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ANALYSIS OF POSTNATAL DEPRESSION IN WOMEN OF LOW SOCIOECONOMIC STATUS: INTEGRATIVE LITERATURE REVIEW

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Abstract: Introduction: Women with low socioeconomic status are at greater risk of gestational or postpartum depression, as they face stressful environments from childhood, difficulties in accessing health care, early pregnancy in their maternal references, and single-parent family structures. **Objective:** This article presents an integrative review aimed at identifying, selecting, evaluating, and synthesizing relevant evidence for the analysis of postpartum depression in women with low socioeconomic status. **Knowledge gap:** There are few articles on this topic. **Materials and methods:** To begin the study, a search for materials was conducted using descriptors associated with Boolean operators in databases such as Nature, PubMed, and Scientific Electronic Library Online (SCIELO). After obtaining all the articles, they were read, selected in pairs, and finally, inclusion and exclusion criteria were established, resulting in the studies included in the qualitative synthesis. **Results:** It was observed that women living in poverty are the most affected by postpartum depression and their children have developmental difficulties as a result. **Conclusions:** The literature indicates that there is a need for prevention of postpartum depression, especially in these women, through prenatal care and interventions for those who already have the disorder.

Keywords: Mental health; Postpartum period; Development; Poverty; Children.

Introduction

According to the Brazilian Ministry of Health, the definition of postpartum depression is:

“A condition of profound sadness, despair, and hopelessness that occurs shortly after childbirth. In rare cases, the situation can become complicated and evolve into a more aggressive and extreme form of postpartum depression, known as postpartum psychosis. Postpartum depression has numerous consequences for the bond between mother and baby, especially in terms of affection.”

Maternal mental health disorders are common during pregnancy and the postpartum period, affecting at least 1 in 7 pregnant women. This is a cause for concern, as the effects of these disorders are not only short-lived but can also affect children and other generations of the family. In the United States, the cost of neglecting treatment from the beginning of pregnancy is estimated at US\$ 7.5 billion (SCORZA; PAMELA et al., 2020). When women experience postpartum depression (PPD), they often have difficulty breastfeeding and keeping up with their baby's vaccination schedule. The child, on the other hand, has an increased risk of low weight and psychomotor disorders, in addition to other health problems (BRAZIL. Ministry of Health).

The number of women with gestational or post-gestational depression is higher for those with low socioeconomic status, as they are subjected, from childhood, to a high-stress environment, difficulties in accessing healthcare, early pregnancy of their mother, and single parenthood (SCORZA; PAMELA et al., 2020).

Additionally, the occurrence of depression during pregnancy can result in neglect of prenatal care, increasing the risk of gestational complications that can lead to PPD or, in more severe cases, maternal mortality. Global data on maternal mortality indicate that, for every 100,000 live births, approximately 152 women lose their lives due to complications associated with inadequate or absent prenatal care. In Ethiopia, the high rate of maternal mortality is aggravated, above all, by conditions of poverty (BEYENE; GETNET M. et al., 2023).

In this context, studies on DPP in women of low socioeconomic status are important. Therefore, the topic addressed in this project is relevant and seeks to understand, based on scientific articles, how poverty can influence the onset of DPP and how it impacts the development of their children. It is hoped that this study will facilitate access to information that will lead to possible intervention by health professionals and government agencies, by identifying the risk factors and consequences of DPP.

Theoretical Framework

Six articles were used as a theoretical framework in the preparation of this study, chosen according to the selection criteria presented in the previous chapter. Table 01 shows five of the six articles that were chosen to compose the integrative review.

