

FACTORS ASSOCIATED WITH THE PREVALENCE OF POSTPARTUM DEPRESSION IN PRIMARY HEALTH CARE: REVIEWING THE LITERATURE

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Abstract: Goal: To identify factors related to the development and prevalence of postpartum depression in postpartum women assisted by Primary Health Care through the analysis of publications. **Method:** The present project is an integrative study of the literature, where its bibliographic search was carried out from research published in journals listed in electronic databases. Namely: SciELO and LILACS, based on the following descriptors: “Risk factors”, “prevalence”, “postpartum period” and “postpartum depression”. As inclusion criteria, all studies related to the topic in question were analyzed, using articles originally published between the years 2006 and 2016, and those that did not fit the theme provided were excluded from the study. **Results:** According to the results investigated, it was noted that the cities of Terezina and Osasco had a higher percentage than the other places, with a prevalence equivalent to 31.8%. Of the risk factors mentioned, socioeconomic factors stand out, reported in 10 of the 18 articles under study. In addition, several factors can contribute, such as the absence of emotional support, complicated marital relationships, history involving psychiatry and cases of PPD among family members. The challenges of coping with an unwanted pregnancy, as well as complications during the gestational period, the complex scenario of birth of the baby with malformations, multiparity and even the baby’s sex are also major contributors. **Conclusion:** Based on this study, it was possible to identify and better analyze both the risk factors that involve suffering in the puerperium, as well as the prevalence in several cities in Brazil.

Keywords: Risk Factors, Prevalence, Postpartum period, Baby blues.

INTRODUCTION

The gestational period represents a fundamental restructuring regarding the life of

the woman and the role in which it is exercised by the same. It is a period of transition, where readjustments in the marital relationship are necessary, the daughter starts to take on the role of mother, making it possible to relive moments and experiences, in addition to being a condition in which socioeconomic situations change and influences her professional activities. Added to this, biological, social and psychological changes are frequent, which makes it a unique experience, but challenging and complex, due to its influence also on emotional individualities, as well as on their other social relationships.¹

This period is a time that requires psychological preparation for motherhood. According to the authors, intrauterine life is the starting point for the relationship between parents and children, thus characterizing the maternal and paternal roles. With this, they defend the idea that the use of the term “new mother” must start during the pregnancy period, and not only use it after the birth period.²

The recovery of a woman’s body in the postpartum period takes time. A set of factors can be essential to transform into a negative and suffering experience, the moment when it must be pleasurable, synonymous with happiness and pride for her. Among these factors, biological, family and social ones are included, which lead to risks for the puerperal woman to develop some psychic suffering.³

The postpartum period is considered to be the period that provides the greatest risk of triggering psychic disorders, compared to the other stages of a woman’s life, the most common being postpartum depression (PPD), puerperal psychosis and postpartum sadness. childbirth.⁶ It is estimated that the variation in the prevalence rate of PPD corresponds to 10% to 20%, and cultural aspects are related to variations in this rate. The diagnostic method and the period in which the problem was

detected also contribute to the reduction or increase of this rate.⁷

Postpartum depression is defined as an episode of major depression that occurs during the first four weeks of the puerperal phase.⁸ The clinical picture of this disorder has a diversity of elements in its structure, and it is common to identify symptoms of anxiety in this period, in addition to being characteristic signs of both obsession and compulsion in the puerperal woman, linked to thoughts of aggression and denial of the baby, the that makes it different from postpartum psychosis.⁹

Generalized anxiety and panic disorders are two common elements in postpartum depression that contribute to a worsening of the prognosis.¹⁰ Thus, PPD has repercussions in multiple ways, either through the risk of suicide or through negative changes in interpersonal relationships, including the mother-baby relationship, which can lead to hyperactive behaviors and irritation as consequences for the child.¹¹

Due to the social and clinical magnitude, and the serious and possible adverse effects of the type of depression in question in the lives of women and the people who are part of their lives, it is essential to acquire knowledge about the factors that involve women’s coping with of these situations and how to respond to social and maternal demands, given that undue attention leads to greater risks of damage to health, also interfering with economic and social factors. In view of the above, the great relevance of the study in question is observed, where from it it is possible to obtain important data that guide the Nursing team in the care process and in the challenges that involve this theme.

