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KNOWLEDGE OF NURSES OF PRIMARY CARE ABOUT PUERPERAL DEPRESSION CONHECIMENTO DE ENFERMEIROS DA ATENÇÃO BÁSICA ACERCA DA DEPRESSÃO PUERPERAL

CONOCIMIENTO DE ENFERMEROS DE LA ATENCIÓN PRIMARIA ACERCA DE LA DEPRESIÓN PUERPERAL

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ABSTRACT

Objective: to analyze the knowledge of the nurses of the family health units about the puerperal depression. **Method**: this is a qualitative, descriptive study with 11 nurses. The information was collected through a semi-structured interview, guided by a script, and the analysis was based on the thematic content analysis technique. **Results**: from the analysis of the interviews, three categories emerged: nursing care routines to the mother-child binomial in the puerperal period; nurses´ view on puerperal depression; the impasses in the prevention of puerperal depression. **Conclusion**: the need for investments in permanent and continuing education for family health strategies (ESF) professionals is evident to understand the importance of mental health care in the puerperium, as well as the effectiveness of matrix support in mental health in the context of the Family Health Strategy. **Descriptors**: Postpartum depression; Women's health; Nursing; Family Health; Nurse Practitioners; Obstetric Nursing.

RESUMO

Objetivo: analisar o conhecimento dos enfermeiros das unidades de saúde da família sobre a depressão puerperal. *Método*: estudo qualitativo, descritivo, com 11 enfermeiros. A coleta das informações ocorreu por meio de entrevista semiestruturada, norteada por um roteiro, e a análise pela técnica de análise de conteúdo temática. *Resultados*: a partir das análises das entrevistas emergiram três categorias: rotinas de cuidado da enfermeira ao binômio mãe-filho no período puerperal; visão das enfermeiras sobre a depressão puerperal; os impasses na prevenção da depressão puerperal. *Conclusão*: fica evidente a necessidade de investimentos em educação permanente e continuada para os profissionais das estratégias de saúde da família (ESF), no intuito de compreender a importância dos cuidados em saúde mental no puerpério, bem como a efetivação do apoio matricial em saúde mental no contexto da estratégia de Saúde da Família. *Descritores*: Depressão pós-parto; Saúde da Mulher; Enfermagem; Saúde da Família; Profissionais de Enfermagem; Enfermagem Obstétrica.

RESUMEN

Objetivo: analizar el conocimiento de los enfermeros de las unidades de salud de la familia sobre la depresión puerperal. *Método*: estudio cualitativo, descriptivo, con 11 enfermeros. La recolección de las informaciones fue por medio de entrevista semi- estructurada, con una guía y el análisis por la técnica de análisis de contenido temático. *Resultados*: a partir de los análisis de las entrevistas surgieron tres categorías: rutinas de cuidado de la enfermera al binomio madre-hijo en el período puerperal; visión de las enfermeras sobre la depresión puerperal; los impases en la prevención de la depresión puerperal. *Conclusión*: es evidente la necesidad de inversiones en educación permanente y continua para los profesionales de las estrategias de salud de la familia (ESF), con el intuito de comprender la importancia de los cuidados en salud mental en el puerperio, así como la efectividad del apoyo matricial en salud mental en el contexto de la estrategia de Salud de la Familia. *Descriptores*: Depresión postparto; Salud de la mujer; Enfermería; Salud de la família; Enfermeras Practicantes; Enfermería Obstétrica.

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INTRODUCTION

The puerperium is a period of pregnancy cycle that begins shortly after birth and lasts for approximately three months. It is marked by various physiological, psychological and social changes because, in this phase, there is reorganization of the routine of the mother and the family to encompass the baby. Thus, this is a time that requires more attention from the family health team in the identification and prevention of complications that cause mental suffering, such as puerperal sadness also known as baby blues, puerperal psychotic disorder, and puerperal depression.¹

Puerperal depression (PPD) is characterized as an important psychiatric syndrome that causes emotional, cognitive, physical and behavioral changes, with negative effects on the mother and child relationship. This disorder comes from the association of biopsychosocial factors, such as being a single mother, unplanned pregnancy, lack of family, social and marital support, premature birth or death of the baby, history of psychiatric disorder, complications of pregnancy, childbirth and puerperium, difficulties in breastfeeding, have a strong influence on the manifestation of PPD. 2-3

The clinical manifestations of PPD are similar to depression in general with symptoms such as discouragement, frequent crying, low self-esteem, feelings of sadness and helplessness, sleep disorders, feelings of inability to experience new situations, sexual disinterest, as well as suicide thoughts.⁴

