

Nursing care in postpartum depression – Integrative Review

Assistência de enfermagem na depressão pós-parto: Revisão Integrativa

Cuidados de enfermería en la depresión posparto: Revisión integrativa

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How to cite: Sousa TPP, Oliveira LP, Pereira JR, Carvalho RL, Barbosa T, Teixeira BT. Nursing care in postpartum depression – Integrative Review. *REVISA*. 2022; 11(1): 26-35. Doi: <https://doi.org/10.36239/revisa.v11.n1.p26a35>

REVISA

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Received: 22/10/2021

Accepted: 19/12/2021

RESUMO

Objetivo: Objetivo: Diante da necessidade do aprofundamento da temática para a enfermagem, o objetivo do presente estudo foi revisar produções científicas que investigaram como é realizada a assistência de enfermagem na depressão pós-parto e sua importância para a saúde da puérpera. **Método:** O estudo trata-se de uma Revisão Integrativa da Literatura. As bases de dados consultadas foram BVS, SciELO, LILACS, Ministério da Saúde e OMS. **Resultados:** De acordo com o texto foram encontrados durante a pesquisa 58 artigos, os quais sofreram seleção e 11 compõem a amostra final. Os estudos foram publicados num intervalo de tempo de cinco anos, no entanto, não existem estudos suficientes que padronizem uma ferramenta para o diagnóstico e nem que mostrem como têm sido realizados esses diagnósticos nas unidades de saúde. Sendo notória a necessidade de realização de mais estudos sobre o assunto, esclarecendo as principais dúvidas, solucionando os problemas encontrados e possibilitando a agregação de conhecimento dos profissionais de saúde neste processo. **Conclusão:** Os profissionais da saúde devem buscar mais conhecimento se habilitando para um atendimento cada vez melhor, proporcionando tratamento precoce, favorecendo uma rápida e surpreendente recuperação da puérpera.

Descritores: Depressão Pós-Parto; Assistência de Enfermagem; Enfermagem Obstétrica.

ABSTRACT

Objective: Given the need to deepen the theme for nursing, the aim of this study was to review scientific productions that investigated how nursing care is performed in postpartum depression and its importance for the health of the puerperal. **Method:** The study is an Integrative Literature Review. The databases consulted were VHL, SciELO, LILACS, Ministry of Health and WHO. **Results:** According to the text, 58 articles were found during the study, which were selected and 11 compose the final sample. The studies were published within five years, however, there are not enough studies to standardize a diagnostic tool or show how these diagnoses have been made in health units. The need to conduct more studies on the subject is notorious, clarifying the main doubts, solving the problems encountered and enabling the aggregation of knowledge of health professionals in this process. **Conclusion:** Health professionals should seek more knowledge by enabling themselves to better care, providing early treatment, favoring a rapid and surprising recovery of the puerperal woman.

Descriptors: Postpartum Depression; Nursing Care; Obstetric Nursing.

RESUMEN

Objetivo: Dada la necesidad de profundizar el tema de enfermería, el objetivo de este estudio fue revisar las producciones científicas que investigaron cómo se realiza el cuidado de enfermería en la depresión posparto y su importancia para la salud del puerperal. **Método:** El estudio es una Revisión Integrativa de la Literatura. Las bases de datos consultadas fueron BVS, SciELO, LILACS, Ministerio de Salud y OMS. **Resultados:** Según el texto, durante el estudio se encontraron 58 artículos, los cuales fueron seleccionados y 11 componen la muestra final. Los estudios fueron publicados dentro de los cinco años, sin embargo, no hay suficientes estudios para estandarizar una herramienta diagnóstica o mostrar cómo se han realizado estos diagnósticos en las unidades de salud. La necesidad de realizar más estudios sobre el tema es notoria, aclarando las principales dudas, resolviendo los problemas encontrados y possibilitando la agregación de conocimientos de los profesionales de la salud en este proceso. **Conclusión:** Los profesionales de la salud deben buscar más conocimientos permitiéndose una mejor atención, proporcionando un tratamiento temprano, favoreciendo una recuperación rápida y sorprendente de la mujer en el posparto.

Descritores: Depresión pós-parto; Cuidados de Enfermería; Enfermería Obstétrica.

