

## POSTPARTUM DEPRESSION: A LITERARY REVIEW

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***Giovanna Cristina Marques Andrade***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/5908274444273025>

***Cricia Daniely Ferreira***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/6913983330198104>

***Donizete dos Reis Andrade Júnior***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/8578022668036155>

***Marcella de Castro Rodrigues***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/1036197921157820>

***Eduarda Lemes Miguel***

Universidade Federal de Uberlândia  
Uberlândia – Minas Gerais  
<http://lattes.cnpq.br/8678909476940043>

***Maria Luiza Pereira Lima***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/5147734728409092>

***Pedro Paulo Pacheco de Sá***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/9174602665452421>

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***Maria Clara Dias Coelho Menezes***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/2646237893795342>

***Sara Bastos Santos***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/0024317591653578>

***Isadora Furtado Pereira***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/6108543906326025>

***Kissa Abe de Lima***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/1809891498947317>

***Carla Geovana Teles***

Instituto Master de Ensino Antônio Carlos  
Araguari – Minas Gerais  
<http://lattes.cnpq.br/1719677873890649>

**Abstract:** Postpartum depression is a pathology that affects part of the puerperal female population. Early diagnosis enables rapid and complete improvement of the patient. The main symptoms indicative of depression is crying, lack of energy, feeling of worthlessness and sadness. The damage caused by the disease in the child development of the newborn. The treatment adopted is individualized, since it varies according to the degree of the pathology, capable of approaching from light therapeutic conducts, such as behavioral therapy, to administering medication to the puerperal woman.

**Keywords:** Postpartum depression; Pathology; Consequences; Mother-Child Relationships; Treatment.

## INTRODUCTION

Depression is a problem that affects the body as a whole, it is capable of causing damage to all systems of an individual's body. This way, it is considered a problem faced on the world stage, since in all nations there is a certain portion of the population that has depression at some stage of life or even chronically.

The postpartum period happens with a rich hormonal complexity, therefore, many times, these hormones, in an irregular way, can influence depression, therefore, this disease during the post -gestation period is known as postpartum depression. This disorder must be recognized as an important pathology, since it causes harm to both the mother and the child's development.

According to the World Health Organization, it is estimated that, in the world, about three hundred million individuals are affected by depression. Specifically, postpartum depression is capable of reaching around 10 to 20% of postpartum women worldwide (SILVEIRA *et al*, 2018).

The diagnosis is made by observing the alterations present in the puerperal woman's life, mainly due to the warning symptoms indicative of depression, such as crying, feeling worthless and lack of energy for daily activities.

In this perspective, the main objective of this article is to evaluate the scientific documents and list the main factors that involve and influence the pathophysiology of postpartum depression and expose the most common consequences and the most used treatments to alleviate this disorder.

## METHODOLOGY

The document is a literature review, in which the main objective is to analyze in detail the factors that involve and influence postpartum depression, from the selection of materials capable of providing effective and reliable knowledge for the production of this article.

Inclusion criteria that were able to specify reliable documents were selected. Documents

inserted in platforms that contain recognized databases were included, such as Scielo, Redalyc, Virtual Health Library, among other national sources. In addition, articles that fit between the years 2003 to 2021 were chosen.

Exclusion criteria were determined for articles that deviated from the analyzed theme, outside the chosen time and documents not completely available. To direct the research on the subject, the following keywords were used: Postpartum depression; Pathology; Consequences; Mother-child relationship; Treatment.

The selected descriptors were selected from the Health Sciences Descriptors (DeCS), which allowed the search to be more objective of the topics to be addressed by this material.

Several arrangements were made between the descriptors for an efficient search of this theme, thus, after the searches carried out, it was possible to final select 18 documents for the complete reading for the construction of this article.

