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IDENTIFICATION OF EARLY SIGNS OF CHANGE/MENTAL HEALTH DISORDERS IN POSTPARTUM WOMEN TO PROMOTE SELF-CARE

Identificação de sinais precoces de alteração/ transtornos mentais em puérperas para promoção do autocuidado
Identificación de signos tempranos de cambio/trastornos mentales en mujeres puerperales para promover el cuidado personal

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ABSTRACT

Objective: to identify early signs of change and/or mental health disorders in postpartum women to promote self-care. **Method:** the population studied was postpartum women treated at a basic health care unit. **Results:** the participating postpartum women are considered as women of reproductive age, classified as adolescent and young adult mothers. These are women who are aware of the need to practice self-care, but who have some obstacles related to the most diverse realities and daily lives in which they are inserted, which become risk factors for mental disorders/alterations during the pregnancy- puerperium cycle. **Conclusion:** the effectiveness of comprehensive care for women's health, which takes place during prenatal care, labor and birth, are essential conditions for the prevention of disorders and mental illnesses that occur in such a unique phase as the puerperium.

DESCRIPTORS: Postpartum period; Depression, Postpartum; Self care; Women's health;

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RESUMO

Objetivo: identificar sinais precoces de alterações e/ou transtornos mentais em puérperas para promoção do autocuidado. **Método:** a população estudada foram puérperas atendidas na unidade básica de saúde. **Resultados:** as puérperas participantes enquadram-se como mulheres em idade reprodutiva, classificadas como mães adolescentes e mães adultas jovens. São mulheres que reconhecem a necessidade da prática do autocuidado, mas que possuem alguns entraves ligados às mais diferentes realidades e cotidiano em que estas estão inseridas, tornando fatores de risco para transtornos/alterações mentais durante o ciclo gravídico-puerperal. **Conclusão:** a efetivação da assistência integral à saúde das mulheres, ocorridas durante o pré-natal, parto e nascimento, são condições essenciais para a prevenção de transtornos e doenças mentais ocorridos numa fase tão ímpar que é o período puerperal.

DESCRIPTORIOS: Período pós-parto; Depressão pós-parto; Autocuidado; Saúde da mulher;

RESUMEN

Objetivos: identificar signos tempranos de cambios y/o trastornos mentales en puérperas para promover el autocuidado. **Método:** la población estudiada fueron puérperas atendidas en la unidad básica de salud. **Resultados:** las puérperas participantes se clasifican en mujeres en edad reproductiva, clasificadas en madres adolescentes y madres adultas jóvenes. Se trata de mujeres que reconocen la necesidad de practicar el autocuidado, pero que tienen algunos obstáculos ligados a las más diversas realidades y al cotidiano en que están insertas, convirtiéndolas en factores de riesgo para trastornos/alteraciones mentales durante el ciclo embarazo-puerperio. **Conclusión:** la eficacia de la atención integral a la salud de la mujer, que se da durante la atención prenatal, el parto y el parto, son condiciones indispensables para la prevención de los trastornos y enfermedades mentales que se dan en una fase tan singular que es el puerperio.

DESCRIPTORIOS: Periodo posparto; Depresión posparto; Autocuidado; Salud de la mujer.

INTRODUCTION

Pregnancy, as a transitory phase in the life cycle, causes the woman to reorganize her identity. In addition to the psychological and biological variables of pregnancy, there is also the socioeconomic situation, considering that women currently have professional and/or social activities that do not allow them to devote themselves fully to motherhood, a situation that can cause an increase in emotional tension.¹

The postpartum period, on the other hand, is a time in which the emotional and physical alterations of pregnancy tend to intensify, causing profound changes in the social, psychological and physical spheres of the woman; thus, the risks for the appearance of psychiatric disorders are higher in this period, and therefore it is essential to evaluate this phase of the woman's life with special attention.²

The main functional changes during this phase occur in the cardiovascular, respiratory, digestive, urinary, hematopoietic, integumentary, endocrine and reproductive systems. In the first days after childbirth, women experience rapidity and instability in the face of situations they cannot cope with, especially those related to the care of the newborn, the family and the home.³

Self-care is characterized by taking care of oneself, body and mind, improving lifestyle, knowing and controlling the risk factors that lead to diseases and taking measures to prevent them, is a technique that empowers the subject to take care of themselves. In this way, as an active subject of the process, they can change their attitudes and adopt new behavior.⁴

Of all the phases of a woman's life, the postpartum period is the most vulnerable for the onset of psychiatric disorders, the most common being puerperal dysphoria, postpartum depression

(PPD), and puerperal psychosis, although they are not distinguished in psychiatric classification systems. The risk factors that may lead to the development of a mental disorder in the puerperium need to be elucidated as a strategy for prevention and health promotion for women in this phase.⁵

It is important that the nurse clarifies doubts and guides the woman in the self-care actions that can and should be exercised during the puerperium, and for this it is essential that this professional has a theoretical approach to develop care directed to the real needs of puerperal women.⁶

Therefore, it is recognized that the implementation of comprehensive health care for women, occurring during prenatal care, labor and birth, are essential conditions for the prevention of mental disorders and illnesses that occur in such a unique phase as the puerperium.

