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EARLY IDENTIFICATION OF DEPRESSION HOTSPOTS IN POSTPARTUM WOMEN

IDENTIFICAÇÃO PRECOCE DE FOCOS DE DEPRESSÃO NAS PUÉRPERAS

IDENTIFICACIÓN PRECOZ DE FOCOS DE DEPRESIÓN EN PUÉRPERAS

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ABSTRACT

Pregnancy and motherhood can lead to various forms of depression, of different intensities, considering the knowledge and support available to each pregnant woman. This public health problem affects between 10 and 20 per cent of women during the post-natal period. It is a psychological condition that causes emotional, cognitive, physical, and behavioral changes. Nursing intervention plays a key role in promoting health through the early detection of gestational depression.

Objective: To analyze the existing literature to identify the nursing interventions implemented with the aim of early detection of postpartum depression in puerperal women.

Methodology: The methodology used was based on an Integrative Literature Review, which included formulating an initial research question, searching scientific databases, analyzing, and interpreting the selected articles, as well as synthesizing and presenting the results obtained. The PI[C]O methodology was used to choose the articles and draw up the research question.

Results: After applying the methodology, a final set of 4 studies was obtained, which demonstrate the existence of scientific evidence that there are factors that predispose women to developing postpartum depression.

Conclusion: Postnatal depression is a public health issue with a significant impact on the mother and all family members involved during pregnancy. It is therefore crucial to investigate it during prenatal care to prevent its development in the postpartum period. The need for nursing interventions aimed at permanent and continuous education as well as early detection was evident, to achieve health gains.

Keywords: Mood; Nursing Care; Postpartum Depression; Puerperium.

RESUMO

A gestação e a maternidade podem levar a diversos focos de depressão, de diferentes intensidades, tendo em consideração o conhecimento e o apoio que cada grávida tem ao seu alcance. Este problema de saúde pública afeta entre 10% a 20% das mulheres, durante o período pós-natal. É uma condição psíquica que provoca mudanças emocionais, cognitivas, físicas e comportamentais. A intervenção de enfermagem tem um papel preponderante na promoção à saúde pela deteção precoce da depressão gestacional.

Objetivo: Analisar a literatura existente para identificar as intervenções de enfermagem implementadas com o intuito de detetar precocemente a depressão pós-parto em puérperas.

Metodologia: A metodologia utilizada baseou-se numa Revisão Integrativa da Literatura,

que compreendeu a formulação de uma questão inicial de investigação, a pesquisa em bases de dados científicas, a análise e interpretação dos artigos selecionados, assim como a síntese e exposição dos resultados obtidos. Para a escolha dos artigos e elaboração da questão de investigação, recorreu-se à metodologia PI[C]O.

Resultados: Aplicada a metodologia, obteve-se um conjunto final de 4 estudos, os quais demonstram a existência de evidência científica de que existem fatores que predispõem a mulher a desenvolver depressão pós-parto.

Conclusão: A depressão pós-parto é uma questão de saúde pública com impacto significativo na mãe e em todos os membros da família envolvidos durante a gravidez. Deste modo, é crucial investigá-la durante o pré-natal para evitar o seu desenvolvimento no pós-parto. Foi evidente a necessidade de intervenções de enfermagem direcionadas para uma educação permanente e continuada bem como a deteção precoce, para que sejam obtidos ganhos em saúde.

Palavras-chave: Ânimo; Cuidados de Enfermagem; Depressão Pós-Parto; Puerpério.

RESUMEN

La gestación y la maternidad pueden llevar a diversos focos de depresión, de diferentes intensidades, teniendo en cuenta el conocimiento y el apoyo que cada embarazada tiene a su alcance. Este problema de salud pública afecta entre el 10% y el 20% de las mujeres durante el período posnatal. Es una condición psíquica que provoca cambios emocionales, cognitivos, físicos y conductuales. La intervención de enfermería juega un papel preponderante en la promoción de la salud por la detección precoz de la depresión gestacional.

Objetivo: Analizar la literatura existente para identificar las intervenciones de enfermería implementadas con el fin de detectar precozmente la depresión posparto en puérperas.