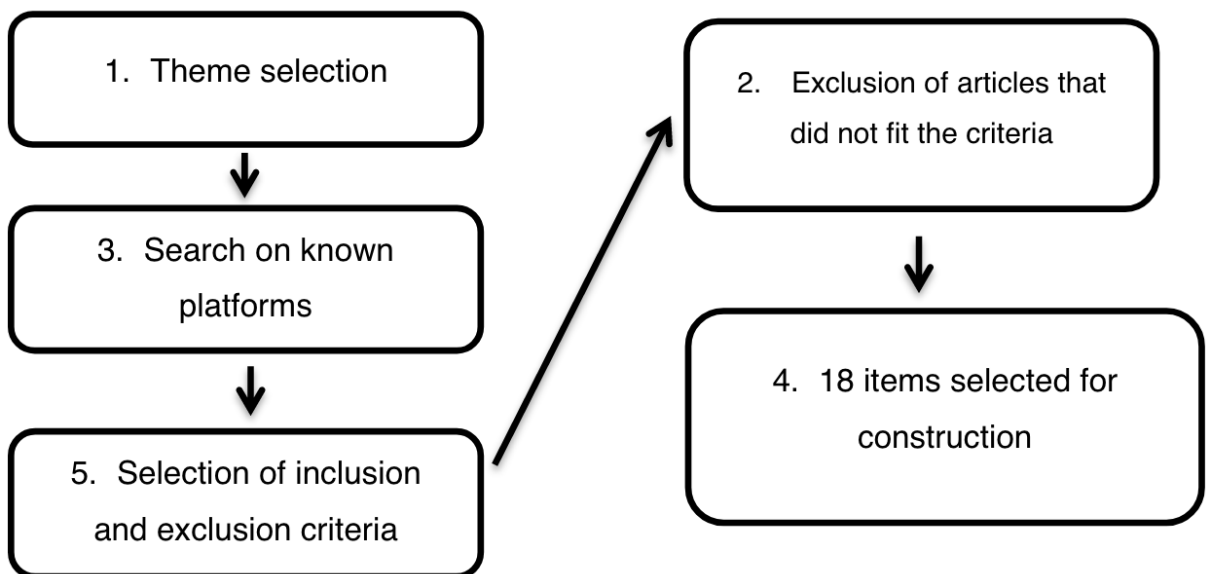


Figure 1: Outline of the process of choosing bibliographic references.

Source: Own authorship, 2022.

With the data search, it was possible to reach the results for the construction of this article, since from the selection of the articles some main points were determined to validate the research as a benefit for the writing of the article, this way, it was possible to analyze the type of study, as well as the objective of each article, represented by table 2.

This way, after the selection of articles and analysis, the main topics to be addressed were determined, in order to improve the bibliographic review, therefore, the most important points will be the triggering factors, the consequences, the treatment and important aspects that involve the postpartum depression in the life of every puerperal woman.

## THEORETICAL FOUNDATION: PATHOPHYSIOLOGY AND RISK FACTORS

Depression is a disorder that affects the entire body, which causes harm to all areas of the body, such as physical, social and mental. The title of weak must not be attributed to depressive patients, since this disorder comes from some brain alteration that triggers evolution. In this perspective, postpartum depression is an example of common depression in society, which requires an early diagnosis and adequate treatment in order to improve this affected population (GOMES *et al.*, 2010).

Postpartum depression, also known as transient depression, is a disease with an important clinical picture in terms of health,

Article Title	Authors	goal	Kind of study
Postpartum Depression: Main Causes and Consequences for the Health of Postpartum Women According to the Literature.	BARROSO, LPS, BARROSO, IS, CARDOSO, ALB, 2020	Identify causes and consequences of postpartum depression, outline diagnosis and describe evidence on treatment.	Integrative literature review
Alterations of the hormone's cortisol, progesterone, estrogen, glucocorticoids and corticotropin-releasing hormone in postpartum depression	BORGES, ARF <i>et al.</i> , 2021	Evaluate the hormonal alterations of estrogen, progesterone, cortisol, corticotropin and glucocorticoids on postpartum depression.	Integrative literature review
Risk factors, protection, diagnosis and treatment of postpartum depression in the context of primary care.	CAMPOS CA <i>et al.</i> , 2021	Identification of risk and protective factors for postpartum depression, diagnosis and treatment.	Literature review
Baby blues	FONSECA, A.; CANAVARRO, MC, 2017	Analysis of risk factors for the occurrence of postpartum depression.	Integrative literature review
Identification of Risk Factors for Postpartum Depression: importance of early diagnosis	GOMES, LA <i>et al.</i> , 2010	Identify risk factors for postpartum depression and symptoms for rapid diagnosis.	Descriptive research with a quantitative approach
Postpartum depression: prevention and consequences	GUEDES-SILVA, D <i>et al.</i> , 2003	Evaluate and report the factors that alter the organism that are possible causes of postpartum depression.	Integrative literature review