Introduction

Pregnancy is a singular milestone in a woman's life, which causes physiological and psychological changes, causing feelings of fear, anguish, insecurity and doubts.¹ After childbirth, the woman experiences the mourning of the pregnant body and the baby within her, needing to adjust to it and to her rhythm and to a real baby who demands care and attention. A new routine begins.²

Postpartum Depression is a mental disorder that can lead to serious consequences, both in women, babies and people living nearby.³ The reported rate of postpartum clinical depression among new mothers is 10% to 20% and 1 in 7 women may have PPD in the year following delivery. Among the millions of live births that occur each year, this equates to hundreds of thousands of diagnoses only by live births.⁴

Postpartum depression (PPD) or puerperal depression is called episodes marked by mood disorders, insomnia, sadness without apparent cause, fatigue, rejection of family members and in most cases rejection of the baby who had just had, troubled thoughts, usually occurring in the puerperal period. It can be associated with several specific causes, but in its entirety has characteristics similar to other depressive cases.⁵

Puerperal Depression usually occurs between the fourth and eighth week after delivery and presents prolonged symptoms. Symptoms settle slowly and may intensify during the next six months. Symptomatology can be quite comprehensive, from changes in sleep and rest patterns, appetite, discouragement, sadness, fear of hurting your child, to obsessive and/or suicidal thoughts.⁶

The depressed mother suffers great influence from her own expectations, and may feel worried that she could not be the ideal mother she expected, or feel frustrated by noticing that her life as a mother is not as she imagined.⁷ However, the complaints reported in the consultations require a careful evaluation of the health professional, for early identification of Postpartum Depression (PPD).⁸

Health professionals need to acquire competencies, instruments and resources to detect PPD appropriately and treat PPD appropriately, extending the temporal criterion for the diagnosis of postpartum pregnancy. Moreover, the nursing professional must have skills such as cunning, weighting and harmony when directing their care in overcoming the difficulties characteristic of PPD.⁹

The integral look and technical and scientific knowledge of nurses throughout pregnancy are determining factors to recognize and intervene early in the initial phase of postpartum depression, developing programs and methods to interact with pregnant women and family members thus creating bonds of trust where they will feel safer, having a place to express their fears and expose doubts for preparation at the time of delivery and postpartum. It is necessary that nurses act based on knowledge specific to the professional area, always seeking advancement, improving techniques and executing them competently.¹⁰

Postpartum depression or puerperal depression is a high-prevalence mental disorder, whose early detection of its symptomatology is of extreme need. It is necessary to understand that PPD is not a disease linked to the woman's personality but to the state of psychological disorder that can be cured. In view

of this and the need to deepen this theme for nursing, the aim of this study was to review scientific productions that investigated how nursing care is performed in postpartum depression.

Method

Type of Study

This is an Integrative Literature Review. An integrative review of the literature makes it possible to apprehend themes or problems relevant to the field of health and public policies through the capture, critical appreciation and synthesis of knowledge about the object investigated. This method contributes to Evidence-Based Practice, when it follows a standard of excellence regarding methodological rigor.¹¹

Methodological Procedures

Starting from the elaboration of the guide question, in which we asked: What is the relevance and how is nursing's performance performed in the face of postpartum depression? - The stages of the study were established, divided into six stages to obtain the final synthesis, the stages were composed of identification of the theme, inclusion and exclusion criteria, selection of studies, data analysis, interpretation of the material, presentation of results and discussions.

Data collection and organization

During the first stage, the following focused on the identification of the theme, which was postpartum depression and the care provided around it. In the second stage, the inclusion and exclusion criteria were chosen, being inclusion criteria: national and international scientific articles, published from 2016 to 2021, which talk about the theme and guide the response of the guiding question defined in the previous stage. Exclusion criteria were: materials of theses and dissertations; and publications outside the pre-established period. The databases used were: Virtual Health Library (VHL), Scientific Electronic Library (SciELO), Latin American and Caribbean Center for Information on Health Sciences (LILACS) and data from the Ministry of Health (MS) and the World Health Organization (WHO). The descriptors used were: Postpartum Depression, Nursing Care and Obstetric Nursing. In the third stage, the studies that attended the second stage were selected. In addition, all those who considered themselves most relevant for the preparation of this review were separated by reading titles and abstracts. In the fourth stage, the selected studies were critically evaluated until the third stage. All the characteristics in common were listed among them, and they were sectioned by subjects for the best visualization of the author during the production of this review. The subjects listed were: 1) PPD, symptoms and factors; 2) Diagnosis; 3) Nursing care in PPD. In the fifth stage, the individual interpretation of each selected material was performed. Excessive reading with griffins of passages considered interesting for this work was essential in this stage. The sixth stage consists of the presentation of the results and discussion of the results during this review.