Metodología: La metodología utilizada se basó en una Revisión Integrativa de la Literatura, que comprendió la formulación de una pregunta inicial de investigación, la búsqueda en bases de datos científicas, el análisis e interpretación de los artículos seleccionados, así como la síntesis y exposición de los resultados obtenidos. Para la elección de los artículos y elaboración de la pregunta de investigación, se recurrió a la metodología PI[C]O.

Resultados: Aplicada la metodología, se obtuvo un conjunto final de 4 estudios, los cuales demuestran la existencia de evidencia científica de que existen factores que predisponen a la mujer a desarrollar depresión posparto.

Conclusión: La depresión posparto es un asunto de salud pública con un impacto significativo en la madre y en todos los miembros de la familia involucrados durante el embarazo. Por lo tanto, es crucial investigarla durante el prenatal para evitar su desarrollo en el posparto. Fue evidente la necesidad de intervenciones de enfermería dirigidas hacia una educa-

ción permanente y continuada, así como la detección precoz, para que se obtengan ganancias en salud.
Descriptores: Ánimo; Cuidados de Enfermería; Depresión Posparto; Puerperio.

INTRODUCTION

From the onset of pregnancy, women undergo physical, emotional, and social changes, beginning at conception and continuing throughout the gestation period. Thus, it is crucial to emphasize the importance of nursing care during the prenatal period, as early interventions are essential to ensure the healthy development of the baby and the health of the mother[4].

The postpartum period is a time of biological, psychological, and social changes, considered particularly prone to the development of psychiatric and emotional disorders that can affect mood. These problems can range from mood disorders, such as depression, to psychotic disorders[14].

Postpartum depression is characterized as a depressive condition that appears in the first weeks after delivery, manifesting through symptoms such as discouragement, lack of motivation to perform activities, and absence of enthusiasm. Regarding mood, it refers to a prolonged alteration of the emotional state, which can range from simple emotions to episodes with lethal potential[3].

Attention to the emotional state of women after childbirth has increased, given that it significantly affects their behavior and adaptation to the postpartum period. If not diagnosed and treated timely, these changes can progress to more severe psychiatric disorders, potentially manifesting psychotic symptoms[3].

The main predisposing factors for the development of postpartum depression have been identified as lack of preparation, unfavorable socioeconomic conditions, low literacy levels, instability in marital relationships, family conflicts, lack of social support, unplanned pregnancy, young age, history of previous depression, and obstetric complications[1].

In this context, nursing care becomes extremely relevant, as it plays a fundamental role in prevention, providing guidance, promoting health education, and early identification of possible diseases. Moreover, they can propose support measures to deal with the situation, covering not only the postpartum woman but also the entire family context[1,13].

Thus, the nurse's intervention in the woman, in the period after childbirth, should be focused on identifying depression, monitoring its progression during therapy sessions, and conducting educational/formative activities. The goal is to guide the woman and her family, clarifying the essential measures to ensure the well-being of the mother and the baby. Nurses should also promote preventive actions in the community, encouraging the understanding of the different phases of the postpartum period by the woman and her partner, which will facilitate a more effective approach to this condition[1].

Objective

To analyze the existing literature to identify the nursing interventions implemented with the aim of early detection of postpartum depression in postpartum women.

METHODS

Ethical Aspects

An opinion was not sought from the Ethics Committee due to the nature of this research work, as it falls into a secondary context. When defining the problem, principles of clarity, objectivity, and precision were considered. A research path was outlined to ensure that the results obtained were relevant to interventions and/or nursing care practices. Within the scope of the chosen theme, the focus was directed towards identifying nursing interventions aimed at the early detection of postpartum depression in postpartum women. Data from the selected studies were analyzed in a manner that respected the results obtained in those investigations. Reference to the authors was made in accordance with the norms of good academic and scientific practices.

Type of Study

In their clinical practice, nurses always adopt the most up-to-date approach grounded in scientific evidence, reflecting the quality of nursing care provided. This evidence-based practice involves a complete process of collecting, interpreting, evaluating, and applying relevant clinical data to guide health professionals' decisions (Evidence-Based Nursing Practice: 7 Steps to the Perfect PICO Search, 2018)[7].