Postpartum depression, postpartum psychosis and maternal sadness	IACONELLI, V., 2005	Definition of psychological disorders in postpartum women.	Integrative literature review
Postpartum depression: evidence-based treatment	IBIAPINA, FLP <i>et al.</i> , 2010	Evaluate treatment of postpartum depression.	Integrative literature review
Diagnostic and statistical manual of mental disorders	American Psychiatric Association, 2014	Address all psychiatric disorders as per DSM-5.	Diagnostic Manual
Postpartum depression: Signs and symptoms in postpartum women at risk in the baby's first year of life.	MINT, OV; SOUZA, MGG, 2010	Investigation of postpartum depression in puerperal women who had high-risk pregnancies and treatment through follow -up.	Non-randomized clinical trial
Baby blues	MINISTRY OF HEALTH, 2019	It describes the factors that influence postpartum depression: causes, prevention, symptoms and treatment.	data review
Baby blues	MOLDENHAUER, J.S, 2021	It lists the factors that involve the emergence and evolution of postpartum depression.	data review
Consequences of postpartum depression on child development: integrative review	RODRIGUES, WLC <i>et al.</i> , 2019	Relate postpartum depression with negative consequences on child development.	Integrative literature review
Postpartum depression: risk factors and repercussions on child development	SCHIMIDT, EB; PICCOLOTO, NM; MÜLLER, MC, 2005	Relationship between conceptual and epidemiological factors, risk factors and repercussions of postpartum depression on the mother-child relationship.	Integrative literature review
The impact of postpartum depression on mother-infant interaction.	SCHWENGBER, DD S.; PICCININI, CA, 2003	To evaluate the relationship between postpartum depression in puerperal women and the mother-baby interaction.	Integrative literature review
Postpartum depression in women who have survived severe maternal morbidity	SILVEIRA, MS <i>et al.</i> , 2018	Observes the relationship between severe maternal morbidity and symptoms of postpartum depression.	cohort study
Prevalence of self-reported depression in Brazil: results of the National Health Survey, 2013	STOPA, R.S <i>et al.</i> , 2015	To define the prevalence of self-reported previous medical diagnosis of depression in the adult population in Brazil.	Secondary data review
Postpartum depression: we know the risks, but can we prevent it?	ZINGA, D.; PHILLIPS, SD; BORN, L., 2005	Identify risk factors for postpartum depression.	Integrative literature review

Table 2: Analysis of the articles included to assess the factors involved in PPD.

Source: Own authorship, 2022.

since it can become extremely dangerous for the mother due to the severity with which the symptoms can reach (IACONELLI, 2005).

The disorder addressed has an unknown etiology, however, there are several factors capable of increasing the possibility of occurrence of this disorder in the puerperal period. Even if the mother faces difficulties, in today's society, there is no space to openly discuss topics like this, as they are still not considered important, especially in public health (MOLDENHAUER, 2021).

There are three types of postpartum depression, they are: maternal sadness, postpartum depression and postpartum psychosis (MINISTÉRIO DA SAÚDE, 2019). The difference between these classifications is how much the disease affects the mother's functions and puts the life of the infant and child at risk (IACONELLI, 2005).

As the exact cause is not defined, it is believed that there may be influence of hormonal changes that the body undergoes during this period, which are also responsible for triggering the main symptoms of depression, because with childbirth estrogen and progesterone levels suffer a drop abrupt (MINISTRY OF HEALTH, 2019). This reduction in levels provides vulnerability to depression in postpartum women (BORGES *et. al.*, 2021).

Thus, according to Zinga, Phillips and Born (2005), it is understood that there is a relationship between gonadal hormones and central serotonergic activity, since there is a reduction of gonadal steroids, which, consequently, reduces the activity caused by serotonin, a fact that increases the possibility of mood swings in the mother.

Generally, the symptomatic phase of postpartum depression appears in the sixth week (about 14 days) after the birth of the child, with different symptoms, such as crying, feeling worthless, lack of energy,

among other psychosomatic complaints that are responsible for generate a psychological disorder in the mother (SCHWENGBER; PICCININI, 2003).

