on Santos and Faro (2018), self-injurious conduct without suicidal intent encompasses all direct and deliberate self-injury behavior, which results in physical and psychological harm to the person.

On the other hand, 17.2% of pregnant and postpartum women hospitalized in mental health beds had made suicide attempt(s) (Figure 6).

Figure 6: Suicide attempt



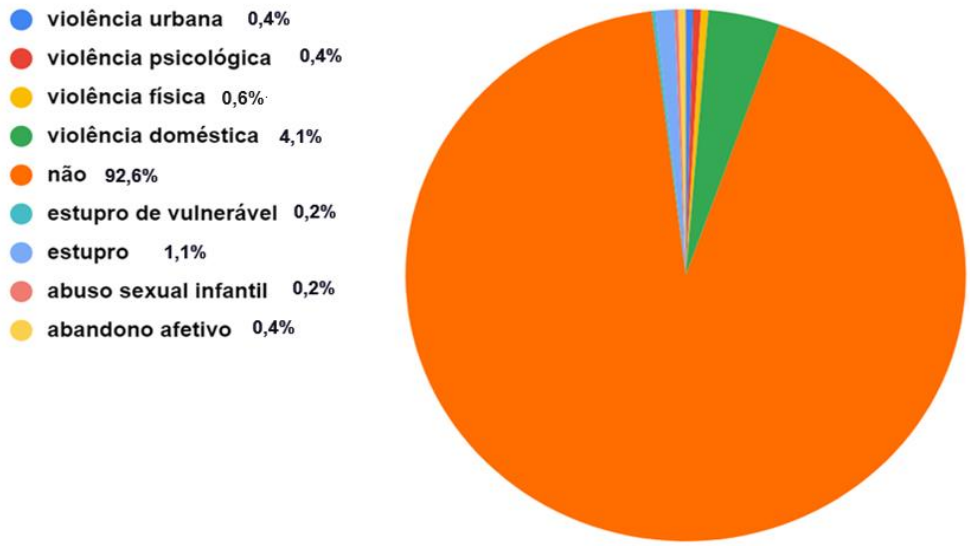
Cast iron: Barbosa *et al*. (2023).

Suicide is a complex and multifaceted phenomenon that encompasses sociocultural, genetic, psychodynamic, philosophical-existential, psychiatric, and environmental issues (Stefanello; Campos, 2015). Although pregnancy and the puerperium are listed among the protective factors for suicidal behavior (Botega, 2022), suicide attempts in the pregnancy-puerperal cycle call for preventive work, in an interdisciplinary team, that ensures effective monitoring of women from prenatal care and includes mental health assessment in the line of care. Only in this way will the worsening of symptoms that act as a trigger for suicidal ideation and attempts be avoided (Gonçalves, 2022).

VICTIMIZATION OF VIOLENCE

Regarding the victimization of violence, it was identified that 7.4% of the patients were victims of violence, especially domestic violence (4.1%) and rape (1.1%) (Figure 7).