The study under analysis is an Integrative Literature Review that arises from the need to implement quality care based on the most recent scientific evidence. This procedure encompasses the following steps: (i) outlining the research question; (ii) conducting a search in scientific databases; (iii) establishing inclusion and exclusion criteria for studies; (iv) selecting

studies according to the defined criteria; (v) analyzing the selected articles; (vi) presenting and discussing the results; (vii) synthesizing the acquired knowledge.

Methodological Procedures

To conduct this integrative literature review, the following methodological steps were followed: establishing the research question of the study, defining criteria for inclusion and exclusion, using descriptors in databases, identifying relevant studies, selecting studies after evaluating abstracts and titles, detailed analysis of articles selected for this study, and lastly, analyzing the collected data.

To achieve the set objective, a research question was formulated using the PICO mnemonic, which aims to be answered in this integrative literature review. Here, "P" refers to the population (i.e., the group of people involved), "I" indicates the intervention (what is being done), "C" represents the comparison or control (the comparison group, if applicable), and "O" corresponds to the outcomes (the effects or changes observed). The outlined question was as follows: What are the positive changes in Mental Health Condition (Outcomes) in Postpartum Women (Population) after early identification of depression hotspots (Intervention)?

Following the formulation of the PICO question, data collection on the topic under study was carried out during October 2023 through the EBSCOhost platform. Subsequently, the MEDLINE Complete and CINAHL Complete databases were selected. The search descriptors were grouped using the Boolean operators "AND" and "OR" in the following arrangement and order: "puerperal women" and "depression" or "depression" and "post childbirth".

To narrow down the search, the following inclusion criteria were defined: (i) availability of the full text; (ii) publication period between 2013 and 2023; (iii) languages English, Spanish, and Portuguese; (iv) articles published in peer-reviewed academic journals. Duplicated articles and those not aligned with the study's objectives were excluded. After conducting the search, a total of 152 articles were identified. However, 27 of these articles were duplicates and were therefore excluded, resulting in a total of 125 articles. These 125 articles were then subjected to a two-phase selection process. In the first phase, titles, abstracts, and keywords were analyzed, resulting in the selection of 8 articles. In the second phase, the 8 selected articles were read in full, resulting in the final selection of 4 articles that met all the established criteria for data collection and analysis.

Figure 1↗ visualizes the process that led to these results through a PRISMA flowchart.

RESULTS

To address the previously established objectives, various articles were read, and their content analyzed. The details and main findings were summarized in Chart 1↗ and arranged chronologically in ascending order based on the publication date.

DISCUSSION

This paper summarizes the focuses of depression in postpartum women. Of the 4 studies analyzed, there was a general agreement among authors regarding risk factors such as socioeconomic conditions, age, and education level.

As indicated in the study conducted by Freitas *et al* (2016)[5], postpartum depression is related to biopsychosocial factors, among which unfavorable socioeconomic conditions, lack of social support, unwanted pregnancy, younger age, previous depression, and obstetric problems stand out. Author Ghaedrahmati *et al* (2017)[6] adds other psychosocial factors such as the presence of a family history of depression in breastfeeding mothers, which are related to the occurrence of postpartum depression.

Gonçalves *et al* (2018) also discusses that pregnancy can generate numerous mood disorders, particularly depression, in which most women with socioeconomic difficulties perceive motherhood as a period of psychic, physical, and social suffering. Furthermore, the postpartum period is also considered a time of experiencing pronounced symptoms of sadness and a decreased capacity to feel pleasure[15]. In this sense, considering the same results, postpartum depression is strongly associated with poor socioeconomic conditions and levels of poverty.