The study shows its importance in the opportunities to talk about the subject, to establish a relationship of trust between the health professional and the puerperal woman, in addition to serving as a basis for understanding and solving the problems related to mental disorders/alterations that can cause major problems for the mental health of women throughout their pregnancy-puerperal cycle. It is important for students and health professionals to recognize small signs of change as a way to prevent mental illness in these puerperal women, and it is necessary to start this discussion from the academy with professionals still in training.

In view of the above, the guiding question of the present study is as follows: "Is it possible to identify early signs of mental changes and/or disorders in postpartum women to promote self-care?" To answer the guiding question, the following aim

was established: To identify early signs of mental changes and/or disorders in postpartum women to promote self-care.

METHOD

The study has been developed in compliance with resolutions 466/12 and 510/16, which establish standards for research involving human subjects, aiming at the protection and integrity of the subjects who participated in the research, respecting the ethical principles, among which are autonomy, non-maleficence, beneficence, justice and equity, according to CAAE: 34055220.6.0000.5013 and opinion: 4.171.177.

Puerperal women followed up at the study unit who were receiving prenatal care were selected through the Pregnant/Puerperal Women's Operational Report, by evaluating the Estimated Due Date (EDD), all pregnant women who were in the 3rd trimester or puerperal women with a maximum of 42 days postpartum, who were available and able to complete the study, which took place from October 2020 to March 2021.

Postpartum women who had a diagnosed behavioral or cognitive deficit that made it impossible for them to respond to the research forms through the semi-structured form, as well as to actively participate in the proposed group actions, were excluded from the study.

The instrument used was a semi-structured form based on data related to the identification variables of each participant (age, educational level, occupation, marital status, family income); personal, gynecological and obstetric history (alcoholism/smoking, chronic diseases, menstrual and reproductive data, pregnancy history, medication use); Prenatal care, maternity and breastfeeding (examinations performed, referrals, usual or high-risk pregnancy, evaluation of care provided, evaluation of labor and immediate puerperium, exclusive breastfeeding); psychological factors (daily feelings, family ties and relationship with the newborn); and finally to the variables of signs of psychological change, through a block of questions guided by the M. I.N.I. Brazilian version 5.0.0, based on DSM IV. All interviews were scheduled in advance, respecting the rules and schedules provided by the Health Unit for conducting this research.

The analysis was carried out through the construction of a database, organized and stored in an Excel (Microsoft Office) spreadsheet for the coding of variables, with double typing by different researchers for the validation of this spreadsheet.

RESULTS

The study population consisted of 20 postpartum women in situations of social vulnerability, experiencing the first 42 days of postpartum, who received all prenatal care at Robson Cavalcante Basic Health Unit, located in the Benedito Bentes neighborhood, in the city of Maceió, in the state of Alagoas, Brazil.

Sociodemographic data

The socio-demographic data presented in Table 1 include variables related to age group, race, education, occupation (if they have a job), birthplace, religion, marital status, whether they receive financial assistance from the government, and family income.

Thus, it is possible to see in Table 1 that the postpartum women who participated in the study are characterized by being in the age group of 18 to 39 years old, and most of them are represented by 22 to 27 years old, which corresponds to 9 (45.00%) participants in the study. They are women who self-identify as white (20.00%), black (35.00%), and brown (45.00%), and who are more likely to have completed high school (40.00%).

Table 1 also shows that most women live with their partners, whether in a stable relationship or in a civil union, corresponding to 18 (90.00%) participants.

