

## NURSING STRATEGIES FOR THE PREVENTION OF POST-BIRTH DEPRESSION

Estratégias de enfermagem na prevenção da depressão pós-parto

Estrategias de enfermería en la prevención de la depresión post-parto

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### ABSTRACT

**Objective:** To identify in the literature the strategies used by the nurses in the prevention of postpartum depression. **Method:** Integrative literature review carried out in the databases of the Virtual Health Library of the Scientific and Technical Literature of Latin America and the Caribbean, Medical Literature Analysis and Retrieval System Online Nursing Database, through the descriptors postpartum depression and “nursing” and “Depression Postpartum” and “nursing.” **Results:** The sample consisted of nine studies. For the analysis, the categorization of the work by content similarity was performed, and two categories were constructed for the analysis: the host as a strategy to prevent postpartum depression and the pregnant group as a space for the exchange of experience. **Conclusion:** Preventing PPD is an easy-to-approach action, with low cost and feasible execution in the practice of nurses.

**Descriptors:** Postpartum depression; Nursing; Obstetric nursing.

### RESUMO:

**Objetivo:** identificar na literatura as estratégias utilizadas pelos(as) enfermeiros(as) na prevenção da depressão pós-parto. **Método:** revisão integrativa da literatura realizada nas bases de dados da Biblioteca Virtual da Saúde da Literatura Científica e Técnica da América Latina e Caribe, Base de Dados de Enfermagem *Medical Literature Analysis and Retrieval System Online*, por meio dos descritores depressão pós-parto and “enfermagem” e “Depression Postpartum” and “nursing”. **Resultados:** a amostra foi constituída de nove estudos. Para a análise foi realizada a categorização dos trabalhos por similaridade de conteúdo, sendo construídas duas categorias para a análise: o acolhimento como estratégia de prevenção da depressão pós-parto e o grupo de gestante como espaço de troca de experiência. **Conclusão:** prevenir a DPP é uma ação de fácil abordagem, com baixo custo e de viável execução na prática do enfermeiro.

**Descritores:** Depressão pós-parto; Enfermagem; Enfermagem obstétrica.

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## RESUMEN

**Objetivo:** identificar en la literatura las estrategias utilizadas por los enfermeros (as) en la prevención de la depresión posparto. **Método:** revisión integrativa de la literatura realizada en las bases de datos de la Biblioteca Virtual de la Salud de la Literatura Científica y Técnica de América Latina y el Caribe, Base de Datos de Enfermería, Análisis de la Revisión de la Resurrección del sistema, por medio de los descriptores depresión posparto y “enfermería” y “Depresión Postpartum” y “enfermería”. **Resultados:** La muestra se constituyó de nueve estudios. Para el análisis se realizó la categorización de los trabajos por similitud de contenido, siendo construidas dos categorías para el análisis: la acogida como estrategia de prevención de la depresión posparto y el grupo de gestante como espacio de intercambio de experiencia. **Conclusión:** prevenir la DPP es una acción de fácil abordaje, con bajo costo y de viable ejecución en la práctica del enfermero.

**Descriptores:** Depresión posparto; Enfermería; Enfermería Obstétrica.

## INTRODUCTION

Depression is an affective disorder that has accompanied humanity throughout its history. Among its manifestations includes mood, cognitive, psychomotor and vegetative changes. Depression is nowadays considered a public health problem because it has a high incidence and high social cost.<sup>1</sup>

This disease lasts for months or years and can affect people of both sexes in all age groups, with the risk of men suffering from the disease being 11% and women can reach 18%.<sup>2</sup> women to develop depression are often associated with the demands placed on them by society, with the multitasking they carry out, among which stands out the motherhood.<sup>2</sup>

Given the aforesaid, studies show that Postpartum Depression (PPD) affects approximately 16% of women, affecting relationships between the mother, the child, the partner and the family. This index is associated with the profound impact that the birth of a child has on the woman's life. It is known that motherhood can sometimes be an experience of emotional suffering, marked by ambivalence between the desire and fear of being a mother, bodily changes and new responsibilities.<sup>3</sup>