Author Ghaedrahmati *et al* (2017), also referred to other factors such as age (26 to 34 years), education (5 to 8 years), monthly income equivalent to a minimum wage, entering the labor market after 18 years of age, and absence of hypertension, which are associated with symptoms of postpartum depression[6]. Author Gonçalves *et al* (2018) found that the higher the level of education, the lower the risk of developing postpartum depression[15]. It is highlighted that the education level is a significant element to be examined, as it is a social indicator associated with environmental conditions that can impact neonatal outcomes, which can still be intensified with the diagnosis of postpartum depression. This study also pointed out that starting to work after the age of 18 was considered a risk factor. Women's participation in the labor market and the long hours dedicated to their professional life are

obstacles to carrying out postpartum care actions, especially in families with unfavorable socioeconomic conditions. During the postpartum period, feelings of vulnerability, anguish, fear, insecurity, and sadness are observed in women who do not work at home, representing another risk factor for postpartum depression.

Author Moll *et al* (2019), regarding the changes in a woman's life as a predisposing factor for postpartum depression, emphasizes that this pathology can be associated with various other stressful phenomena, among them, the lack of family support, the interruption of various activities which can consequently lead to socioeconomic problems, since the first six months correspond to a period of emotional adjustments and during everyday life can cause depressive conditions[9].

According to Silva *et al* (2015), it is important to prioritize the development of more comprehensive qualitative studies involving a larger number of pregnant women. This will allow for a deeper understanding of postpartum depression through screenings to identify maternal depression and individual and group psychotherapy sessions. In addition, educational trainings and orientations should be provided, addressing specific topics of interest to each mother during the postpartum period[12].

The same authors emphasize that the high incidence of postpartum depression identifies it as a public health issue that requires specific approaches to prevention and treatment. Close monitoring of mothers, especially those with socioeconomic problems, can help prevent serious complications at both personal and family levels resulting from postpartum depression.

Author Gonçalves *et al* (2018) adds that mental and behavioral disorders can affect individuals at any life stage[15]. In the present study, nurses expressed concern about the depressive conditions of women in the postpartum period, recognizing postpartum depression as a serious disorder that leads to negative consequences for the woman and the family. Some studies highlight that despite the importance of the nurse's role in the context of postpartum depression, many report having little knowledge regarding the identification and diagnosis of behaviors related to this problem. Therefore, it is essential to promote training on this topic and to develop instruments and protocols to guide the actions of health professionals. Monitoring of women during the gestational-postpartum cycle has been identified as crucial in the prevention and treatment of postpartum depression.

Women exhibit depressive symptoms primarily in the first six weeks postpartum. This study reveals an association between depressive symptoms before 20 weeks of gestation and depressive symptoms and fear in the postpartum period, even after correcting for known confounding factors.

Study Limitations

The high volume of literature on the subject posed challenges in selecting relevant articles. Another notable aspect was the presence of articles written in different languages, complicating the understanding of some technical terms and specific concepts from other realities/countries, which necessitated more intensive research.

Contributions to Nursing

The scientific output has raised awareness among health professionals regarding pathological psychological symptoms that are sometimes difficult to identify. In this sense, in addition to providing techniques and interventions to the postpartum woman and newborn to empower and restore their physical condition, care must also ensure a holistic approach that integrates the psychological aspects arising in the postpartum period, thereby also restoring the emotional component.

Aspects such as strengthening breastfeeding, encouraging the use of health services, educating about postpartum depressive disorder, detecting new cases, and caring for the dyad and family dynamics are the main contributions to the nursing field to help postpartum women more easily face the depressive period after childbirth.

According to authors Ponse *et al* and Menezes *et al* (2022), nurses should possess knowledge and mastery in scientific terms about postpartum depression to provide not only continued education on the topic but also quality care to the postpartum woman, the baby, and the family[8,10].

FINAL CONSIDERATIONS

After examining the results, it was concluded that postpartum depression represents a significant public health challenge, with significant impacts on all family members of the pregnant woman. The analysis of various articles identified several risk factors for the development of depressive symptoms in postpartum women, notably the age of the woman and the baby, inadequate economic income, education, and multiparity. Also identified as risk factors were feelings of insecurity and incapacity in women before becoming mothers, making them susceptible to feelings of failure and incompetence. Concerning the depressive symptoms of women, it was found that they are strongly correlated with social factors such as abandoning their professional lives and financial issues, necessitating adjustments in baby care.