Some situations, such as difficulties during childbirth and resulting from it, unwanted pregnancy, low birth weight newborn, lack of adequate family support, multiparous women, unemployment and other factors can provide an environment in which the mother becomes more susceptible to the onset of depression (MENTA; SOUZA, 2010).

## EPIDEMIOLOGY

It is considered a Public Health problem in Brazil, since it is capable of influencing all individual routine activities. This way, it affects all types of relationships present in the patient's social life. (STOPA *et al*, 2015)

Postpartum depression is a psychological disorder during the puerperal period capable of causing harm to both the mother and the infant (MENTA; SOUZA, 2010). About 80% of mothers may experience melancholy, which happens temporarily with present symptoms, however, approximately 15% of this population triggers postpartum depression (ZINGA; PHILLIPS; BORN, 2005).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), pregnant women who have a higher number of episodes of mood changes are more likely to develop severe anxiety and panic attacks, as well as an increased risk of developing depressive disorder in the puerperium.

## DIAGNOSIS

The diagnosis of Postpartum Depression happens by external perception most of the time, by the multidisciplinary team that accompanies or by those who live with the mother. Thus, when noticing the initial signs, it must be observed whether they will be permanent or just a short period of

hormonal readjustment in the puerperal body (BARROSO; BARROSO; CARDOSO, 2020).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), depression is diagnosed using specific criteria, such as having 5 or more symptoms: depressed mood, anhedonia, weight loss or gain, sleep disturbances, agitation or psychomotor retardation, fatigue, feeling of worthlessness, change in concentration. These symptoms must cause significant distress for the patient and must not have manic episodes present.

Postpartum depression consists of the classification of depression in a patient that changes occur within 4 weeks after delivery.

## CONSEQUENCES

Postpartum depression is able to influence the dynamics of the relationship between the mother and the baby, consequently, it affects the way the child develops in the socio-affective and cognitive spheres (SCHWENGBER; PICCININI, 2003). It is important to point out that this type of disease in the mother's life is capable of affecting her daily function, that is, it interferes with her autonomy to take care of both herself and the child (MOLDENHAUER, 2021).

It is evident that the newborn suffers from this pathology present in the maternal organism, if there are other children, emotional problems also occur with them, since the absence of the mother causes trauma in the children because they do not understand the real reason for the separation (GUEDES -SILVA *et al.*, 2003).

Postpartum depression has repercussions in the child's childhood phase, since child development is impaired, since it can present, mainly, behavioral, linguistic, cognitive and social problems. These losses are caused due to the fragile and superficial relationship between the child and the mother affected by the disease. (RODRIGUES *et al.*, 2019)

## TREATMENT

A portion of women who have postpartum depression are treated by the primary care of the Unified Health System (SUS), only severe cases are referred to secondary or tertiary care, depending on the level of need of each individual. However, even with the availability of care, there is still prejudice present in the conscience of both the mother and the family members in accepting the diagnosis of postpartum depression (FONSECA; CANAVARRO, 2017).

According to Campos *et al.* (2021), there was positive evidence regarding cognitive behavioral therapy in the puerperal period in these patients, which facilitated the self-knowledge of these pregnant women, consequently, the ability to deal with the symptoms. Pharmacological treatment may vary according to the degree of psychiatric disorder presented in each patient.

It is important that the puerperal care is multidisciplinary, since gynecological, psychological and, in some cases, psychiatric support is needed. (GUEDES-SILVA *et al.*, 2003). Selective serotonin and noradrenaline inhibitors (SNRIs), Venlafaxine, are recommended for women who breastfeed, while for those who do not breastfeed, treatment similar to that of an adult with depression can be followed (CAMPOS, *et al.*, 2021).

There are several types of interventions studied, such as psychotherapy, hormone therapy, physical activity and other interventions that are beneficial to the present clinical condition, which are proven to reduce the present symptoms resulting from the disease (IBIAPINA *et al.*, 2010).

## FINAL CONSIDERATIONS

Depression can be considered as a disease with the character to become a worldwide epidemic, correlated with several important

factors that can aggravate the pathology and cause damage to the health of the patient and those who live with the individual. One of the agents that can influence is the hormonal complexity, thus, women in their postpartum period are more susceptible to the irregularity of body hormones.

