

DEPRESSION IS NOT JUST IN THE PUERPERIUM: TAKING CARE OF MENTAL HEALTH DURING PREGNANCY TOO

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Abstract: Depression during pregnancy affects between 10% and 15% of pregnant women, varying according to the country's level of development. In developed nations, rates are between 10% and 15%, while in developing countries they can reach 25%. The prevalence of depression also varies throughout pregnancy, with 7.4% in the first trimester and 12% in the last. The condition is often underdiagnosed due to health professionals' difficulty in distinguishing physiological from pathological symptoms. Symptoms include poor appetite, low energy and feelings of guilt, and can impact on fetal development, increasing the risk of complications such as pre-eclampsia and premature birth. This study seeks to assess the prevalence of depression in pregnancy and identify care strategies, based on an analysis of 22 scientific articles between 2014 and 2024 in which 10 articles were selected. Psychological therapies, such as Cognitive Behavioral Therapy, are preferred for mild to moderate depression, while the use of antidepressants is recommended for more severe cases. However, the availability of treatments varies, especially in developing countries. The study concludes that gestational depression is a global concern and that there is a need for affordable interventions to improve maternal and child health.

Keywords: pregnancy; depression; care.

INTRODUCTION

Mental health is a fundamental dimension of public health, encompassing an individual's psychological and emotional well-being, and is essential for functional performance and quality of life.

Pregnancy is a natural process during which physiological changes occur in the mother's body in order to adapt it to the new conditions imposed by the shelter of the new being. Most pregnancies proceed normally and progress to spontaneous childbirth and the physiological puerperium. In some

situations, there may be an imbalance in these changes, or other internal or external conditions that favor this imbalance, which can result in pathologies, including depression. (Coelho et al., 2009, p. 18)

Depression is a mental disorder characterized by a persistent feeling of sadness, discouragement and loss of interest in daily activities. In the context of pregnancy, scientific literature indicates that the pregnancy-puerperal period is the time when women are most prone to mental disorders. This risk is especially high in the first and third trimesters of pregnancy, as well as in the first 30 days after giving birth. Among mental disorders, depression is the most prevalent, standing out as a significant concern for women's mental health.

During pregnancy, 10% to 15% of women experience mild to moderate anxiety and depression. The prevalence of depression varies according to the development of the country. In developed countries, the rates are lower, around 10% and 15%, while in developing countries, the average is around 25%. In less developed countries, the rates of major depression were 10.7% and minor depression 21.1%. Prevalence also varies according to age or gestational trimester, from 7.4% in the first trimester to 12.0% in the last. In Brazil, there are few studies on depression during pregnancy, and most of them were carried out in a hospital environment and with pregnant teenagers, which demonstrates a predisposition to assess pregnant women at risk, and therefore more prone to gestational depression. (Thiengo, Daianna Lima et al., 2024)

Depression during pregnancy not only compromises the emotional well-being of the pregnant woman, but can also have lasting impacts on the baby's development and family dynamics. This condition is often underdiagnosed, partly due to the difficulty professionals have in distinguishing between the normal symptoms of pregnancy and the

signs of a pathological depressive condition. Symptoms such as lack of appetite, low energy and feelings of guilt are common at various times in a woman's life and can mask the presence of depression. When not identified and treated properly, gestational depression can damage fetal development and increase the risk of complications such as pre-eclampsia, premature birth and low birth weight. It is therefore essential that there is careful surveillance and a comprehensive approach to the diagnosis and treatment of this condition during pregnancy. To this end, it is essential that health professionals are attentive to women's mental health from the first signs, promoting continuous monitoring during prenatal care. Early identification of depressive symptoms is crucial to reducing the long-term negative impacts, enabling appropriate interventions that can prevent progression to a more serious condition in the postpartum period. "Early disturbances in the mother/child relationship can have detrimental implications for both. Specifically, it can negatively influence maternal mental health, intensifying depressive and anxious symptoms and compromising child development" (Oliveira et al., 2017 p. 2). In addition to the consequences for the mother's mental health, gestational depression can directly affect the fetus, potentially leading to inadequate growth and increasing the risk of birth complications. The high emotional burden and maternal stress can interfere with the baby's neurological development, increasing the likelihood of behavioral problems and emotional difficulties later on. Lack of proper care and difficulties in establishing a healthy bond with the baby can also have a negative impact on child development. It is therefore crucial that early intervention is a priority to protect both the mother's and the baby's health.