GOAL

To identify factors related to the development and prevalence of postpartum depression in postpartum women assisted by

Primary Health Care through the analysis of publications.

METHOD

This is an integrative literature review study on risk factors that are related, in Primary Health Care (PHC), with the development and prevalence of depression in puerperal women. This type of study aims to seek, critically analyze and summarize the available evidence on the topic addressed, thus constituting a research method that, despite being more comprehensive than other types of reviews, also requires methodological rigor in all stages of its development.¹² It is a relevant method for Nursing, considering that it allows the construction of a grounded and uniform knowledge, since it offers subsidies and support for thinking critical thinking and decision-making, promoting improvements in the clinical practice of nursing professionals¹³⁻¹⁹. In general, the path to developing an integrative review goes through six different stages¹⁹. The first was the identification of the theme and the selection of the research question: What is being investigated and published about risk factors linked to the development and prevalence of depression in puerperal women? In the second stage, criteria for inclusion and exclusion of studies were established. The inclusion criteria were guided by the articles that reported, in their full version, the proposed theme. In addition, by studies of Brazilian and foreign nationality, with publications between 2006 and 2016, which presented a summary, which were available online in full, with free access, and which had as object of study the experiences of women who became pregnant and presented in this period or after childbirth, triggering factors of depressive disorders. And, as exclusion criteria: Review studies, editorials, opinions and comments, as well as publications that showed a look focused only

on clinical problems. No time frame was used to obtain the studies because it is essential to explore all possible knowledge published to date. The indexed journals originated from the following databases: LILACS Latin American and Caribbean Literature in Health Sciences (LILACS) and (Scientific Electronic Library Online (SciELO). risk”, “Puerperium” and “Postpartum depression”, all of which were consulted by the Virtual Health Library (VHL), according to the previously mentioned descriptors. Next, the Boolean operators were key tools for the advanced searches, being fundamental for the grouping of the largest number of scientific articles.

RESULTS

A total of 2,370 studies were located through an electronic search. However, 49 articles were pre-selected, since 2220 did not meet the inclusion criteria and 101 were repeated, thus being excluded. According to the analysis of these studies, only 18 articles were selected for their composition, as described in Figure 1.

According to the results observed, Terezina stood out in terms of the prevalence of cases of Postpartum Depression, with a percentage equivalent to 85%. Meanwhile, Osasco indicated the lowest record, being from 5.1 to 16%. The study in question analyzed ten articles as a basis for comparing the percentages of the same cities, namely: Porto Alegre (15.9 to 51.2%), João Pessoa (18 to 66.80%), São Paulo (9 to 60 .66%) and, finally, Pelotas, with a percentage of (16.5 to 19.12%). Other cities were also part of the analysis, namely: Rio de Janeiro, Brasília, Baurú, Quixadá and Belo Horizonte, all of them presenting a corresponding percentage, on average, of 33.1% of the prevalent cases in the 18 places analyzed from the study.

With regard to risk factors associated with the cause of the health condition under analysis, those related to socioeconomic issues stand out,

AUTHORSHIP AND YEAR	PLACE OF STUDY	PREVALENCE	INSTRUMENT FOR USE	RISK FACTORS	KIND OF STUDY
CUNHA et al., 2013	Porto Alegre	15,90%	Edinburgh Postpartum Depression Scale (EPDS).	Undesirable sex of the baby, current marital status and factors related to sociocultural issues. To Know: Age, culture, ethnicity, education, employment, housing, income.	Transversal
FAISAL- CURY E MENEZES, 2007	Osasco	From 5,1 to 16%	Trait and State Anxiety Inventory Spielberg (STAIT).	Anxiety-related personality problems.	Transversal
FIGUEIRA, DINIZ E SILVA FILHO, 2012	Belo Horizonte	27,10%	Interview	Childbirth and postpartum complications resulting from psychological trauma, psychiatric history, and socioeconomic and cultural factors.	Transversal
FONSECA et al., 2011	Rio de Janeiro	From 10 to 15%	Edinburgh Postpartum Depression Scale (EPDS) Emotional Availability, Adult Attachment and Social Support	Unwanted baby sex, unwanted pregnancy and marital problems.	Longitudinal
KONRADT et al., 2012	Pelotas	16,50%	Edinburgh Postpartum Depression Scale (EPDS))	absent emotional support from the partner, from friends and family.	Transversal
LOPES et al., 2011	Pelotas	19,50%	Postpartum Depression Scale Edinburgh (EPDS)	Postpartum complications.	Transversal
MATTAR et. al., 2008	São Paulo	19%	Interview	Victim of abuse and socioeconomic issues (age, occupation and income, housing, culture, ethnicity, religion and education).	Transversal
MORAES, 2007	Pelotas	19,12%	Interview	Socioeconomic factors (age, occupation, education and income, housing, culture, ethnicity, religion and education), unwanted sex of the baby and unplanned pregnancy	Transversal