Postpartum depression is classified in two ways, as follows: mild and severe. The mild form occurs in the first days after delivery and is characterized by increased irritability and emotional sensitivity of the woman. This symptom can disappear, usually from the 15<sup>th</sup> day after delivery. The most severe form of PPD, although it occurs irregularly, mainly affects women who have previously suffered some type of psychiatric problem or who have cases of this type of illness in the family.<sup>4</sup>

In many cases, PPD is difficult to identify, since its symptoms (changes in sleep, appetite and fatigue) are common in the puerperium. In some cases, the woman/mother has symptoms such as loss of interest in performing common activities in her daily life, sleep disorders, adynamia, feelings of guilt, discouragement, loss of concentration or suicidal thoughts. These symptoms can begin in the first weeks of the puerperium and can occur up to six months after delivery.<sup>5</sup>

Due to this difficulty in identifying cases of depression and the damage that this disease can cause, experts point out that prevention is the best action capable of reducing the risk of mothers developing PPD and preventing the serious personal and family problems resulting from this syndrome. The benefits of the prevention of PPD are not restricted to the exclusive well-being of mothers and family members, as they represent a great benefit for children, since there may be a relationship between mothers' depressive disorders and their children's emotional disorders.<sup>6,7</sup>

Therefore, it is highlighted that the nursing professional has a fundamental role in the perspective of prevention and health promotion, covering their conduct with the potential to change the high prevalence and the social impact of this disorder. Their performance should stimulate the understanding of the woman and the partner, as well as the emotions and feelings from the pregnancy/puerperal period, in other words, add efforts so that this moment is a healthy maternal exercise and essential to the future development in the relationship between the mother-baby binomial.<sup>8</sup>

It is up to the professional to develop strategies to prevent PPD that allow pregnant women to freely express their fears and anxieties. As fears and anxieties are known, the professional must provide assistance and guidance to the pregnant woman so that she can face the different situations in a more adaptive, realistic and confident approach.<sup>2</sup>

Nowadays, in order to measure the presence and intensity of depressive symptoms at the end of pregnancy, a screening instrument has been developed, the Edinburgh Postpartum Depression Scale (EDPS). This already validated scale aims to identify possible cases of PPD and to plan treatment, it is also easy to apply and can be used by non-medical health professionals.<sup>9</sup>

Bearing in mind the aforementioned, the following question was raised: What is the actual role of nurses in preventing postpartum depression? This research meant to identify the strategies used by the registered nurses for the prevention of postpartum depression.

## METHODS

It is an integrative literature review, which is defined as the broadest methodological approach to reviews for a complete understanding of the analyzed phenomenon. This research method aims to gather and summarize research results on a limited topic, in a systematic and orderly manner, contributing to knowledge deepening regarding the investigated matter.<sup>10</sup>

In order to prepare this review, the following steps were taken: definition of the research question and objectives of the review; establishment of inclusion and exclusion criteria for articles (sample selection), reading the titles; reading the abstracts, selecting the information to be obtained from the selected studies; results analysis; interpretation and discussion of results. The last stage consisted of presenting the review in the format of a scientific article.<sup>10</sup> The search for the articles took place in the databases of the Virtual Health Library: the *Literatura Latino-Americana e do*

*Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature on Health Sciences], *Base de Dados de Enfermagem (BDENF)* (Nursing Database) using the descriptors: “*depressão pós-parto*” and “*enfermagem*”; and in the database named Medical Literature Analysis and Retrieval System Online (MEDLINE), through the following descriptors: “*depression postpartum*” and “*nursing*”.

The search was carried out through online access and the following inclusion criteria were adopted: articles with full text available, free of charge, full online availability, scientific articles published in either Portuguese or English.

