

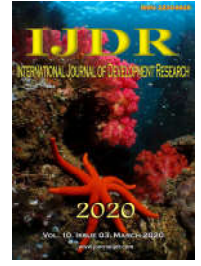


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POSTPARTUM DEPRESSION ASSESSMENT IN NURSING CONSULTATION

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ABSTRACT

Objectives: Identify the sociodemographic profile and the predisposition of postpartum women to postpartum depression. **Method:** Cross-sectional, quantitative study carried out with puerperal women attended by the "Nursing Consultation in Prenatal and Postpartum Project", admitted to a maternity hospital in Ponta Grossa, from August 2018 to January 2019. The instrument used for data collection was the Edinburgh Postpartum Depression Scale. **Results:** 14% of the puerperal women attended by the "Puerperal Nursing Consultation project" were at risk for postpartum depression, with 33% in the age group of 16 to 22 years old, 73% white, 53% single, 53% with completed high school, 53% multigravity and 60% had a normal delivery. **Conclusion:** postpartum depression is a public health problem, and nurses need to be attentive and trained to early identify the symptoms and risk factors associated to this pathology, thus ensuring health for the mother-child binomial.

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INTRODUCTION

Postpartum depression (PPD) is considered a public health problem that affects the mother's health and the child's development. According to studies, about 10% to 20% of women have a profile of PPD, however this number may be even higher, as the symptoms are often neglected, both by the woman and the family, due to the fact that the signs are often confused with tiredness regarding baby care (BROCCHI *et al.*, 2015; PORTO *et al.*, 2017). The postpartum period is seen as a phase in which mental disorders are frequent in female life, due to the fact that it is a time of many changes brought by the arrival of a new child to the family, new responsibilities, fears, doubts, in addition to physical and hormonal changes (BOSKA *et al.*, 2016). In this context, in the 1980s and 1990s, the "Maternal and Child Health Program" (PNSME) and the "Integrated Assistance Program to Women's health" (PAISM) were created in Brazil, with the objective of improving the quality of women's health and attending the woman, who was previously seen only as a reproductive figure (BRAZIL, 2004). The purpose of PAISM is to qualify women's mental health

care, and in view of this fact, the Ministry of Health recommends consultation in the postpartum / puerperal period, for the early detection of possible disorders or common complications in this phase (BRAZIL, 2004). It should be noted that PPD is characterized by the presence of one or more depressive episodes after the birth of the child and presents with a set of symptoms beginning between the fourth and eighth week of postpartum, with greater intensity in the first six months (BROCCHI *et al.*, 2015). Clinical manifestations can present as irritability, frequent crying, sadness, lack of energy and motivation, feeling of guilt and helplessness, changes in appetite and sleep, agitation, decreased concentration, low esteem and feeling of incompetence in the face of new situations (FREITAS *et al.*, 2014). PPD has a multifactorial cause and has the following risk factors: low socioeconomic conditions; difficult marital relationship; being single or divorced; low education level; absence of social support; chemical dependency; unwanted pregnancy; low maternal age; stressful events in the past few months; previous mental disorder; lack of prenatal care; and cesarean delivery (ARRAIS *et al.*, 2018). The diagnosis for PPD is somewhat complex, as there is no parameter of exclusive physiological

signs, each woman can present several different signs and symptoms. Due to this fact, some scales were created to measure and characterize the symptoms of postpartum depression. Among the most used we have the Edinburgh Postnatal Depression Scale (Edinburgh Postnatal Depression Scale), translated and validated in Brazil, with the purpose of detecting risk for PPD and not replacing clinical evaluation (COX *et al.*, 1987). The Edinburgh Postpartum Depression Scale is self-administered and measures the presence of depressive symptoms in the puerperal period. This instrument allows health professionals to identify the pre-disposition of the puerperal woman for PPD. Once this predisposition has been identified, health professionals can outline intervention strategies and the early treatment of women, thus reducing the damage that PPD can cause to the mother-baby binomial and child development, restoring the woman in family life and social (MEIRA *et al.*, 2015). Thus, with the usage of the Edinburgh Postpartum Depression Scale, in the nursing consultation, professionals are able to identify early the pre-disposition for PPD in these puerperal women, and in this way forward to appropriate treatment, reducing the damage caused by this pathology (MEIRA *et al.*, 2015). Therefore, the present study aims at outlining the sociodemographic profile and identify the mothers predisposed to postpartum depression, attended by the Nursing Consultation Project in Prenatal and Postpartum.