According to the World Health Organization (WHO), approximately 73 million women are susceptible to a depressive episode each year, with approximately 13% of these women triggering this mental disorder after childbirth. Corroborating this fact, a study carried out with puerperal women at the Public Health Clinic of a public hospital in the state of Bahia found that in a sample of 40 women, 17.5% had depressive symptoms, characterizing depression as a public health problem. 4

Behavioral manifestations from puerperal depression cause negative effects in several areas of the baby's development, and it can have repercussions throughout life. The children of mothers with PPD are more likely to develop emotional, behavioral, social, cognitive, negative affection and language impairments.⁶

Depressed mothers are dissatisfied when they play the role of mother, and family intervention is necessary in the form of Knowledge of nurses of primary care about...

caring, attention, support and at the same time a manifestation of concern and security⁷. On the other hand, this family care does not dispense the qualified attention of the health teams. In this sense, the Family Health Units (USF) stand out as strategic devices in the care of puerperal women, considering their responsibility to assist the families of the territory, possessing essential instruments in the follow-up of the pregnancy cycle, such as consultation and visit domicile in the puerperium.¹⁻²

Care for puerperal women consists of home visits within 7 to 10 days of puerperium and the return of these women and the newborn to health services for a medical or nursing visit within 42 days after delivery.²

The puerperal consultation consists in the evaluation of psycho-emotional and social conditions, the formation of mother and child bond, besides the physical state. Thus, nursing care is essential for the recognition of the PPD, since it will provide adequate care and referral for the puerperal woman, aiming at a good relationship between mother and child.²

Thus, the impact of the PPD on the life of the mother, the baby, the family, and the nurses' possibilities of acting in the care to this important moment in the life cycle can be perceived. Faced with these factors, the question is: What is the knowledge of nurses at the family health units (USF) about puerperal depression?

OBJECTIVE

• To analyze the knowledge of the nurses of the family health units about the puerperal depression.

METHOD

This is a qualitative, descriptive study carried out in the USFs of Guanambi/BA, located 796 km from the capital called Salvador, with 20 USFs distributed in the urban and rural areas, with 23 nurses coordinating the USF, as two units have higher numbers of teams, and consequently nurses. The study used only the units located in the urban zone that represents the majority of them, with 15 units. 9-10

Eleven nurses who were in nursing activity for more than six months in the USF participated in this study, considering this period necessary to know the dynamics of the service and the management with the patients and to perform nursing consultations in the program of integral care to women's health.

The participants were chosen because they were accompanying women in all phases of

life, as well as in the puerperium through consultations and home visits, with opportunities to prevent PPD and promote maternal and child health during their care.

Data collection was carried out from May to October 2017, according to the following steps: a conversation with the nurses responsible for the USF, with an explanation of the project, the purpose and procedures of collection, the signing of the Consent Term (TCLE) of those who agree to participate, presenting the possible risks and ensuring anonymity, later scheduling a date and time more conducive to the interview.

The information was collected through a semi-structured interview, guided by a script, prepared by the research leaders, containing sociodemographic questions and guiding questions about the subject under study. The collection of information occurred until a saturation point of the answers was noticed, that is, the answers began to be repeated among the target public, not adding more information to the search, so upon this point, the collections were closed.¹¹

The interviews were recorded with a digital recorder and later transcribed in full, keeping the veracity of the speeches. Codes were used to identify each participant, keeping the identification confidential.

The analysis of the information was based on the thematic content analysis technique proposed by Laurence Bardin, which includes Knowledge of nurses of primary care about...

the following steps: pre-analysis, material exploration, and treatment of results, inference, and interpretation. 12

This study respected in all its stages the ethical criteria of Resolution N° 466/2012 of the National Health Council (CNS), which determines and regulates that research involving human beings should respect the principles of bioethics such as dignity, freedom, beneficence, justice, autonomy, non-maleficence, and equity. 13

Therefore, a term was sent to the health department requesting the authorization to carry out the research, later the research project was sent to the Ethics and Research Committee (CEP). In this sense, the collection of information only happened after approval of the Ethics and Research Committee on the number of the CAAE: 65915817.8.0000.5531CEP.