Exclusion criteria considered editorials, reflection articles, review articles, book chapters, repeated studies and studies not addressing the researched topic. The adopted time frame comprised the last ten years, from 2006 to 2016, as a previous search with a larger time frame was incipient.

For data analysis, a critical reading of the studies was performed, proceeding from the obtention of the interest data for the review and filling in the synoptic table, as shown in **Table 1**. This table was organized according to the article number, authors’ name, publication year, database, title, and research design.

**Table 1** - Distribution of articles found after literature review.

Article	Authors' names/ Publication year	Database	Title*	Research design
A1	Meira et al./2015	LILACS BDENF	<i>Desafios para profissionais da atenção primária no cuidado à mulher com depressão pós-parto</i>	Qualitative/ Descriptive
A2	Freitas et al./ 2014	LILACS	<i>Accommodation set in a university hospital: postpartum depression in nurses' perspective</i>	Qualitative/ Descriptive and exploratory
A3	Gomes et et al./2010	LILACS BDENF	<i>Identificação dos fatores de risco para depressão pós-parto: importância do diagnóstico precoce</i>	Qualitative/ Descriptive
A4	Valença, C.N; Germano, R.M/2010	LILACS BDENF	<i>Prevenindo a depressão puerperal na estratégia saúde da família: ações do enfermeiro no pré-natal</i>	Qualitative/ Descriptive and exploratory
A5	Hammarlund, K et al./ 2015	MEDLINE	<i>We are also interested in how fathers feel: a qualitative exploration of child health center nurses' recognition of postnatal depression in fathers</i>	Qualitative/ Descriptive and reflexive
A6	Heather J. et al./2014	MEDLINE	<i>Prevention of postnatal mental health problems in women: knowledge exchange in primary care in Victoria, Australia.</i>	Qualitative/ Descriptive
A7	Arrais, A.R; Alves, M; Fragalle, B/ 2014	MEDLINE LILACS	<i>O pré-natal psicológico como programa de prevenção à depressão pós-parto</i>	Qualitative/ Descriptive
A8	Austin, M.P. et al. - 2008	MEDLINE	<i>Brief antenatal cognitive behavior therapy group intervention for the prevention of postnatal depression and anxiety: A randomized controlled trial.</i>	Quantitative/ Controlled assay
A9	Ruiz, B.M.I/ 2008	LILACS	<i>Tristeza/depressão na mulher: uma abordagem no período gestacional e/ou puerperal</i>	Qualitative/ Descriptive

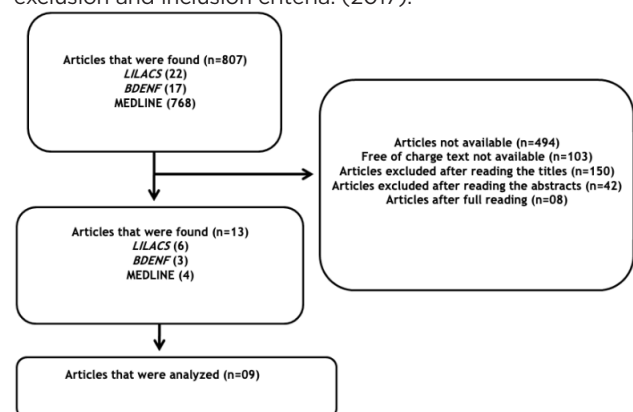
Source: Elaborated by the authors (2017).

\*Note: The titles' names were kept as in their original language.

## RESULTS AND DISCUSSION

The sample of this review was composed of nine studies, five of which are written in Portuguese and four in English. Considering the articles, six were selected in the *LILACS* database, three were found in *BDENF* and four articles were found in the *MEDLINE* database. Three studies were duplicated in the *LILACS* and *BDENF* databases, and one was duplicated in the *MEDLINE* and *LILACS* databases. In **Figure 1**, it is possible to observe the selection of studies found in the databases.

**Figure 1** - Demonstration of the selection after applying both exclusion and inclusion criteria. (2017).



Fonte: Elaborado pelo autor (2017).