MATERIALS AND METHODS

It is characterized as a prospective study of the quantitative type, carried out with the puerperal women attended by the "Nursing Consultation in Prenatal and Postpartum Project", from August 2018 to January 2019. Data collection was performed at a school maternity hospital at Ponta Grossa, Paraná, a reference in habitual and intermediate risk childbirth, being the first institution to use instruments for detecting postpartum depression in that city. The instruments used for data collection were: structured questionnaire with closed questions, where sociodemographic data were obtained and the Edinburgh Postpartum Depression Scale (EPDS). The instruments were filled out at the study site, during the nursing consultation, which lasted an average of 40 minutes. The EPDS consists of a self-assessment instrument, consisting of 10 items that are easy to understand and quick to apply. For each question there are four answer options and each answer is associated to a score from zero to three, according to the severity of the symptoms. Questions number 3,5,6,7,8,9 and 10 are scored inversely (3,2,1,0). All items are added up to obtain the total score, which ranges from 0 to 30 points. A score > 11 indicates a probability for PPD, but not the severity that presents itself (COX *et al.*, 1987). This is a convenience sample, composed of 107 puerperal women admitted from August 2018 to January 2019, who were in the maternity ward at the time of the visit of the nursing students of the "Nursing Consultation in Prenatal and Postpartum Project", who agreed to participate in the study by signing the Informed Consent Form. The inclusion criteria are the mothers of the first and second postpartum days who have agreed to participate in the study and as exclusion criteria, the mothers with fetal loss and those who have not agreed to participate in the study. The data were entered into an Excel spreadsheet and expressed in simple frequency. The ethical aspects were respected contemplating Resolution 466/2012, with the opinion of the Research Ethics Committee 1,055,927, of May 8th, 2015, by the State University of Ponta Grossa (UEPG).

RESULTS

Regarding to the sociodemographic profile, of the total of 107 (100%) puerperal women, 59 (55%) were aged between 14 and 24 years old, 75 (70%) were white, 75 (70%) were married or in a stable relationship, 82 (77%) with their own home and 41 (38%) with completed high school. About 73 (68%) women were economically inactive, but 34 (32%) had some source of income and 86 (80%) had family income between 1-2 minimum wages. Regarding to the gynecological and obstetric history, 56 (52%) women were primiparous, 86 (80%) had a normal delivery and of these 72 (84%) without episiotomy. All puerperal women underwent prenatal care, 88 (82%) of whom had more than 07 consultations and 54 (50%) reported not having planned the pregnancy. Regarding to the predisposition to Postpartum Depression, 15 (14%) mothers had a score ≥ 11 , of these 10 (67%) were aged over 20 years, 11 (73%) were white, eight (53%) single, 11 (73%) with their own home, eight (53%) with completed high school, 13 (87%) with a family income of 1-2 minimum wages, eight (53%) who worked in commerce, eight (53%) were multigravid and nine (60%) underwent normal delivery without episiotomy. All women predisposed to PPD underwent prenatal care, 11 (73%) of whom had more than 07 consultations and 13 (87%) reported not having planned the pregnancy, as shown in Table 1.

Table 1. Sociodemographic profile of mothers pre-disposed to Postpartum Depression. Ponta Grossa, PR, Brazil, 2019. Number = 15

Variables	Number	%
Postpartum age		
Under 20 years	05	33
Over 20 years	10	67
Education		
Incomplete primary education	04	27
Complete primary education	01	7
Complete high school	08	53
Incomplete Higher Education	02	13
Marital Status		
Married/ Stable relationship	06	40
Single	09	60
Economic situation		
Economically active	09	60
Economically inactive	06	40
Family income		
1-2 Minimum wages	13	87
>2 Minimum wages	02	13
Numbers of children		
Multigesta	08	53
Primigravida/ Pregnant for the first time	07	47
Planned pregnancy		
No	13	87
Yes	02	13
Number of prenatal consultations		
<7 consultations	04	27
>7 consultations	11	73
Kinds of childbirth		
Cesarean	06	40
Normal birth	09	60
TOTAL	15	100