Depressive symptoms are associated with fear related to childbirth. Thus, screening for depressive symptoms during pregnancy can help highlight women at high risk of depressive symptoms and fear in the postpartum period, thereby improving our capacity to care for each woman individually.

The field of nursing also aims to intervene in the care of the mother-child duo and the family dynamics, promoting breastfeeding, transcultural care, stimulation of the use of health services, and education about this disorder. In this way, quality care is offered to the mother postpartum, the baby, and their family.

It was identified that nurses are prepared to provide care to postpartum women with depression in health units. However, due to the pandemic, this care provision was affected since nurses could not continue with home nursing consultations. It was concluded that they try, in some way, to provide necessary guidance to postpartum women according to the resources available to them.

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CC: Study coordination, study design, data collection, storage, and analysis, review and discussion of results.
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DC: Study design, data analysis, review, and discussion of results.
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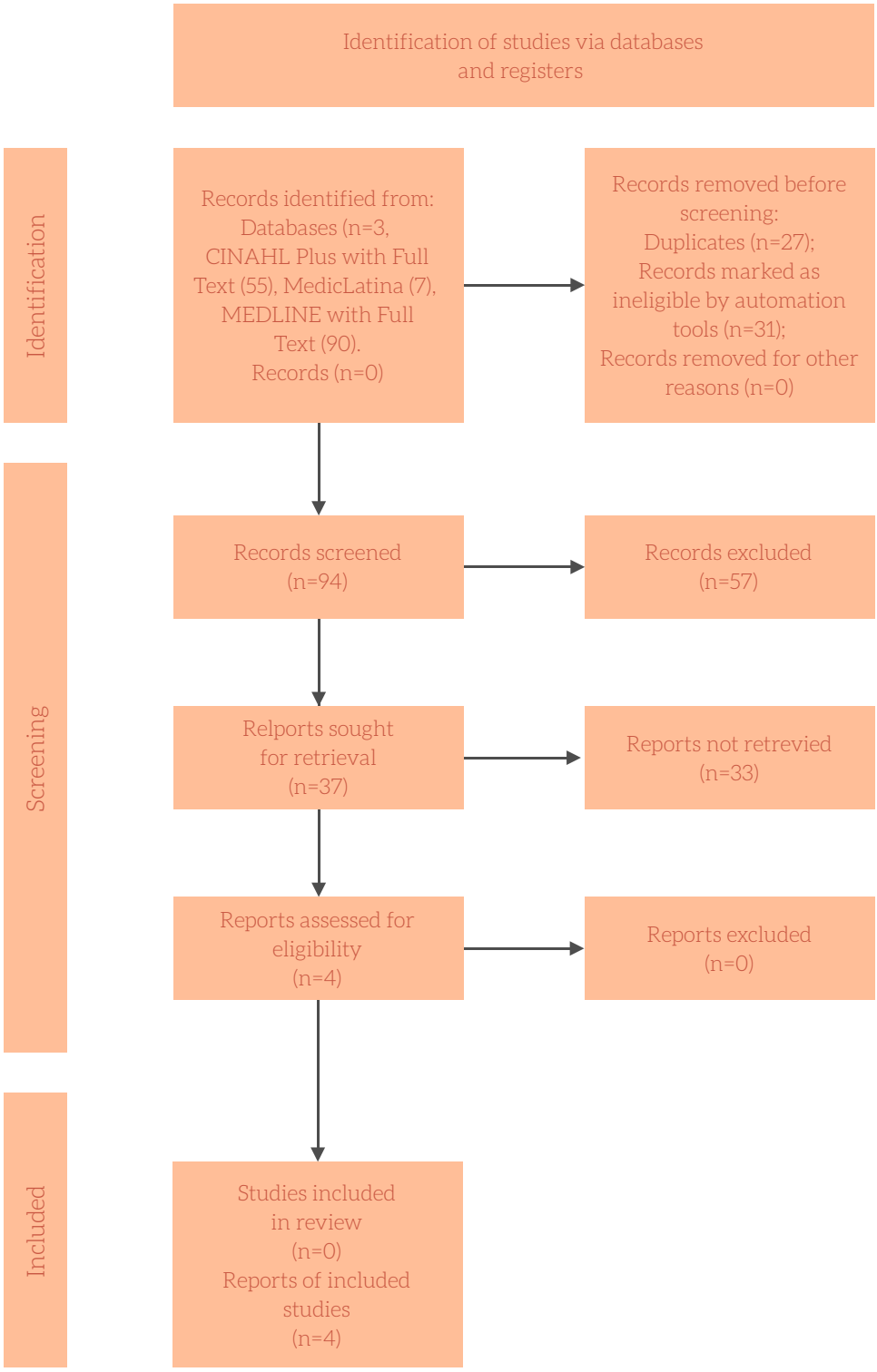