RESULTS AND DISCUSSION

The study was developed with eleven nurses who met the inclusion criteria, whose profile can be visualized in figure 1:

Nurses	Age Gende	er Marital	Post-graduation	Time of
		status		activity
E1	33 ano Femal	e Married	Worker's health	06 years
E2	37 anosFemal	e Stable union	Emergency	09 months
E3	50 and Femal	e Married	Public health Emergency	09 years
E4	27 anosFemal	e Married	Emergency	01 year
E5	44 ano Male	Stable union	no	13 years
E6	32 anosFemal	e Married	Family health	10 years
E7	28 and Femal	e Married	Emergency	06 months
E8	31 anosFemal	e Married	Emergency	03 years and 08 months
E9	29 and Femal	e Married	Public health for ESF	01 year and 03 months
E10	41 anosFemal	e Married	Occupational nursing Public health	10 years and 03 months
E11	48 and Femal	e Married	Higher Education	20 years

Figure 1. Characterization of study participants. Guanambi (BA), Brazil, 2017.

The professionals are mostly female, young adults, married, with a time of activity ranging from 06 months to 20 years. It is also observed that almost all professionals have specialization in other areas such as emergency and a smaller quantitative in the current area of performance. Thus, the profile of these nurses demonstrates a need for continuing education in the family health area, so they can develop better quality care.

Regarding the number of female professionals, this finding may be related to the fact that, nursing is a profession seen historically as feminine, because it is understood as an "act of caring", requiring such feminine characteristics. However, currently, this profession is being sought by men.¹⁴

Regarding the areas of specialization, modern nursing has been strengthened through industrial development, as well as the modernization of hospitals, consolidating the hospital-centered model, thus, the nurse's training is tied to the hospital model, with individual and curative assistance. Thus, considering that the training of nurses has always been centralized in the biomedical model, the demand for specialization in the area of emergency can be justified in part. However, is necessary it to transformations in professional actions, that is, in training, in actions, and public policies aimed at health, demanding in this way a complex approach to achieve the effectiveness of the programs proposed by the Unified Health System. 15

Regarding the nurses' knowledge about PPD, we believe that training has an important influence on these results. The testimonies of nurses working in the ESF showed superficial knowledge about puerperal depression, the actions taken in the care of the puerperal woman, and the difficulties they face in the health unit. Thus, in the analysis of the interviews, this study emerged in three categories: Nursing care routines to the mother-child binomial in the puerperal period; Nurses' view on puerperal depression; The impasses in the prevention of depression.

♦ Nursing care routines to the motherchild binomial in the puerperal period

Nursing plays an important role in the health area, as it develops care practices in different health situations. In the context of ESF, nurses coordinate care and assistance to individuals and the community, with responsibility for promoting professional-community linkage, seeking to involve the population in the constructive participation of this process. ¹⁶

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Nursing care provided to women within the USF consists of prenatal consultation, cervical and breast cancer control, family planning, as well as consultation and/or home visits in the postpartum period.² In this way, when nurses were questioned about the actions taken in the care of puerperal mothers, they emphasized the moments of orientation about the care of the baby, the importance of breastfeeding, feeding, and not emphasizing the emotional state of the puerperal woman, as stated below:

It is a home visit after 42 days of puerperium, guidelines on breastfeeding, and if it is a cesarean delivery, the care with the operative wound. The care is all geared for the care, it does not go much to the emotional side. (EO2)

We monitor the puerperal and visit her, guide them for the care of the baby, check her signs, something, do the whole anamnesis at the time of the visit, the care, guidance, and breastfeeding, an observation in her state, thus how she is emotionally, forwards to the unit, forwards the child to the child's house to do the first follow-up, to do the heel pick test, guides the breastfeeding, the suckling of the breastfeeding. (E03)

Usually, with a week, the child is born there. As I already have a visit, I knew that the child was born there, so I schedule the visit in the week, we talk about the importance of performing the heel pick test, on the umbilical care, we talk about the family planning she has to do after 42 days postpartum, if there is some medication, we talk about breastfeeding. (E07)

Thus, the nurses reveal home visits based on a standard routine addressing umbilical stump care, breastfeeding, family planning, and the heel pick test, without showing an individualized care contemplating the singularities of each puerperal. However, one of the nurses demonstrates the non-performance of the home visit, as evidenced in the following speech:

It would be the right one, but the people here, by the demand, we end up leaving these visits more in the average of twenty days, fifteen days they spend here for the care of the child, we already take advantage and do the puerperal care. (E05)

Through the speeches obtained, it was evidenced that the moment of the puerperal visit is technicist focused on the orientations directed to the care with the newborn, and the physiological and reproductive alterations of the woman, without contemplating it in its diverse dimensions and needs of care. Therefore, she reveals the need for the nurse professional to broaden her view beyond the

physical aspects. Although not an attention shown by the nurses in general, one of the interviewees reveals an expanded look at the care of the puerperal woman, as shown in her report:

Guidance, we value the woman's psychological picture very much, how she feels, how she is, if she is having support, who is giving support, breastfeeding, not breastfeeding, why? We will listen to the complaints, sometimes we will do the guidelines (...) when I do the puerperal visit, I evaluate both the child and the mother, we evaluate the uterine involution, it is not, therefore, we can evaluate, we can do it. (E04.)