Table 1 - Sociodemographic data of the postpartum women participating in the study on the identification of early signs of changes/mental disorders. Maceió, AL, Brazil, 2021

| Sociodemographic data | N (20) | (%) |
|--|-----------|-------------|
| Age Group | | |
| 18-21 years old | 6 | 30,00% |
| 22-27 years old | 9 | 45,00% |
| 28-33 years old | 3 | 15,00% |
| 34-39 years old | 2 | 10,00% |
| Race/ethnicity | | |
| White | 4 | 20,00% |
| Black | 7 | 35,00% |
| Brown | 9 | 45,00% |
| Education level | | |
| Illiterate | 0 | 0% |
| Completed elementary school | 0 | 0% |
| Incomplete Elementary School | 7 | 35,00% |
| Completed High School | 8 | 40,00% |
| Incomplete High School | 5 | 25,00% |
| Marital Status | | |
| Has a partner | 18 | 90,00% |
| No partner | 2 | 10,00% |
| Do you receive financial aid from the government? | | |
| Yes | 12 | 60,00% |
| If so, what type? | | |
| Emergency Aid | 5 | 41,67% |
| Family Allowance | 6 | 50,00% |
| Early Childhood | 1 | 8,33% |
| None | 8 | 40,00% |
| Household Income | | |
| < 1 minimum wage | 10 | 50,00% |
| 1 minimum wage | 9 | 45,00% |
| > 1 minimum wage | 1 | 5,00% |
| Total | 20 | 100% |

Table 2 - Psychological factors of postpartum women participating in the study on the identification of early signs of changes/mental disorders. Maceió, AL, Brazil, 2021

| Psychological Factors | N(20) | (%) |
|--|-----------|-------------|
| During the week you experience more moments of: | | |
| Happiness | 13 | 56,52% |
| Stress | 9 | 39,13% |
| Anxiety | 6 | 26,09% |
| Calm | 3 | 13,04% |
| Sadness | 1 | 4,35% |
| Indifference | 1 | 4,35% |
| How does this feeling affect your daily life? | | |
| Positively | 7 | 35,00% |
| Negatively | 3 | 15,00% |
| Does not interfere | 10 | 50,00% |
| Have you had or do you have a diagnosed emotional disorder? | | |
| Yes. If so, which one? | 0 | 0% |
| Anxiety | 0 | 0% |
| Depression | 0 | 0% |
| Bipolar Disorder | 0 | 0% |
| None | 20 | 100,00% |
| How would you describe your relationship with your family? | | |
| Satisfactory | 13 | 65,00% |
| Very satisfactory | 3 | 15,00% |
| Not very satisfactory | 1 | 5,00% |
| Unsatisfactory | 3 | 15,00% |
| How is your sleep pattern and quality? | | |
| Satisfactory | 4 | 20,00% |
| Very satisfactory | 0 | 0% |
| Not very satisfactory | 8 | 40,00% |
| Unsatisfactory | 8 | 40,00% |
| What is your relationship with the NB? | | |
| Satisfactory | 6 | 30,00% |
| Very satisfactory | 14 | 70,00% |
| Not very satisfactory | 0 | 0% |
| Unsatisfactory | 0 | 0% |
| Total | 20 | 100% |

*A puérpera teve a opção de responder com mais de uma alternativa

Psychological Factors

Regarding the most frequent feelings experienced during the week by each postpartum woman, the following were classified as the main ones: happy (56.52%), stressful (39.13%) and anxious (26.09%). Thus, 3 postpartum women (15.00%) indicated that these feelings negatively affected their daily life, as shown in Table 2.

Table 2 also shows that of the 20 women interviewed, 8 (40.00%) rated the pattern and quality of sleep in the postpartum period as not very satisfactory, and the same number rated it as unsatisfactory (40.00%).

Knowing the importance and how factors such as the relationship and bond with the family totally affect mental health during the puerperium, 13 puerperian women (65.00%) rated the relationship with the family as satisfactory, while 14 (70.00%) rated the relationship with the newborn as very satisfactory.

Signs of Psychic Change

During the study, respondents were asked about some episodes that occurred during the first two weeks after childbirth. For example, when asked if they were depressed most of the day or almost every day, 8 of the 20 postpartum women answered yes (40.00%), as shown in Table 3.

Table 3 shows that when asked about the presence of bad thoughts and the desire to harm oneself, 4 (20.00%) postpartum women agreed.

Table 3 - Signs of psychic alteration in relation to the last two weeks of postpartum for the postpartum women participating in the study on the identification of early signs of changes/mental disorders. Maceió, AL, Brazil, 2021

| Signs of psychic changes related to the last two weeks postpartum | N(20) | (%) |
|--|-------|--------|
| Did you feel sad, discouraged, or depressed most of the day, almost every day? | | |
| Yes | 8 | 40,00% |
| No | 12 | 60% |
| Did you almost always feel that you did not like anything anymore? that you have lost interest and pleasure in the things you used to like? | | |
| Yes | 7 | 35,00% |
| No | 13 | 65,00% |
| Has your appetite changed significantly, making you eat more or less than usual? | | |
| Yes | 15 | 75,00% |
| No | 5 | 25,00% |