The harm caused by postpartum depression affects the mother and family members, especially the newborn, since the relationship with the puerperal woman does not happen in a profound way, which is capable of promoting consequences in the future child development. Therefore, a rapid diagnosis is necessary to avoid permanent damage to the life of the affected woman and the people who live with her.

The treatment is carried out with the support of primary, secondary and tertiary care, according to the needs of each patient and, thus, the type of therapeutic approach to be adopted to improve the pathology is determined.

Therefore, it is possible to perceive that the direct factors of the etiology of postpartum depression are not scientifically proven, only there are theories that have not been completely proven. There is knowledge of factors that may influence the development of this pathology, such as disorders caused by postpartum hormones.

The family members who closely follow the patient are the most affected in the background, since they feel neglected by the separation of the puerperal woman. For this, there are treatments capable of improving symptoms and combating this pathology, such as antidepressants and therapy.

## REFERENCES

- BARROSO, L.P.S., BARROSO, I.S., CARDOSO, A.L.B.; **Depressão Pós-Parto: Principais Causas E Consequências Para A Saúde Da Puérpera De Acordo A Literatura.** *Revista Portuguesa Interdisciplinar* V.1, N°2, p.58-78, Agos./Dez. 2020.
- BORGES, A. R. F. *et al.* **Alterações dos hormônios cortisol, progesterona, estrogênio, glicocorticóides e hormônio liberador de corticotrofina na depressão pós-parto.** *Revista Ciência e Estudos Acadêmicos de Medicina*, UNEMAT, n. 14, p. 27-45, jan/jun 2021. Disponível em: <https://periodicos.unemat.br/index.php/revistamedicina/article/download/5034/429>. Acesso em: 27 dez. 2021.
- CAMPOS C. A. *et al.* **Fatores de risco, proteção, diagnóstico e tratamento da depressão pós-parto no contexto da atenção primária.** *Revista Eletrônica Acervo Saúde*, v. 13, n. 1, p. e5410, 31 jan. 2021. Disponível em: <https://18.231.186.255/index.php/saude/article/view/5410>. Acesso em: 07 mai. 2022.
- FONSECA, A.; CANAVARRO, M. C. **Depressão pós-parto.** Porto Alegre: Artmed Panamericana Editora, 2017. 43 p. Disponível em: <http://hdl.handle.net/10316/45085>. Acesso em: 28 dez. 2021.
- GOMES, L. A. *et al.* **Identificação dos Fatores de Risco para Depressão Pós-Parto: importância do diagnóstico precoce.** *Rev. Rene*, Fortaleza, v. 11, n. Especial, p. 117-123, 2010. Disponível em: <http://www.periodicos.ufc.br/rene/article/view/4689>. Acesso em: 27 dez. 2021.
- GUEDES-SILVA, D *et al.* **Depressão pós-parto: prevenção e consequências.** *Revista Mal-Estar e Subjetividade*, Fortaleza, v. 31, ed. 2, p. 439-450, set 2003. Disponível em: <https://periodicos.unifor.br/rmes/article/view/4876/3886>. Acesso em: 28 dez. 2021.



IACONELLI, V. **Depressão pós-parto, psicose pós-parto e tristeza materna.** *Revista Pediatria Moderna*, [s. l.], v. 41, n. 4, jul/ago 2005. Disponível em: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/1927.pdf>. Acesso em: 27 dez. 2021.

IBIAPINA, F. L. P. *et al.* **Depressão pós-parto: tratamento baseado em evidências.** *FEMINA*, [s. l.], v. 38, ed. 3, p. 161-165, mar 2010. Disponível em: <http://files.bvs.br/upload/S/0100-7254/2010/v38n3/a008.pdf>. Acesso em: 28 dez. 2021.

**Manual diagnóstico e estatístico de transtornos mentais** [recurso eletrônico]: DSM-5 / [American Psychiatric Association; tradução: Maria Inês Corrêa Nascimento, *et al.*] ; revisão técnica: Aristides Volpato Cordioli, *et al.* – 5. ed. – Dados eletrônicos. – Porto Alegre: Artmed, 2014. Disponível em: <http://www.niip.com.br/wp-content/uploads/2018/06/Manual-Diagnostico-e-Estatistico-de-Transtornos-Mentais-DSM-5-1-pdf>. Acesso em: 07 mai. 2022.