Results and Discussions

After analyzing the selected articles, it was observed that postpartum depression is directly related to expectations created in relation to it. According to the Diagnostic and Statistical Manual of Mental Disorders

Authors/Year	Article title	Results	Conclusions
Pamela Scorza, Catherine Monk, Seonjoo Lee, Tianshu Feng, Obianuju O. Berry & Elizabeth Werner, 2020	Preventing maternal mental health disorders in the context of poverty: pilot efficacy of a dyadic intervention	The highest rate of depressed women was demonstrated at the beginning of the study, followed by women 16 weeks after giving birth, and the lowest number was 6 weeks after giving birth. All women included in the study were living in poverty. The intervention was carried out using two models that were compared: Practical Resources for Effective Postpartum Parenting (PREPP) and Enhanced Treatment Study (ETAU).	Women with low socioeconomic status are more likely to develop depressive symptoms. Practical resources for effective postpartum parenting significantly reduced symptoms of depression and anxiety in women 6 weeks after the birth of their children compared to enhanced study treatment.
Hannah Ricci, Regina Nakiranda, Linda Malan, Herculano S. Kruger, Marina Visser, Cristiano Ricci, Mieke Cornelius M. Smuts, 2023.	Association between maternal postpartum depressive symptoms, socioeconomic factors, and birth outcomes with child growth in South Africa	Child growth does not correlate directly with maternal postpartum depressive symptoms. However, there is a correlation between low birth weight and these symptoms, and it may be that the stress generated by the hospitalization of the newborn is a predisposing factor for postpartum depression. Low birth weight is related to poverty.	Maternal depressive symptoms such as excessive fear and crying are related to the risk of low birth weight. In addition, the stressors generated by low birth weight and dwarfism may cause postpartum depression.
Inácio S. Santos, Cauane Blumberg, Tiago N. Munhoz, Alicia Matijasevich, Cristiane Salum, Hernane G. S. Junior, Letícia M. dos Santos, Luciano L. Correia, Marta R. de Souza, Pedro IC Lira, Caroline C. Bortolotto, Raquel Barcelos, Elisa Altafim, Marina F. Chicaro, Esmeralda C. Macana & Ronaldo S. da Silva, 2023.	Maternal depression and child development at 3 years of age: a longitudinal study in a Brazilian child development promotion program	The prevalence of postpartum depression in women from less socioeconomically developed countries was higher than in middle-income countries. In addition, between 2020 and 2022, there was a 29.8% increase in the number of women affected by major depressive disorder.	The impact of maternal depression on child development up to the age of 3 can have negative repercussions throughout the individual's life. The figures are worrying, as 1 in 10 women develop depression in the first 3 years after the birth of their children. Furthermore, the COVID-19 pandemic may have worsened depressive symptoms.

<p>Getnet M. Beyene, Telake Azale, Kassahun A. Gelaye & Tadesse A. Ayele, 2023.</p>	<p>Effect of antenatal depression on ANC service utilization in northwest Ethiopia</p>	<p>This prospective cohort study is the first population-based study to understand the impact of depression during pregnancy on antenatal care in Ethiopia. The main finding revealed that prenatal depression directly influences antenatal care attendance in urban areas of Ethiopia. Even after adjusting for known risk factors related to insufficient antenatal visits, antenatal depression remained significantly associated with inadequate antenatal care. In the group exposed to antenatal depression, the incidence of insufficient visits was 25.33%.</p>	<p>It is concluded that early diagnosis and treatment of depression during prenatal care reduces the impact of depression on maternal and fetal health. Furthermore, it points to the need for discussion and dissemination of this issue to the entire community.</p>
<p>Joan L. Luby, Sarah K. England, Deanna M. Barch, Barbara B. Warner, Cynthia Rogers, Christopher D. Smyser, Regina Triplett, Jyoti Arora, Tara A. Smyser, George M. Slavich, Peinan Zhao, Molly Stout, Erik Herzog & J. Philip Miller, 2023.</p>	<p>Social disadvantage during pregnancy: effects on gestational age and birthweight</p>	<p>This study highlighted that social disadvantage is a factor that directly influences the difficulty in meeting basic needs and maternal nutrition, leading to problems with birth weight and gestational age at birth. In addition, it was observed that not only did these two factors change, but also breastfeeding upon discharge from the NICU and up to 1 year of age.</p>	

(DSM), symptoms of PPD appear in the first 4 weeks after delivery. Corroborating the DSM, women usually show signs in the first week, precisely because of expectations. Mothers of premature newborns, with low birth weight and small in relation to standard height, have a higher risk of developing PPD (SCORZA; PAMELA et al., 2020, RICCI; HANNAH et al., 2023).