The nurse demonstrates in her speech that she seeks to know the puerperal woman as a whole, in order to seek to understand the fears and yearnings that surround motherhood, looking both at the psychological and physiological side, as well as the state of health of the baby, showing that to visit home in the puerperium is the care of mother and son.

In this sense, nurses being responsible for consultations and visits in the puerperal period should evaluate women in all dimensions, assisting in child care, doubts, and fears related to the new phase. However, the health professional, especially the nurse, does not have a specific guide available by the Ministry of Health to support the assessment of these women in the puerperium, making it necessary to construct their own material, and it is their responsibility to judge what is important for this consultation.¹⁷

In this way, it is worth noting that the home visit is an important intervention instrument, it allows the nurse to enter the home, to understand the socioeconomic context in which the puerperal and the newborn are inserted, as the relationship between the relatives are established, which the network of support that they have, and extract more reliably the needs of care, as well as establish the most appropriate strategies of care.

The home visit contributes to the reduction of maternal and neonatal morbidity and mortality, allowing nurses a strategy of facilitating care, creating a bond of rapprochement with the puerperal women, and also contributing to the adaptation of the new phase of the woman's life, promoting a care integral and individualized according to the needs of each mother.¹⁸

The first care offered to the newborn by the mother at home may be surrounded by fear and insecurity because it is a dependent and defenseless human being. In this sense, Knowledge of nurses of primary care about...

the home visit at this stage of the child's life is an opportune moment for the professional to offer a welcoming and qualified listening, in order to seek integral care for the difficulties that may arise in this period of such vulnerability, giving liberty to the puerperal to expose their doubts, so they can be cured, providing for their self-care and the health care of the newborn.

In the home visit, the complaints reported by the puerperal also need to be considered, since the absence of a careful look at this period can aggravate a pathological process. Postpartum is a period in which women need not only physical but also psychological care, so care should not be focused on the child alone. Thus, the nurse has the role of providing integral, humanized and qualified assistance the mother and child, to highlighting the support necessary to the woman in this process of psychic reorganization, with regard to the corporal changes, the formation of bond with the newly- and to the return of sexual activity, seeking to reduce the anxieties and fears of this puerperal.² Thus, these professionals must realize the importance of early interventions to prevent this pathology, as well as to reduce the suffering of the mother and minimize the impact on the family.

♦ Nurses´ view on puerperal depression

Psychiatric disorders can affect individuals at any stage of life, the vulnerability can be aggravated by different natural events along with psychological predisposition. In this sense, faced with the various physical and psychological transformations in the woman's life in the pregnancy-puerperal period, she may end up presenting fears, doubts, anguish about the child's ability to care for herself and whether or not she wants to be a mother⁷. These manifestations may be related to the development of PPD, necessary to understand the emotional aspects experienced by the woman during and after pregnancy.

The nurses' testimonies showed a superficial knowledge PPD, about characterizing this disorder, mostly, everything that affects the psychological of the woman, sadness, high demand in relation to the newborn and anxiety, visualized in the following statements:

We know that depression is everything that touches the psychological of that woman, and a labor changes much, both with the emotional issue, as psychological of the woman, she is there in a very fragile moment, the labor can complicate, or something that was not foreseen. (E09)

I understand that postpartum depression is that moment when the woman starts to get

a bit discouraged, and without paying much attention to her own child, (...) sometimes the mother, thus, without talking, very quiet, wanting to be alone, does not like a lot of conversation, anxious, sometimes stays, she cries for anything, you already have to start worrying, which may already be starting, a postpartum depression. (E07)

In this sense, it is evident that the nurses identify warning factors, but they do not know the baby blues period, which is evidenced by mild to moderate intensity moods, manifested by feelings of sadness, anxiety, irritability, crying. This feeling is present in about 40% to 80% of the puerperal, generally in the second or third week, lasting two weeks after giving birth.²