| Have you had trouble sleeping almost every night (insomnia or oversleeping)? | | |
|--|-----------|-------------|
| Yes | 8 | 40,00% |
| No | 12 | 60,00% |
| Did you feel upset or discouraged almost every day? | | |
| Yes | 9 | 45,00% |
| No | 11 | 55,00% |
| Did you feel tired most of the time, without energy, almost every day? | | |
| Yes | 12 | 60,00% |
| No | 8 | 40,00% |
| Have you felt worthless or guilty almost every day? | | |
| Yes | 3 | 15,00% |
| No | 17 | 85,00% |
| Have you had bad feelings on several occasions, such as thinking about hurting yourself? | | |
| Yes | 4 | 20,00% |
| No | 16 | 80,00% |
| Have you woken up at least two hours earlier than usual and had trouble going back to sleep almost every day? | | |
| Yes | 15 | 75,00% |
| No | 5 | 25,00% |
| Total | 20 | 100% |

Self-Care Assessment

Regarding the self-care of the interviewed postpartum women, it was possible to list the following definitions related to self-care: self-care is having self-love (85.00%), it is taking care of aesthetics (45.00%), it is taking care of one's health (50.00%), it is taking care of oneself to be able to take good care of the newborn (50.00%), as shown in Table 4.

Also in Table 4, on the relationship between self-care and motherhood, of the 20 postpartum women interviewed, 10 (50.00%) agreed that motherhood increased self-esteem and self-care practices, while 11 (55.00%) of the postpartum women interviewed stated that motherhood did not provide a more positive view of their self-image.

When asked about their relationship with their partner after childbirth, 45.00% considered it a good relationship. Regarding the relationship with the health care team, 75.00% considered the relationship as good and 10.00% as adequate.

Of the 20 women interviewed, 8 (40.00%) postpartum women found it hard to adapt, while 5 (25.00%) postpartum women stated that they felt unable to take care of the newborn alone.

Table 4 - Self-care relationships of postpartum women participating in the study on the identification of early signs of changes/mental disorders. Maceió, AL, Brazil, 2021

| Self Care | N(20) | (%) |
|---|-------|--------|
| Relationship with your partner? | | |
| Excellent | 5 | 25,00% |
| Good | 9 | 45,00% |
| Reasonable | 5 | 25,00% |
| Bad | 1 | 5,00% |
| Relationship with the FHS team being supervised? | | |
| Excellent | 3 | 15,00% |
| Good | 15 | 75,00% |
| reasonable | 2 | 10,00% |
| Bad | 0 | 0% |
| Taking care of yourself is related to: | | |
| Self-love | 17 | 85,00% |
| Aesthetics | 9 | 45,00% |
| Health Care | 10 | 50,00% |
| Being able to take care of the newborn | 10 | 50,00% |
| Do you do leisure activities? | | |
| Yes | 4 | 20,00% |
| Once a week | 1 | 25,00% |
| > Twice a week | 2 | 50,00% |
| Once a month | 1 | 25,00% |
| Not at all | 16 | 80,00% |
| Do you exercise? | | |
| Yes | 3 | 15,00% |
| No | 17 | 85 |
| Adjustment to daily routine | | |
| Easy | 5 | 25,00% |
| Reasonable | 7 | 35,00% |
| Hard | 8 | 40,00% |
| Self-Esteem | | |
| Relationship to body and appearance | | |
| Excellent | 2 | 10,00% |
| Good | 8 | 40,00% |
| Reasonable | 6 | 30,00% |
| Bad | 4 | 20,00% |
| When was the last time you took time to take care of yourself? | | |
| During pregnancy | 7 | 35,00% |

| | | |
|--|-----------|-------------|
| Currently, whenever possible | 4 | 20,00% |
| Can't remember | 9 | 45,00% |
| Has motherhood improved your self-esteem and self-care? | | |
| Yes | 10 | 50,00% |
| No | 10 | 50,00% |
| Has motherhood given you a new, more positive view of yourself? | | |
| Yes | 9 | 45 |
| No | 11 | 55,00% |
| Total | 20 | 100% |

*A puérpera teve a opção de responder com mais de uma alternativa

DISCUSSION

Hence, the postpartum women who participated in the study come from the periphery of the city of Maceió, and most of them are brown, with a high school education, mostly between the ages of 22 and 27 years old, classifying themselves as women of reproductive age, considered adolescent and young adult mothers.