Figure 7: Victimization of violence



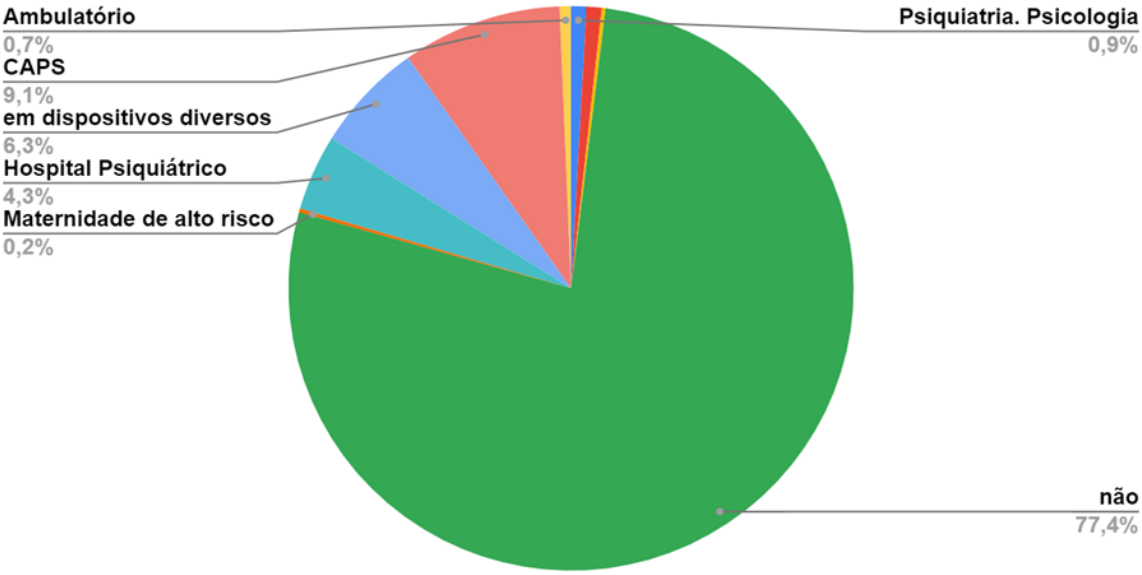
Cast iron: Barbosa *et al*. (2023).

Based on the findings, conjugal violence in the gestational and puerperal period is expressed in various forms, especially domestic and sexual, with repercussions on the triggering of obstetric problems with implications for the life and health of women and fetuses/newborns (Campos *et al*., 2019). In addition, violence against women during the pregnancy-puerperal period significantly interferes with the physical, mental, emotional and social health of victimized women. Thus, the minimization of the consequent health problems requires a sensitive look at ensuring health care anchored in a comprehensive, individual, contextualized and preventive approach (Rodrigues, 2016).

THERAPEUTIC ITINERARIES AT RAPS

Regarding the therapeutic itineraries in the RAPS, it was found that 22.6% of the pregnant and postpartum women reported correlated experiences, especially in the CAPS (9.1%), in various devices (6.3%) and in the Psychiatric Hospital (4.3%) (Figure 8).

Figure 8: Therapeutic itineraries in RAPS



Cast iron: Barbosa *et al*. (2023).

The evidence confirms the findings of Barbosa (2021), about the weaving of therapeutic itineraries in search of care in the RAPS, in which patients often face structural, geographical, cultural, and attitudinal access barriers; and community services coexist with the psychiatric hospital, with the asylum/asylum model predominating (Barbosa, 2021).

Therefore, it is imperative to take a thorough look at the processes of reception, evaluation and referral of pregnant and postpartum women in need of specialized psychosocial care. It is essential to understand the entire context in which these women are inserted, so that more effective and accurate therapeutic options can be made (Noal; Silva, 2022). In fact, the follow-up of comprehensive care for pregnant and postpartum women using alcohol and drugs requires the articulation of the network and professionals free of judgment, who promote care that is appropriate to the biopsychosocial demands of patients (Silva; Rodriguez; Neves, 2021).

CONCLUSION

The evidence gathered in the study attests to the crucial creation of an institutional epidemiological database in order to promote the strengthening of longitudinal mental health surveillance actions and the qualification of specialized care in a multidisciplinary health team, with emphasis on expanded clinical practice and comprehensiveness.

That said, understanding the sociodemographic and clinical idiosyncrasies of patients hospitalized in mental health hospital beds is valuable for strengthening strategies for the management, evaluation and promotion of mental health care for women in the pregnancy-puerperal cycle; while they praise the importance of developing more in-depth studies, which allow continuous advances in the understanding of *sui generis* demands exhibited by pregnant and postpartum women

in situations of psychological distress, crisis, mental disorder, harmful use of alcohol and other drugs, interpersonal/self-inflicted violence, and regarding the respective therapeutic itineraries arranged in search of care in the RAPS.

After all, specialized hospital care in mental health requires prompt diagnosis and emergency care; a humanized, holistic, qualified, eminently sensitive and integrated approach to health services, in effective articulation with the informal family and social support network, as well as with the devices of the RAPS and the Stork Network.

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