During pregnancy, there are various changes in women's behavior and in the lives of couples, involving social, family, marital, professional and, above all, personal aspects. During this phase, it is common for moods to be unstable, which can result in conflicting feelings about both the baby and the pregnant woman's life. It is of great importance to carry out prenatal care in order to prevent gestational problems and control psychological aggravations. During this period there is also physical and psychological preparation for childbirth and motherhood, providing a suitable environment for a positive experience for the pregnant woman. (Maria & Alessandra, 2016 p. 849)

In addition to traditional prenatal care practices, the inclusion of psychological and emotional support strategies can be crucial for the well-being of pregnant women. Programs that offer psychological support, education about motherhood and guidance on managing emotions can help reduce anxiety and depression, promoting a more balanced pregnancy experience. The active involvement of the partner and family also plays a key role in creating a supportive and understanding environment, helping the pregnant woman to face emotional challenges and strengthen the bond with the baby. Studies show that continuous support during pregnancy not only improves the mother's well-being, but also contributes to better health outcomes for the baby and a smoother adaptation to the new family dynamic. Therefore, integrating psychological care into prenatal care can bring significant benefits for the mental health and development of the family as a whole.

An important aspect of maternal care is supporting pregnant women to acquire, develop and maintain resilience and coping strategies to promote health and well-being. Being resilient helps pregnant women develop coping strategies, deal with anxiety and stress, reduce the fear associated with childbirth and helps them maintain health

and well-being throughout motherhood. (Steen & Francisco, 2019 p.4)

This study aims to assess the prevalence of depression during pregnancy and describe the care strategies that can be adopted to promote mental health during pregnancy. The analysis seeks to identify risk factors for maternal and child health and effective practices for the prevention and treatment of depression in pregnancy.

METHODOLOGY

In this literature review on depression during pregnancy, the methodology adopted aims to provide a comprehensive and critical analysis of the existing evidence. To this end, rigorous procedures were followed in the selection, evaluation and synthesis of relevant studies. Initially, specific criteria were defined for the inclusion and exclusion of studies. Only articles directly addressing depression during pregnancy and published in the last 10 years were considered. This approach ensured that the information was relevant and up-to-date. Studies focusing on other psychiatric conditions or with insufficient data were excluded. In addition, to ensure broad accessibility, only articles available in English, Portuguese and Spanish were included. The literature search was carried out in widely recognized academic databases, including PubMed, PsycINFO, Scopus and Web of Science. Keyword combinations and terms related to depression in pregnancy were used, such as “gestational depression”, “mental disorders during pregnancy” and “impacts of fetal depression”, using Boolean operators (AND, OR, NOT) to refine the results and obtain the most relevant literature. After the initial collection of articles, the titles and abstracts were assessed to check that they met the inclusion criteria. The articles that passed this initial screening were read in full and analyzed for their relevance

and methodological quality. To ensure the integrity of the analysis, the studies were assessed using critical appraisal tools, such as the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and quality scales for cohort and cross-sectional studies. Data analysis involved organizing the information into thematic categories, making it easier to compare and synthesize the results. Common patterns, trends and gaps in the existing literature were identified. The evidence was integrated to provide a complete overview of the prevalence of depression during pregnancy, the associated risk factors, the impacts on fetal health and the most effective therapeutic interventions. The review also included a critical discussion of the limitations of the studies reviewed, such as possible selection bias and methodological variability. This aspect is crucial in order to contextualize the findings and consider their practical implications. Implications for clinical practice were addressed, highlighting the need for more effective strategies for the detection and treatment of gestational depression, as well as areas in need of further research. In addition, recommendations were made for future research, focusing on aspects not yet sufficiently explored and on improving study methodologies. The review aims to provide a comprehensive understanding of depression during pregnancy, contributing to the development of more effective clinical practices and intervention strategies that can benefit both pregnant women and their babies. In summary, the methodology adopted allows for a detailed and critical analysis of the existing literature on depression during pregnancy, providing valuable insights for clinical practice and future research. The systematic approach ensures that the findings are based on robust and relevant evidence, providing a solid foundation for the understanding and management of depression in pregnancy.