Data analysis

Table 1- Numerical result from the initial selection to the final sample.2021.

Selection by titles and abstracts	Full reading	More than 1 database	Outside the criteria	Final Sample
58	29	2	16	11

According with the Table I, 58 articles were found during the study, which were previously selected through the analysis of their titles and abstracts that had to respond to the objective of this study. After this first selection, 29 articles were read in full, of which 2 studies appeared in more than one database, 16 did not meet the work criteria and 11 comprise d'or in the final sample (Table 1 and Chart 1).

Results

Chart 1 - Description of the articles selected for the preparation of the results and discussion. 2021.

	Journal(Year)	Tittle	Method	Objective	Conclusion
1	Universidade de Mindelo (2017)	Nursing care for parturients with postpartum depression (PPD) at the maternity service of The Dr. Baptista de Sousa Hospital	Descriptive Qualitative	To provide nursing professionals with knowledge about this pathology and how to develop a prevention and control strategy for parturients with postpartum depression.	Nursing within its professional scopes could be contributing greatly to the prevention, guidance, and early detection of PPD, reflecting on the quality provided to women in the pregnancy and postpartum period.
2	Caderno da Saúde Pública (2017)	Depression among puerperas: prevalence and associated factors	Descriptive Quantitative	Measure prevalence and identify factors associated with the occurrence of depression among puerperwomen.	The need to increase actions by health services in the care of pregnant women, in order to provide greater care.
3	Revista de Ciências Saúde Nova Esperança (2016)	Postpartum depression: knowledge about signs and symptoms in postpartum women	Descriptive Quantitative Data collection through interviews	Discuss the signs and symptoms of PPD in puerperum women and allow visibility of this subject to professionals in the field, as well as for society in general.	The puerperity will present symptoms that will change her relationship with the family, as well as the relationship with the baby, which, as a consequence, will directly affect the development of the same.
4	Revista da FAESF (2019)	Nurses in the prevention of postpartum depression: integrative review	Descriptive Qualitative	To identify the role of nurses in preventing postpartum depression, describe the work process of these professionals with the multidisciplinary health team in the construction of mechanisms for pathology and to investigate the difficulties, advances and challenges of nurses in the care of patients with Postpartum Depression.	It is important for nurses together with the multidisciplinary team to structure stronger barriers to prevent postpartum depression, prioritizing the holistic and including family look more and including the family in their action plan, because family support is fundamental.
5	PROPSICO (2017)	Postpartum Depression	Descriptive Qualitative	Recognize signs and symptoms of PPD, as well as know its main clinical characteristics and consequences; Make the differential diagnosis between PPD, postpartum melancholy and puerperal psychosis; Identify risk factors for the development of	Despite the high prevalence of PPD and its consequences for the whole family, this clinical condition is still underdiagnosed and, consequently, undertreated. It is therefore necessary to develop new approaches that increase their detection and treatment