MENTA, O. V.; SOUZA, M. G. G. **Depressão pós-parto: Sinais e sintomas em puérperas de risco no primeiro ano de vida do bebê.** *Arq. Ciênc. Saúde*, [s. l.], v. 17, ed. 2, p. 67-72, 27 jun. 2010. Disponível em: [https://repositorio-racs.famerp.br/racs\\_ol/vol-17-2/IDO1\\_ABR\\_JUN\\_2010.pdf](https://repositorio-racs.famerp.br/racs_ol/vol-17-2/IDO1_ABR_JUN_2010.pdf). Acesso em: 28 dez. 2021.

MINISTÉRIO DA SAÚDE (Brasil). Governo do Estado de Goiás. **Depressão Pós-Parto.** [S. l.], 21 nov. 2019. Disponível em: <https://www.saude.go.gov.br/biblioteca/7594-depress%C3%A3o-p%C3%B3s-parto>. Acesso em: 27 dez. 2021.

MOLDENHAUER, J. S. **Depressão pós-parto.** Manual MSD, 27 dez. 2021. Disponível em: <https://www.msmanuals.com/pt-br/profissional/ginecologia-e-obstetr%C3%ADcia/cuidados-p%C3%B3s-parto-e-dist%C3%BARbios-associados/depress%C3%A3o-p%C3%B3s-parto>. Acesso em: 27 dez. 2021.

RODRIGUES, W. L. C. *et al.* **Consequências da depressão pós-parto no desenvolvimento infantil: revisão integrativa.** *Revista Nursing*, [s. l.], v. 22, ed. 250, p. 27282733, 2019. Disponível em: <http://revistas.mpmcomunicacao.com.br/index.php/revistanursing/article/view/271/255>. Acesso em: 2 fev. 2022

SCHIMIDT, E. B.; PICCOLOTO, N. M.; MÜLLER, M. C. Depressão pós-parto: fatores de risco e repercussões no desenvolvimento infantil. *Psico-UFS*, [s. l.], v. 10, ed. 1, p. 61-68, jan/jun 2005. Disponível em: <https://www.scielo.br/j/psuf/a/6HnH84JM9TGFPFRG7hhwwnd/?format=pdf&lang=pt>. Acesso em: 28 dez. 2021.

SCHWENGBER, D. D. de S.; PICCININI, C. A. **O impacto da depressão pós-parto para a interação mãe-bebê.** *Estud. Psicol.*, Natal, v. 8, ed. 3, dez 2003. DOI <https://doi.org/10.1590/S1413-294X2003000300007>. Disponível em: <https://www.scielo.br/j/epsic/a/99CZHn8wZDPwy6QHGbfrQr/?lang=pt>. Acesso em: 28 dez. 2021.

SILVEIRA, M. S. *et al.* **A depressão pós-parto em mulheres que sobreviveram à morbidade materna grave.** *Cad. Saúde Colet.*, [s. l.], v. 26, ed. 4, p. 378-383, 2018. Disponível em: <https://www.scielo.br/j/cadsc/a/cZGPcGychPVNvphzrZDQcQz/?lang=pt&format=pdf#:~:text=De%20acordo%20com%20a%20OMS,desenvolveram%20no%20in%C3%ADcio%20da%20gravidez>. Acesso em: 2 fev. 2022.

STOPA, R. S *et al.* **Prevalência do autorrelato de depressão no Brasil: resultados da Pesquisa Nacional de Saúde, 2013.** *Rev. bras. epidemiol.*, [s. l.], v. 18, ed. 2, dez. 2015. DOI <https://doi.org/10.1590/1980-5497201500060015>. Disponível em: <https://www.scielo.br/j/rbepid/a/VGmSdKDBd7WcjHnW4BrP8kg/?lang=pt>. Acesso em: 2 fev. 2022.

ZINGA, D.; PHILLIPS, S. D.; BORN, L. **Depressão pós-parto: sabemos os riscos, mas podemos preveni-la?** *Rev. Bras. Psiquiatr.*, [s. l.], v. 27, p. 56-64, 2005. Disponível em: <https://www.scielo.br/j/rbp/a/zpYNMyNLHGbjYnNcj7fcmHjj/?format=pdf&lang=pt>. Acesso em: 28 dez. 2021.