RESULTS AND DISCUSSION

Depression during pregnancy is a significant condition that can have far-reaching consequences for pregnant women's health, fetal development and family dynamics. This review seeks to explore the prevalence of gestational depression, associated risk factors and effective interventions to promote the mental health of pregnant women. The prevalence of depression during pregnancy is a topic of growing interest in public health. Pregnant women may experience significant depressive symptoms at some point during their pregnancy. This variation in prevalence can be attributed to several factors, including socioeconomic background, mental health history and the social support available to the pregnant woman. The multifaceted nature of gestational depression and the difficulties in its early detection reflect the complexity of this condition. Several risk factors contribute to depression during pregnancy. Hormonal changes, especially fluctuations in estrogen and progesterone levels, have been associated with alterations in emotional state and an increased predisposition to psychiatric disorders.

The symptoms are generally similar to those that occur in depression at any other time of the woman's life, such as lack of appetite and energy and feelings of guilt. In addition to suffering for the woman herself, these manifestations can interfere with the proper process of fetal development, increase the risk of adverse events during pregnancy for mother and fetus, such as pre-eclampsia, and can be associated with unfavorable obstetric outcomes such as premature birth and low birth weight. Depression can persist into the postpartum period, compromising parental behavior, relationships with partners and family members, the process of forming a bond between mother and child, and the child's cognitive, motor and psychosocial development. (Lima, et al., 2017 p. 40)

Pregnancy brings a set of emotional and physical challenges that can intensify depressive symptoms. External stressors, such as financial problems, changes in family structure and the pressure to meet the social and cultural expectations of motherhood, also play a significant role. In addition, a previous history of depression or other mental disorders can predispose pregnant women to more severe depressive episodes. It is possible to find in the current literature that prenatal depression may be being neglected, with little scientific research on the subject, most studies being focused on postpartum depression. (Patrícia, 2020 p.186) Pregnant women suffering from depression may have difficulties in establishing and maintaining a positive emotional bond with their babies, which can negatively impact the child's social and emotional development. The inability to respond adequately to the newborn's needs due to depressive symptoms can compromise the child's cognitive and emotional development, creating a cycle of difficulties that can extend beyond the neonatal period. Given the potentially serious impact of gestational depression, it is essential that pregnant women receive appropriate assessment and follow-up. "Therefore, pregnant women should be assessed to ensure specialized referral of suspected cases of depression for diagnosis and management" (Lima, et al., 2017 p. 40).

Identifying the risk factors associated with the occurrence of depression in pregnancy is crucial for promoting maternal and fetal health. By identifying such risk factors, health professionals can focus on early risk management, minimizing complications, potentially reducing the chances of pregnancy depression occurring and consequent mental distress for women. (Maria et al., 2020 p. 9)

Health professionals, including obstetricians, psychologists and psychiatrists, play a crucial role in the early identification of depressive

symptoms and the implementation of effective management strategies. Early detection allows for appropriate intervention, which can reduce the severity of the condition and improve outcomes for both mother and baby. For cases of mild to moderate depression, cognitive-behavioral therapy (CBT) is an effective approach. CBT helps pregnant women identify and modify negative thought patterns and dysfunctional behaviors. Through CBT, pregnant women learn techniques to deal with the stress and challenges associated with pregnancy in a healthier way. Participation in support groups can also offer significant benefits, providing a safe environment to share experiences and receive emotional support from other women facing similar challenges. In the most severe cases of depression, the use of antidepressant medication may be necessary. “Among the pharmacological options, the Selective Serotonin Reuptake Inhibitors (SSRIs) stand out, with sertraline and citalopram being the most widely used” (Antônio et al., 2020 p.10893).