				PPD; Know the main models of conceptualization of PPD; identify the most relevant aspects to consider in the evaluation of PPD; To know the different approaches of prevention and treatment of PPD.	
6	Centro Universitário São Lucas (2018)	Factors associated with postpartum depression	Integrative Review	Identify the factors associated with PPD and nursing team care used for women with PPD to minimize high prevalence.	It is essential that nurses understand the biopsychosocial transformations that puerperal women experience, and use their observation and empathy skills, identifying possible pregnant women with depressive predisposition.
7	Journal Health NPEPS (2016)	Maternal mental health: tracking the risks causing postpartum depression	Descriptive Qualitative	Identify the risk factors that contribute to PPD in women assisted in maternity in the interior of Maranhão	The approach to this theme shows that there is still a long way to go for the improvement and agility of health services in the screening, prevention and treatment of puerperal depression.
8	Revista Eletrônica Estácio Saúde (2016)	Postpartum depression: consequences for mother and newborn - a systematic review	Descriptive Quantitative	To analyze the theoretical scientific aspects related to postpartum depression and its consequences for the mother and newborn.	The studies point to the occurrence of behavioral, affective and cognitive disorders, involvement and social interaction, added to the lower willingness to stimulate the child.
9	Periódicos Eletrônicos em Psicologia (2017)	Postpartum depression: discussing the temporal criterion of diagnosis	Descriptive Qualitative	To discuss the temporal criterion of diagnosis, through a qualitative research with a critical review of the literature.	The official manuals that guide clinical practice do not reflect the advances obtained in scientific research published in the area, so it is necessary that professionals in the area consider expanding the temporal criterion of diagnosis up to one year after delivery.
10	Psicologia Argumento (2017)	The implications of postpartum depression in the baby's psyche: Considerations of Analytical Psychology	Descriptive Qualitative	To present and comment on the contribution that Analytical Psychology, created by Carl Gustav Jung (1961), brings as a theoretical support in this field, bringing his understanding of the mother-baby relationship to the issue of postpartum depression, seeking to partly address the scarcity of studies in this regard in Analytical Psychology.	Understanding that a depressed mother needs professional attention to be a caregiver is important to refer her to the necessary treatments, as she may not be able to understand them and seek help for herself.
11	Revista Ciência e Sociedade (2016)	Use of the Edinburgh scale by the nurse in the identification of Postpartum depression: integrative literature review	Integrative Review	To analyze the use of the Edinburgh Scale by nurses in the identification of Postpartum Depression.	PPD affects one in eight women in the postpartum period and can have adverse consequences for the mother, baby and her family, as it was found that PPD is the result of the psychological, social and cultural adaptation of women in the face of motherhood.

The studies were published in a five-year time interval, however, there are not enough studies to standardize a tool for diagnosis or show how these diagnoses have been made in health units, reaffirming the need for studies focused on the performance of the nursing team. This fact is important for the search for results that reflect the current view of the research scenario, showing the importance of new contributions and a better understanding on the subject. Description of the 11 studies resulting from the research in which they were collected in 2016 (36.4%), 2017 (45.4%), 2018 (9%) and 2019 (9%), were published

in 11 different journals. The articles were carried out in Brazil, in the context of women's health care.

Discussion

Care for women with postpartum depression

Motherhood is a fundamental evolutionary moment in the development of female identity, in which there are several changes in the female life cycle and also of extreme vulnerability. The birth of a child is an event of great importance in the life of women and family members, where it requires changes in various aspects to absorb the new limb in the dynamics and routine of the house.⁷

Faced with these changes that are physical and hormonal, the woman still comes across the emotional factor that may be shaken and exerting a great power of persuasion on her, causing frustration and uncertainty that she will be the mother that everyone is idealizing her to be. From there comes the feeling of sadness and discouragement, which will affect not only the mother and the baby, but everyone around them and so the support of the family at this time is crucial, so that such sadness does not evolve to a picture of Depression.⁵

PPD is the result of the psychological, social and cultural adaptation of women in the face of motherhood. In agreement², they said that the woman, when she gets pregnant, even if she is not especially involved with her pregnancy, needs some adaptation in her life and this change does not end with childbirth, lasting the puerperium.¹²

PPD affects one in eight women in the postpartum period and can have adverse consequences for the mother, baby and her family, because PPD is the result of the psychological, social and cultural adaptation of women in the face of motherhood.¹³ For this reason, it is stated that nursing care should begin in prenatal care with the assessment of self-esteem, the social support network and the contentment of future mothers.⁹

Corroborating this idea, for⁵ it is essential that the entire health team is involved in the process of prevention of PPD, qualified listening in the follow-up of these puerperary women is important, because it will be through the integral view of the professional that it will be possible to identify risk factors. The woman likely to develop a depression will always give signs, it is up to the nurse and his team to be attentive to them. The absence of prenatal consultations, for example, is not good evidence.

There are negative automatic thoughts, which are an important component of ppd symptomatology. Thoughts related to the baby in the postpartum period can be adaptive and be part of a normal phenomenon after pregnancy, or be negative and intrusive thoughts that generate feelings of strangeness and guilt, and can influence the functioning of the postpartum woman as a woman and as a mother. For the authors, PPD is not a

homogeneous clinical condition, with variation in the period of onset, severity and evolution of symptoms.¹⁴

Regarding symptomatology¹², they describe that signs or symptoms such as depressed or dysphoric mood, sleep disorder, loss of pleasure, ideas of death and suicide, decreased performance and guilt should be reported to build a satisfactory prognosis, because these are the initial symptoms that trigger the pathological picture in the puerperium.