Additionally, children from households with many people living together and facing financial difficulties are more likely to be born with low birth weight due to food insecurity. Thus, poverty is indirectly associated with postpartum depression, as the risk factors arising from it, such as food insecurity, are often accompanied by limited access to drinking water, inadequate sanitation, poor hygiene conditions, and malnutrition. In addition, prolonged travel time to the health facility had a significant impact on the use of prenatal consultations (RICCI; HANNAH et al., 2023).

In the study, women who had to travel more than 30 minutes to reach a health facility were 1.83 times more likely to have inadequate prenatal consultations compared to others. These scenarios are especially prevalent in low- and middle-income countries, such as South Africa. In line with what has been mentioned, there is also a strong link between the level of maternal education and child nutrition, including low birth weight. The reason for this may be that mothers who have had greater access to education may have a deeper understanding of their children's health, enabling them to identify diseases, seek treatment, follow medical advice, and choose options that are emerging in current medicine (RICCI; HANNAH et al., 2023, BEYENE; GETNET M. et al., 2023).

A baby's mental development has a critical period in which about 80% of brain formation occurs, between birth and 3 years of age. During this phase, both trauma and positive experiences can significantly impact the rest of an individual's life, influencing them in a positive or negative way. In countries with low levels of socioeconomic development, it is estimated that approximately 250 million children under the age of 5 live in extreme poverty, a condition that compromises proper brain development. These children are often exposed to stressful environments, including living with mothers who suffer from postpartum depression, which can hinder the dedication necessary to promote their children's learning and proper development (SANTOS; INÁCIO S. et al., 2023).

The results of DPP in conjunction with social disadvantage can be observed mainly in the mother-baby relationship, since breastfeeding will be impaired both inside and outside the NICU. In terms of long-term factors, children's intellectual development can be affected by maternal inheritance, such as genetics for depression, non-functioning innate neural regulation mechanisms, negative thoughts from the mother, lack of affection and displays of affection, and stressful situations in their lives. The greatest consequences of PPD are seen in the children of women with moderate to severe persistent depression, as the chance of behavioral problems, such as lower grades in math and science and depression in adolescence, increases approximately threefold at 3.5 years of age (LUBY; JOANA L. et al., 2023, SANTOS; INÁCIO S. et al., 2023).

One of the intervention strategies presented was Interpersonal Therapy (IPT) sessions focused on the postpartum period.

The main objective of these sessions is to strengthen the relationship between mother and baby, using exercises that promote interaction and stimulate the development of emotional bonds. During the process, the therapist seeks to understand the mother's mindset, analyzing how her mental representations may be influencing the baby. Thus, the therapist's role goes beyond emotional support, encompassing the coordination of the family's psychological and social needs. This includes referrals to programs that meet the specific demands reported by the mother. This integrated approach not only involves patients more actively in therapy, especially those in poverty, but also facilitates acceptance and increases the effectiveness of the intervention (LENZZE; SHANNON N. et al., 2021).

Conclusion

In view of all the results presented, it is possible to conclude that socioeconomic status affects the environment, in addition to stressors, which can consequently cause postpartum depression. For this reason, low- and middle-income countries are the most affected by this disorder. In addition, there are numerous problems for the development of children who live with mothers affected by PPD. Therefore, forms of prevention are needed, with a primary focus on prenatal care, and the application of interventions such as IPT to help women cope with PPD and reduce the damage to their children's development.

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