MORAIS, 2015	São Paulo	25%	Interview	Low education, multiparity and socioeconomic factors.	Transversal
MOURA, 2011	Teresina	55 a 85%	Interview	Socioeconomic factors (age, occupation and income, housing, education, culture, ethnicity, religion and education).	Transversal
PEROSA; SILVEIRA E CANAVES, 2006	Brasília	24,90%	The Beck Depression Inventory and State-Trait Anxiety Inventory (STAI)	Baby born with malformation resulting from birth complications	Transversal
PICCININI, 2009	Porto Alegre	51,20%	Interview	Expectations and marital relationship.	Transversal
RODRIGUES, E SCHIAVO, 2012	Bauru	66%	ILipp Stress Symptom Inventory (ISSI) and Edinburgh Postpartum Depression Scale (EPDS)).	Socioeconomic factors (age, income, occupation, housing, culture, education, ethnicity, religion and education).	Longitudinal
RUSCHI et al., 2008	São Paulo	60,66%	Edinburgh Postpartum Depression Scale (EPDS)	Socioeconomic factors (age, employment and income, housing, culture, ethnicity, religion and education) and failed assistance related to early diagnosis.	Transversal
SARAIVA, 2010	João Pessoa	66,80%	Edinburgh Postpartum Depression Scale (EPDS)	Marital and intra-family relationships and socioeconomic factors (age, employment and income, housing, culture, ethnicity, religion and education).	Transversal
SILVA, 2008	São Paulo	12,5 to 38,1%	Edinburgh Postpartum Depression Scale (EPDS) Emotional Availability, Adult Attachment and Social Support.	Socioeconomic factors (age, occupation and income, housing, culture, ethnicity, religion and education).	Longitudinal
SILVA, 2010	Quixadá	From 10 to 20%	Interview	Gestational depression, psychiatric history, low self-esteem, marital problems, financial instability and absent partner.	Longitudinal
VIEGAS et al., 2008	São Paulo	30%	Edinburgh Postpartum Depression Scale (EPDS)	family and psychiatric history of PPD, high stress load, fragmented social support, guilt, emotional fragility, marital problems and complications during pregnancy.	Longitudinal

Figure 1. Aspects related to Prevalence and risk factors

ranging from age, occupation, employment, housing, income, cultural and educational customs, as well as the religiosity. As elements of high relevance to this process, there are also marital problems, lack of support (be it family, friends or partners), as well as issues related to psychic suffering, with relevance to anxiety, depression, emotional instability, history of PPD in the family, complications related to the prepartum, parturition and postpartum period, in addition to the birth of the baby with malformations. Factors involving the sex of the baby, unplanned pregnancy and multiparity were also mentioned, but to a lesser extent.

DISCUSSION

This study highlights the worrying and challenging scenario of coping with Public Health, since from the total of articles to be analyzed in cities in different regions of Brazil, there are significant rates of incidence and prevalence in increasing levels of cases over the years¹⁶ A postpartum depression is evidenced in those studies that emphasize its prevalence, indicating that 10 to 25% is the percentage of this. The sadness related to the puerperium, also known by the term “baby blues”, is mentioned in the studies as one of the main factors of prevalence, presenting 40-80% of the cases.¹⁷ The articles in question also deal with the aspects that expose the puerperal women to risks and vulnerabilities in the context of this pathological condition.