Nursing Care for Women with Postpartum Depression

In this sense⁹, it is stated that health professionals need to acquire skills, instruments and resources to detect PPD as soon as possible, extending the temporal criterion of pregnancy diagnosis up to one year after delivery.¹⁴ A longer time for diagnosis is justified when they state that although there is a gradual improvement after the first postpartum year, some mothers continue to experience depressive symptoms after this period, if there is no treatment.¹⁵

When discussing the signs and symptoms of this pathology, they report that the use of a self-assessment scale, it comes up with an alternative that can contribute to the detection and early diagnosis of PPD, besides allowing the most afraid puerperal women to transcribe their feelings.

In view of these factors, we highlight the Edinburgh scale, which is considered an effective method for diagnosing PPD, since it is easily used, being possible for investigation at different socioeconomic levels and ethnicities, which aims to detect depression early, through an effective and effective intervention by nursing professionals, who from the knowledge of the risk factors of postpartum depression, will be able to plan and execute preventive actions, based on the emotional support of family, friends and partner, providing strengthening of the mother-child bond.¹²

The Edinburgh Postpartum Depression Scale (EPDS)¹⁶ was validated for use in Brazil.¹⁷ This self-assessment scale is composed of ten items that refer to depressive symptoms frequently presented in the puerperium, with four possibilities of responses that score from 0 to 3, evaluating the presence or intensity of the symptom.¹³

Far beyond the use of the above scale as a very supportive method¹⁹, they point out the important role of professionals in medical, psychological, social and nursing care services. The knowledge of the risk factors of postpartum depression by health professionals is important for the execution of preventive actions and that allows proper support for the family and provides safety to the postpartum. Therefore, early identification will allow the referral of the mother with risks for postpartum depression for care and specialized follow-up.

Nursing work in the care of women with postpartum depression

The nurse in charge of social support, should have knowledge about the network of assistance the puerperous, being possible to strengthen the relationship between women and family members. This professional represents a safe and reliable source of information and guidance, directing the family to provide proper care to the woman.²⁰

Even in the face of maternal frailty, nursing team members should not assume a higher position, seeing pregnant women as helpless, weak and submissive people.²¹ The nurse, by restraining on behaviors and attitudes that are based on proximity to the parturient, has privileged access and sometimes facilitated for the early arrest of risk factors of postpartum depression. The preventive work of nursing during this period can provide the new mother with the support she needs to face possible episodes of depression.⁷

Pregnant women need to be allowed to freely express their fears and anxieties, and a well-trained nurse can provide assistance and guidance, helping the pregnant woman to face the various situations in a more adaptive, realistic and confident way. This is a preventive work, if it begins with prenatal follow-up and/or crisis support, in the case of postpartum depression already installed.⁷

In a sense, it is up to nurses²¹ to understand the biopsychosocial transformations that puerperal women experience, and to use their observation and empathy skills, identifying possible pregnant women with depressive predisposition, reducing risks and increasing their quality of life, to provide a relationship of sensitivity, commitment and dialogue, as a facilitator of early identification and in the provision of nursing care, therefore they must be empowered and rich in knowledge and mastery on the subject. For registration purposes, it is necessary to observe attentive to several variables, such as the social factor, symptoms and their appearance, duration, evolution, among others, for a correct and rapid diagnosis and referral to the appropriate treatment. The goal is that the consequences of depression are minimal, both for the mother and for the baby, avoiding possible subsequent sequelae of an unavailable mother and a destituted child. Understanding that a depressed mother needs professional attention to be a caregiver is important to refer her to the necessary treatments, as she may not be able to understand them and seek help for herself.²

Conclusion

PPD is a disease that affects women and everyone around them and therefore should be studied to bring clarity to the professional practice of nurses in order to perform the best possible care to minimize as much as possible the negative effects caused by it. The professional has the duty to be attentive to the signs presented by women and family members and should never let their judgment be affected by personal emotions in the face of these symptoms that for laypeople can be deviations of character or even freshness, when in the literature it is treated as a public health problem. The absence of further studies on this pathology contributes to a late diagnosis harming the mother, the child and family members. Therefore, health professionals should seek more knowledge by enabling themselves to better care, providing early treatment, favoring a rapid and surprising recovery of the puerperal woman.

Acknowledgement

This research did not receive funding for its realization.

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