The characterization of the studies regarding the publication year, according to the inclusion criterion that defined the time frame as the last ten years, then were obtained: two (22.2%) articles from 2008, two (22.2%) articles from 2010, three (33.4%) from 2014 and two (22.2%) from 2015. Herein, there were no articles published in 2006, 2007, 2009, 2011, 2012, 2013, and 2016.

Concerning the studies' methodologies, eight (88.9%) articles presented a qualitative approach, one (11.1%) article presented a quantitative approach. Considering the research design, descriptive and exploratory studies were predominant.

The studies captured point to prenatal monitoring as a strategy for the prevention of PPD, through the user embracement performed during the nursing consultation.<sup>11</sup> In such space, health professionals have the opportunity to act in the logic of prevention and health promotion. In this perspective, it is underlined that during the nursing consultation, guidance, and clarification about the PPD should be carried out. Furthermore, it is considered essential that at this moment, the nurse identifies women bearing risk factors.<sup>11-17</sup>

Another strategy pointed out in the studies is the educational activities carried out through groups of pregnant women.<sup>12-5</sup> It is important that the subjects of these groups are not centered on the physiological aspect of pregnancy, but rather address the emotional aspects such as PPD.<sup>11</sup>

For the critical analysis of the selected studies, the categorization of each work was performed according to their similarities; accordingly, two categories were created for data analysis: User embracement as a strategy for the prevention of postpartum depression; and, The group of pregnant women as an experience-sharing space.

### **User embracement as a strategy for the prevention of postpartum depression**

Throughout the puerperium period, the registered nurse must guarantee methods of coping and adapting to this moment of motherhood. This professional must offer professional support, in which important information needs to be passed on in a short time, during nursing consultations.<sup>18</sup>

Given the above-mentioned, the nurse must develop strategies aimed at preventing postpartum depression, such as the user embracement practice that must occur from the beginning of prenatal care. User embracement can be accomplished through early screening of the pregnant woman, by using the EDPS, performing group dynamics that are easy to understand with the pregnant woman and qualified listening, all during the nursing consultation.<sup>18</sup>

Qualified listening makes pregnant women feel respected and valued, it also strengthens autonomy and the bond with the professional, which more actively enhances prenatal care.<sup>19</sup> Thus, it is necessary for nurses to dedicate themselves to this listening attentively to the demands of the pregnant woman, transmitting the support and confidence necessary

for her to be strengthened and to be able to conduct pregnancy and childbirth with greater safety.<sup>16</sup>

Seeking to carry out an effective and welcoming nursing consultation, the nurse must address several topics relevant to prenatal care, pregnancy, childbirth and postpartum, among the issues, it is necessary to address puerperal depression. This approach can be carried out in a playful way, allowing the pregnant woman to better understand the subject.

### **The group of pregnant women as an experience-sharing space**

Prenatal care is one of the most important care to be provided to pregnant women. In this scenario of prenatal care, an effective strategy is to carry out groups of pregnant women who seek to meet educational needs, providing favorable spaces for exchanging experiences between pregnant women, family members and health professionals.<sup>20</sup>

This group of pregnant women is defined as a restricted set of people, linked together by time and space constants, and articulated by their mutual internal representation, which proposes, explicitly or implicitly, a task that constitutes its purpose.<sup>17</sup> By carrying out such groups within the reality of the community brings many positive results for pregnant women, helping them to have understanding, care, and interest together with family members.

Given this standpoint, the nurse may have a more humanized look, identifying possible variations in mood, thinking, and behavior in pregnant women, suggesting possible psychiatric disorders. In this group moment, the nurse will be able to address general topics, including PPD. It is important that at this moment the nurse can give directions on how PPD can be identified and how to prevent it.<sup>18</sup>

When carrying out the group of pregnant women, it is important that women who have had experienced PPD can also share their experiences. Thus, there is an incentive for sharing common knowledge among the group members, which gives support to the participants.