DISCUSSION

Regarding to the prevalence of PPD, studies show a variation of 10% to 20% of cases in Brazil. There is also a study carried out in Rio Grande do Sul, where there was a prevalence of 14% of women with a predisposition to PPD, which corroborates the findings in this study, showing the need for

attention focused on mental health of postpartum women (ARAÚJO, 2019; HARTMANN *et al.*, 2017). It should be noted that maternal age below 20 years is considered a risk factor for the development of PPD (PORTO *et al.*, 2017). However, a study carried out in Salvador, points out that the age group with the greatest predisposition to PPD is over 20 years (ARAÚJO, 2019). Regarding to marital status, it is considered in the literature as a risk factor for PPD, the woman being single. However, in Brazilian studies there was a predominance of married women or in a stable relationship, however, the quality of marital bonds should be assessed, and conflicting marital relationships can be a factor of vulnerability for women, making them more susceptible to developing PPD (ARAÚJO, 2019; COSTA *et al.*, 2016). Concerning to the education of the puerperal women, it is understood as a risk factor for PPD, low education, however, a study carried out in São Paulo, showed women with a higher level of education, agreeing with the present study (LIMA *et al.*, 2017). In this study, a low-income population was observed, a fact that corroborates a study carried out in the city of Guarapuava, Paraná, where there was a higher prevalence of this population with a predisposition to PPD (BOSKA *et al.*, 2016). Still regarding to the economic profile, it was noted that most of the interviewed mothers are economically active, which according to the literature is a protective factor for DPP, thus demonstrating that the financial difficulties experienced by the mothers increase their vulnerability to develop the disease (BOSKA *et al.*, 2016; ARRAIS *et al.*, 2018). Related to the number of children, it is clear that multiparity is a risk factor for PPD, which is in line with the study carried out in Rio Grande do Sul, where risk was identified among multiparous women, which can be justified due to stress and family burden when the woman already has other children (HARTMANN *et al.*, 2017). The type of childbirth experienced by women is also considered in the assessment of PPD, with normal childbirth being a protective factor for the development of PPD (ARRAIS *et al.*, 2018). In this study, there was a predominance of women who had a normal childbirth. A similar study showed a prevalence of vaginal childbirth, however, it did not show significance in this aspect, showing that this factor has no direct influence on PPD (BOSKA *et al.*, 2016). The prenatal consultation should be presented as a protective factor for PPD, as the adequate monitoring can enable the identification of signs suggestive for the development of this pathology.

However, a study carried out shows that prenatal consultations are focused only on biological aspects of women, such as medical and dental consultations and exams, leaving aside the biopsychosocial aspects of the same (HEALTH *et al.*, 2015). Unplanned pregnancy is considered a risk factor for PPD according to the literature (ARRAIS *et al.*, 2018). A study carried out in Recife, showed that 60% of women who were at risk for PPD did not plan their pregnancy, given that this is similar to this study, although the results found in this study were higher. Therefore, a planned pregnancy can contribute to a better acceptance of the pregnant woman and thereby reduce the risks for the development of PPD (BRITO *et al.*, 2015). It is noticed that the focus of nurses' care in the care of pregnant women and women who have recently given birth is focused on the biomedical aspect, where the fragility of the concepts related to PPD was evidenced. Nursing professionals reported feeling unable to act effectively in the face of signs and symptoms suggestive of PPD, presented by the mothers. This fact reinforces the need to train nursing professionals, through

permanent education, in order to prepare them for comprehensive care with logical reasoning, focused on the biopsychosocial treatment of women (HEALTH *et al.*, 2015).

Conclusion

Postpartum depression is a disease that affects many women and damages maternal and family relationships, because of this, it is necessary that there is monitoring by professionals, directed at the mental health of the puerperal woman, especially those who have risk factors. In the present study, it was possible to trace the sociodemographic profile of the mothers attended at the maternity school and identify the risk factors for PPD, which were: marital status (single), low family income, multiparity and unplanned pregnancy, showing the need for actions aimed at this population due to the consequences that PPD can cause on the health of the mother, the baby and the whole family. Therefore, it is necessary for nurses to detect early signs and symptoms suggestive of PPD, through validated instruments such as the Edinburgh Postpartum Depression Scale, so that they can refer the puerperal women in a timely manner for specialized monitoring and treatment in mental health.

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