Prescribing medication during pregnancy should be done with caution, taking into account both the benefits and the risks for the mother and the fetus. It is essential that the decision to use medication is made in collaboration with qualified health professionals who can carefully assess the effectiveness and safety of the treatment for each individual pregnant woman. In addition to clinical interventions, self-care practices play an important role in promoting the mental health of pregnant women. “It is necessary to encourage the improvement of prevention programs aimed at the mental health of all women to be developed before, during and after pregnancy, and especially for those who have a weak social support network” (Irrurita-Ballesteros et al., 2019 p.456). Maintaining a social support network, made up of family, friends and support groups, can help

reduce the feeling of isolation and provide valuable emotional support. Regular physical exercise, such as walking and yoga, has been shown to reduce symptoms of depression and improve general well-being. Stress management techniques, such as meditation and deep breathing, are also useful in helping pregnant women cope with the pressures and challenges of pregnancy. Education about mental health during pregnancy is crucial. Pregnant women should be informed about the signs and symptoms of depression and encouraged to seek help when necessary. Prenatal education programs that address mental health in addition to physical care are essential to reduce the stigma associated with mental disorders and promote a supportive environment for pregnant women. Such programs can include workshops, orientation sessions and educational resources that empower pregnant women to recognize warning signs and seek early intervention. Although advances in the understanding and management of gestational depression have been significant, several challenges remain. The lack of specific training for health professionals on the mental health of pregnant women can lead to under-detection and under-treatment of the condition. Variability in treatment approaches and the availability of resources can also impact on the quality of care offered. Disparity in access to mental health services and appropriate therapy can negatively affect pregnant women, especially those in disadvantaged socioeconomic backgrounds. Future research should focus on exploring new treatment approaches and interventions that are safe and effective for depression during pregnancy. Additional studies are needed to evaluate the effectiveness of existing interventions and identify best practices for the early detection and management of gestational depression. Identifying innovative and accessible strategies

for supporting pregnant women can contribute to improving care and promoting a healthier and more balanced pregnancy. In addition, it is necessary to investigate the interaction between maternal mental health and social and cultural factors in order to better understand how these elements influence the prevalence and treatment of depression during pregnancy. The integration of multidisciplinary approaches and collaboration between health professionals, family members and communities are essential to address the challenges of gestational depression effectively and comprehensively.

CONCLUSION

Depression during pregnancy is a prevalent and worrying disorder, with significant impacts on both the mental health of the pregnant woman and the development of the fetus. Early identification and appropriate management are essential to reduce the risks associated with this condition. The study reveals that several factors can contribute to the onset of gestational depression, including hormonal changes, a history of mental disorders, and socioeconomic factors, making this phase especially vulnerable for many women. The consequences of gestational depression are wide-ranging, from obstetric complications, such as pre-eclampsia and premature birth, to difficulties in establishing

a bond between mother and child. The impact on fetal health, such as low birth weight and neurodevelopmental problems, highlights the importance of effective intervention. In addition, the emotional consequences for the woman, such as the increased likelihood of developing postpartum depression, reinforce the need for an integrated approach involving health professionals from different areas, such as obstetricians, psychologists and psychiatrists. Managing depression during pregnancy requires a combination of approaches. Psychological interventions, such as cognitive-behavioral therapy, are effective in mild to moderate cases, while pharmacotherapy may be necessary in more severe cases, always with caution regarding the effects on the fetus. Social support, including the involvement of the partner and family, also plays a crucial role in prevention and treatment, promoting an emotionally supportive environment. It is therefore essential that health professionals are attentive to the mental health of pregnant women and integrate psychological care into prenatal care. Prevention and education programs on gestational depression, as well as emotional support strategies, are fundamental to ensuring maternal well-being. Implementing a multidisciplinary and holistic approach is crucial to promoting a healthier pregnancy and reducing the long-term negative impacts for both mother and baby.

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