Figure 1 – PRISMA Flow Diagram for presenting the research methodology.

Chart 1 – Results From the Integrative Literature Review.

Authors/Method/Year	Objectives	Results
Alves L., Passos S. (2022)[1] **Method:** Integrative Literature Review.	Analyze factors leading to postpartum depression and the importance of nursing care in this context.	According to the authors, pregnancy and childbirth are unique and special journeys that are part of women's reproductive lives and also that of men. Throughout pregnancy, the expectant woman faces various changes, both physical, such as changes in the body, and hormonal, due to fetal growth. These changes can have positive effects, both physically and psychologically, potentially strengthening and maturing the woman. However, negative effects can also arise, leaving her more vulnerable, confused, and disorganized. It is noteworthy that during the postpartum period, women report the need for someone to listen to their feelings of fear and anxiety. Health professionals, as human beings, should act, helping the postpartum woman find solutions and conditions in accordance with her needs, offering quality care, and respecting all her particularities and individualities.
Bangma M., Kazemier B., Papatsonis D., Van der Zaag-Loonen H., Paarlberg K. (2020)[2] **Method:** Population-Based Prospective Cohort Study.	Evaluate the association between depressive symptoms during pregnancy and postpartum fear of childbirth (PFOC).	In this research, the authors found that 11% of the women participating in the study suffered from depressive symptoms. No significant differences were observed in pregnancy outcomes, that is, considering the type of delivery of each postpartum woman. The authors also added that women with depressive symptoms more frequently experienced these symptoms six weeks after childbirth (adjusted OR 4.9, 95% CI 1.4-17). Thus, women with depression had an increased risk of PFOC six weeks after childbirth (adjusted OR 9.2, 95% CI 2.6-32).
Rosa S., Matos M., Dzivielevski A., Fonseca J., Ribeiro N., Silva R. (2021)[11] **Method:** Descriptive Cross-Sectional Study.	Assess the level of preparation of nurses for the identification of signs and symptoms of postpartum depression (PPD) in a health unit.	In this study, the authors identified that all the interviewed nurses had more than ten years of professional experience. It can be stated that professional experience plays a crucial role in understanding the severity of postpartum depression (PPD) and the importance of family support to assist the woman in the postpartum period, minimizing negative impacts.
Silva F., Rêgo A., Costa S., Dantas J., Batista M., Rodrigues, Barbosa J. (2021)[13] **Method:** Epidemiological, Analytical, Cross-Sectional Study.	Identify the prevalence of postpartum depression (PPD) symptoms and their associated factors in women attended in two public maternity hospitals.	In this study, the authors found that of the 156 interviewed women, 54.1% presented symptoms of PPD. It was observed that being between 26 and 34 years of age (PR: 0.60; CI: 0.41-0.89), having between 5 and 8 years of education (PR: 0.59; CI: 0.40-0.87), having a monthly income of less than a minimum wage (PR: 0.66; CI: 0.49-0.90), having a monthly income of more than a minimum wage (PR: 0.32; CI: 0.20-0.53), starting to work after the age of 18 (PR: 0.76; CI: 0.55-1.04), and not having hypertension (PR: 0.66; CI: 0.48-0.89) were associated with symptoms of PPD.