## **FINAL CONSIDERATIONS**

With the completion of this study, it was possible to identify that the most frequent strategies for preventing PPD in the literature are the humanized and welcoming nursing consultation and the group of pregnant women. Hence, it can be concluded that preventing PPD is an easy-to-approach action, with low cost and feasible execution during nurses' professional practice.

It is important that nurses address this issue during prenatal care, pursuing to identify the risk factors, doubts, and desires. The lack of actions and interventions can cause delays in detecting puerperal women with depression, which can worsen the clinical condition, causing harm to those women.



Hence, it is necessary implementing new researches seeking to identify the prevention actions towards PPD, contemplating the significant increase in cases of depression worldwide and the reduced number of scientific productions addressing this topic, which is a gap in the nursing scientific production.

## REFERENCES

1. Cruz EBS, Simões GL, Cury AF. Rastreamento da depressão pós-parto em mulheres atendidas pelo Programa de Saúde da Família. *Rev Bras Ginecol Obstet.* 2005; 27(4): 181-188. Available at: <<http://www.scielo.br/pdf/rbgo/v27n4/a04v27n4>> Acesso em: 31 mar. 2017.
2. Ribeiro WG, Andrade M. O papel do enfermeiro na prevenção da depressão pós-parto (DPP). *Informe-se em promoção da saúde.* 2009; 5(1):7-9. Available at: <<http://www.uff.br/promocaodasaude/dpp3.pdf>> Acesso em: 2 abr. 2017.
3. Hildebrandt FMP. Depressão pós-parto: aspectos epidemiológicos e tratamento cognitivo-comportamental [tese]. [Rio de Janeiro]: Universidade Federal do Rio de Janeiro, Doutorado em Psicologia; 2013. 148f.
4. Schmidt EB, Piccoloto NM, Muller MC. Depressão pós-parto: fatores de risco e repercussões no desenvolvimento infantil. *Psico-USF.* 2004; 9(2):61-68. Available at: <<http://www.scielo.br/pdf/psuf/v10n1/v10n1a08.pdf>> Acesso em: 5 abr. 2017.
5. Prata AKAV, Barros IPM. Expectativas e experiências da maternidade na gestação a termo e na gestação pré-termo: estudo comparativo com auxílio de Técnica Projetiva. *Aletheia.* 2012; v. 38, p.132-152. Available at: <<http://pepsic.bvsalud.org/pdf/aletheia/n38-39/n38-39a11.pdf>> Acesso em: 31 mar. 2017.
6. Cunha AB et al. A importância do acompanhamento psicológico durante a gestação em relação aos aspectos que podem prevenir a depressão pós-parto. *Saúde e Pesquisa.* 2012; 5(3):579-586. Available at: <http://www.cesumar.br/pesquisa/periodicos/index.php/saudpesq/article/viewArticle/>. Acesso em: 05 abr. 2017.
7. Konradt CE et al. Depressão pós-parto e percepção de suporte social durante a gestação. *Revista Psiquiatria Rio Grande do Sul.* 2011; 33(2): 76-79. Available at: <<http://www.scielo.br/pdf/rprs/v33n2/1355.pdf>> Acesso em: 30 mar. 2017.
8. Sobreira NAS, Pessôa CGO. Assistência de enfermagem na detecção da depressão pós-parto. *Revista Enfermagem Integrada (Ipatinga).* 2012; 5(1):905-918. Available at: <https://www.unilestemg.br/enfermagemintegrada/artigo/v5/04-assistencia-de-enfermagem-na-deteccao-da-depressao-pos-parto.pdf>. Acesso em: 31 mar. 2017.
9. Figueira, A. Escala de Depressão Pós-natal de Edimburgo para triagem no sistema público de saúde. *Rev Saúde Pública;* 2009;43(Supl. 1):79-84. Available at: <http://www.scielosp.org/pdf/rsp/v43s1/744.pdf> Acesso em: 07 jun. 2017.
10. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto contexto-enferm.* 2008. Available at: <[http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072008000400018](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072008000400018)>. Acesso em: 02 jun. 2017.
11. Ruiz, B.M.I. Tristeza/depressão na mulher: uma abordagem no período gestacional e/ou puerperal. *Rev. Eletr. Enf. [Internet].* 2008;10(4):966-78. Available at: <https://www.fen.ufg.br/revista/v10/n4/v10n4a09.htm> Acesso em: 25 jul. 2017.
12. Meira et al. Desafios para profissionais da atenção primária no cuidado à mulher com depressão pós-parto. *Texto Contexto Enferm, Florianópolis,* 2015; Jul-Set; 24(3): 706-12. Available at: [http://www.scielo.br/pdf/tce/v24n3/pt\\_0104-0707-tce-24-03-00706.pdf](http://www.scielo.br/pdf/tce/v24n3/pt_0104-0707-tce-24-03-00706.pdf) Acesso em: 25 jul. 2017.
13. Freitas et al. Accommodation set in a university hospital: postpartum depression in nurses' perspective. *J. res.: fundam. care. Online.* 2014; abr./jun. 6(2):1202-1211. Available at: [http://seer.unirio.br/index.php/cuidadofundamental/article/viewFile/2999/pdf\\_1378](http://seer.unirio.br/index.php/cuidadofundamental/article/viewFile/2999/pdf_1378) Acesso em: 25 jul. 2017.
14. Arrais, A.R; Alves, m; Fragalle, B. O pré-natal psicológico como programa de prevenção à depressão pós-parto. *Saúde Soc.* 2014; São Paulo, v.23, n.1, p.251-264. Available at: <http://www.scielo.br/pdf/sausoc/v23n1/0104-1290-sausoc-23-01-00251.pdf> Acesso em: 25 jul. 2017.
15. Heather J. et al. Prevention of postnatal mental health problems in women: knowledge exchange in primary care in Victoria, Australia. *Ealth Promot J Austr.* 2015; 26(1):64-69. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25773160> Acesso em: 25 jul. 2017.
16. Gomeset et al. Identificação dos fatores de risco para depressão pós-parto: importância do diagnóstico precoce. *Rev. Rene.* 2010; 11:117-123. Available at: [http://www.revistarene.ufc.br/edicao especial/a13v11esp\\_n4.pdf](http://www.revistarene.ufc.br/edicao especial/a13v11esp_n4.pdf) Acesso em: 25 jul. 2017.
17. Valença, C.N; Germano, R.M. Prevenindo a depressão puerperal na estratégia saúde da família: ações do enfermeiro no pré-natal. *Rev. Rene.* 2010; v. 11 (2): 129-139. Available at: [http://www.revistarene.ufc.br/vol11n2\\_pdf/a15v11n2.pdf](http://www.revistarene.ufc.br/vol11n2_pdf/a15v11n2.pdf) Acesso em: 25 jul. 2017.
18. BRASIL. Pré-natal e Puerpério: atenção qualificada e humanizada – Manual técnico/Ministério da Saúde, Secretaria de atenção à saúde, Departamento de Ações Programáticas Estratégicas – Brasília, 2006. Available at: [http://bvsms.saude.gov.br/bvs/publicacoes/manual\\_pre\\_natal\\_puerperio\\_3ed.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf). Acesso em: 28 jul. 2017.
19. Costa, G.D et al. Saúde da família: desafios no processo de reorientação do modelo assistencial. *Rev. bras. Enferm.* 2009; 62 (1):113-118. Available at: <http://www.scielo.br/pdf/reben/v62n1/17.pdf> Acesso em: 05 ago. 2017.
20. Winck, D.R. Responsabilidade legal do enfermeiro em obstetria. *Revista Brasileira de Enfermagem (Impresso).* 2010; 63: 464-469. Available at: < <http://editora.unoesc.edu.br/index.php/apeuv/article/view/12872/6911>>. Acesso em: 03 ago. 2017.

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