In addition, they are women who live in a vulnerable socio-economic situation, since most of the interviewees are unemployed, with a monthly income of less than one minimum wage, besides the financial support from the government through the aforementioned compensatory policies, especially the Family Allowance program.

Supporting the data collected in this study, Tolentino, Maximino and Souto⁷ explain that issues such as low education and low socioeconomic status are the factors most associated with anxiety and postpartum depression.

On the other hand, the psychosocial factors most associated with Postpartum Depression (PPD) are low social support experienced by mothers, history of psychiatric illness, postpartum sadness, prenatal depression, low self-esteem, prenatal anxiety, life stress, and unplanned pregnancy. These factors seem to be the main signs for the development of PPD. In addition, some authors report an association between PPD and genetic factors.

In their study, Filha, Ayers, Da Gama and Do Carmo Leal⁸, show in their epidemiological data that prevalence indicates one case of postpartum depression for every four births. Thus, in the sample, the symptoms were more prevalent among women from the middle and lower classes, with brown skin, a history of alcohol consumption, and mental disorders.

Since the authors identifies such statistics, it is important to study all the relevant data related to socio-demographic issues during the research, since it is necessary to analyze the entire context in which this woman is inserted to accurately identify signs of risk for mental disorders and therefore provide integrated and effective care. that aims to promote self-care and

consequently prevent this woman from harming her mental health.

Considering the pandemic period in which we lived, it is worth mentioning that the postpartum women interviewed had in their care the interruption of some health actions, such as conversation circles and health education activities. During the research, it was observed that a minority had the opportunity to attend lectures related to self-care, while those related to mental health did not take place.

In fact, the sleep disturbance caused by the conditions imposed to prevent contagion from covid-19 may raise another question about the extent to which isolation may cause other health problems, as presented in the study by BJOROY, JORGENSEN, PALLESEN and BJORVATN⁹, given the fact that the relationships between insomnia and anxiety and insomnia and depression are considered bidirectional.

During the present research, it became possible to list some of the main feelings experienced by postpartum women, both during pregnancy and during labor and delivery and mediate puerperium, with some signs of alteration presented, such as feelings of guilt, anxiety, insecurity, changes in appetite and sleep pattern/quality, in the same way as elucidated in the study by Tolentino et al.⁷, in which the author lists the following symptoms of PPD: irritability, frequent crying, feelings of helplessness and hopelessness, lack of energy and motivation, lack of sexual interest, changes in eating and sleeping habits, feeling unable to cope with new situations, and psychosomatic complaints.

The research showed that at many moments during pregnancy, labor, and the postpartum period, the women interviewed reported frequently experiencing a mixture of emotions that ultimately characterized the moment experienced by each of them. Consequently, many of the women interviewed stated that these feelings persisted in the postpartum period and that in such situations, most of them resorted to family support.

Regarding psychological factors, support network, and signs of psychic change, although none of the postpartum women interviewed agreed to a medical diagnosis of mental disorders such as anxiety and depression, when asked, some women indicated that they felt they had some emotional imbalance, with anxiety and frequent stress being mentioned.

During the research, some psychological factors that occurred over pregnancy were identified. For example, the main emotions experienced during pregnancy include fear, happiness, anxiety, love, gratitude, and uncertainty. And when asked about the support network they turned to while experiencing these feelings, the following were mentioned: family, mother, husband, God, and friends. On the other hand, a much smaller percentage of postpartum women surveyed reported receiving no support from anyone.

The main signs of psychological change in the two weeks after childbirth were that some women reported feeling sad, discouraged, and depressed for most of the day. They also reported problems with insomnia, fatigue and lack of energy, feelings of guilt, bad thoughts (of harming themselves).

CONCLUSION

It was possible to identify in the interviewees some early signs of changes that are characterized as risk factors for mental disorders, such as: low education, pregnancy in adolescence, cases of abortion, use of contraceptives, feelings of vulnerability experienced during pregnancy and during the postpartum period (sadness, anxiety, fear, guilt and anxiety), hard adjustment to their daily routine after childbirth, change in sleep pattern and quality, low self-esteem, lack of physical and leisure activities, weakened support network and lack of time to perform self-care.

Considering that the first step in the prevention of mental disorders is the search for self-care behaviors, these women recognize the need for greater promotion and knowledge of self-care means to prevent the major mental disorders mentioned here, especially postpartum depression, the most common cause and basis for more serious mental health problems in the postpartum women.

Thus, it is also recognized the need to establish a bond between the health team of the Basic Health Units and the puerperal attended, in order to promote essential information about the physiological changes that occur, as well as to encourage the self-care of these women, making the postpartum period better for both the puerperal and the newborn, and the entire family circle.

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