Based on the analysis of the literature, there are several factors related to the prevalence of postpartum depression, with predominance in the citations of those that involve the baby, such as prematurity, congenital malformations and/or complications in the neonate. In addition, sociocultural factors such as the death of loved ones, disappointments faced either personally or professionally, social situation of loneliness, resumption of work activities

and even physical factors of the mother are relevant for triggering or worsening PPD. already existing.

According to the studies under analysis, the challenges to be faced by women during pregnancy include, in most cases: Interpersonal relationships of the mother, particularly with her husband or partner, complications in pregnancy, type of delivery, everyday stresses, low income, lack of medical support and lack of guidance about the changes in mood and feelings inherent to the child that may exist.¹²

Some authors have pointed out that a depression that was not treated during the gestational period is linked to a higher risk of PPD.¹² In addition, they suggest that stress during this period is one of the main triggers. It is important to note that some studies have shown that the prevalence of PPD is more associated with a weakened mother-infant interaction than with an already existing pathology of the mother and that many cases arise from women with a history of sexual abuse and dissatisfaction related to the your body.³

Socioeconomic factors were widely cited by the authors, such factors fall within the social determinants of health, aspects that directly interfere with the health of individuals, with emphasis as the main causes of triggering postpartum depression those linked to housing, employment, income, culture, ethnicity, education, among others.¹⁴ in view of this, the complexity that involves this pathological condition is evident, since it affects, permeates and influences the various relationships of human life, especially with regard to the emotional well-being of the individual.¹⁵ Problems that directly affect the psychological state of women are also causal influencers of PPD, namely: Marital problems, lack of emotional support and psychiatric history.¹⁶

Some problems that are not directly related to psychological well-being may also have an influence on the occurrence of PPD cases, however, to a lesser extent. And they can be cited, even though they are considered more as side effects of an already previous pathological process, than even a totally determining cause for the emergence of PPDs. Such problems include: History of PPD, pregnancy, delivery or postpartum complications.¹⁷ Unwanted pregnancy has low rates in that study, which contradicts the cultural idea of society that this could be one of the biggest determinants for this situation of, culturally, society believing that it would be the most serious risk factor, however, the same is ahead only of issues related to the unwanted sex of the baby and multiparity, which alerts to the fact that social factors are more determinant than those that have a direct relationship between mother and baby.¹⁸

Health professionals must be a reference for pregnant women and the information that needs to be provided to them before, during prenatal care and in the puerperium, are directly associated with a positive emotional development of the woman during pregnancy. Although the doctor is the professional of reference for them, the nurse plays a fundamental role in the dialogue about the care inherent to health during pregnancy and after childbirth, care for the newborn and support in the subjective needs of these women.^{12_21_22}.

With this, the authors point out as essential both the investigation by health professionals on the challenges that the new mother may face, as well as the search for the analysis of hormonal changes and previous psychological factors of this woman, in order to minimize such risks, assisting not only her, but the baby, the family and the scenario in which they all work, in order to ensure health promotion and the reduction of risks and injuries that

interfere with their mental health. Therefore, qualified listening and humanized assistance during prenatal consultations are essential, with the nurse being one of the main actors responsible for guaranteeing this assistance.³⁶

The number of studies included in this review was small compared to what is currently available. This limitation is justified due to the fact that all studies relevant to issues related to specific problems associated with PPD, which are the vast majority of productions linked to the theme, were excluded during the stage of reading titles and abstracts, as they did not address directly from the main objective of this review. Another limitation was the exclusion of studies in languages not listed in the inclusion criteria. To reduce the limits of the research, searches with exact descriptors and keywords were used in order to make the recovery of the productions meaningful. The studies that were included formed a diverse selection, and the breadth of questions posed by each one indicates that the conclusions to be drawn from the present study are valuable, relevant and useful.

CONCLUSION

In view of the evidence presented, it was possible to obtain a better analysis of the reasons which trigger the risks that lead to puerperal suffering, in addition to understanding this scenario in several Brazilian cities. The number of studies related to the subject is considered low, although there are high rates of cases related to PPD, which makes clear the need to create, expand and strengthen public policies aimed at women's health at all stages of their pregnancy cycle, thus including the puerperal phase. In addition, the commitment of health professionals to qualified listening and humanized assistance during prenatal consultations is essential, with nurses being one of the main actors responsible for ensuring this assistance.

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