On the other hand, puerperal depression has prevalence between 10 and 15%, being characterized as a set of symptoms that starts between the fourth and eighth week after childbirth. Thus, this syndrome develops at an important moment in family life, causing various cognitive, emotional, behavioral and physical changes, impacting on women's health and child development.^{1,4}

Nurses need to be aware of the baby blues period and distinguish it from the PPD, so they can plan prevention strategies in a timely manner, and intervene adequately in these different manifestations. During the interviews, one of the participants revealed to know about the difference between the (PPD) and the baby blues period, as evidenced in the following testimony:

Postpartum depression is that sadness that persists over 03 to 04 weeks, which usually when a woman has a baby, it is common to have a sadness, a real shock because of the baby's arrival, but in the first weeks, for two to three weeks, this sadness tends to end, now if it is a sadness, it persists, it spent 04 weeks and this sadness persists, this difficulty of being adapting, persists and is increasing, then we already consider a postpartum depression, already directs her to the appropriate treatment. (E06)

The knowledge demonstrated by this nurse about PPD is a positive factor for puerperal care, and it is worth mentioning the fact that this professional has ten years of experience in the ESF, besides specialization in the work suggesting that the greater approximation of the training as the area of professional activity has positive repercussions on the quality of the work offered. We also realized that this knowledge facilitates the identification of the best assistance to be offered, ensuring the healthy development of the mother and the child.

Thus, we perceive that nursing plays a fundamental role in detecting, preventing and

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promoting health during the pregnancypuerperal cycle. Thus, the specialization in the area of family health provides the professional with better performance/quality the in assistance provided, contemplating the integrality of care to the assisted population¹⁹. It concerns the nurse to identify the slightest changes, be it in the mood and/or physical integrity of the pregnant woman. Thus, nursing professionals contribute to prevent possible puerperal psychic disorders such as PPD.

When questioned about the screening of PPD during prenatal care, the nurses reported that they seek the risk factors when these factors are identified, they directed to a medical consultation and to the Psychologist of the Family Health Support Center as the following nurses report:

We try, especially when we know that pregnancy is not a desired pregnancy, so the main factor of laughter is when this woman already has a load, she already comes with a depression, sometimes does not have a fixed partner, sometimes she has a family problem, she does not have an organized family, these are all factors that can develop a postpartum depression [...] the routine is to refer to the psychiatrist and to follow up on the NASF and the NASF psychologist and network psychologist if necessary. (E01)

I tend to be observing this patient, how is she coming, acceptance of gestation, is not, from the beginning of the first months to the end of the month of gestation too, (...) how is the day to day, if she likes it, even to get dressed, or because she was pregnant, you do not want to dress anymore, you do not want to know how to look. (E08)

A pregnant woman who has a shaken emotional frame, which she complains a lot, does not have the support of the family, nor of the partner,... We would send, first a medical evaluation and then make a referral and in that first moment it would be with the support of the NASF, could be leading to evaluation of the NASF psychologist and she seeing the need may be referring to another professional. (E10)

In general, nurses recognize the risk factors for puerperal depression, which provides the professionals with planning preventive actions to provide emotional support to puerperal women and their families.

The USF is considered the patient's gateway to the single health system and must monitor the patients, with any health demands, including mental suffering. For this to occur, professionals working at the USF must be supported and advised to solve the problem in the territory, referral to specialized services should only be performed when all

possibilities are exhausted, with responsibility for shared patient care between services.²⁰

Thus, the Family Health Support Center (NASF) is one of the strengthening components of Health Care Networks, with the purpose of guaranteeing the high resolution in Primary Care, as it shares actions and decisions, supporting the ESF in the articulation of the patients access to services of greater technological density.²¹

The matrix support allows the inclusion of professionals in basic care, in a proposal of joint/shared work, seeking the production of new knowledge, knowledge exchange, integral care and the construction of Unique Therapeutic Projects, from the perspective of sharing accountability, and contributing to a more rational use of the health system.²¹

Thus, USF nurses should be aware and track the triggering factors for mental distress in the puerperium, such as puerperal depression, since the delay in the detection and adequate referral of these women interferes negatively in the mother-child- family, development of the child and worsening of the clinical case^{2,22}. However, even knowing superficially the factors of laughter of the PPD, the nurses reveal difficulty in the identification of these pictures, as shown below:

I have a case, she said she had this feeling, unfortunately, we did not realize she was like this, did you understand? At the childcare consultation, she reported that she was feeling very sad, that she was different, that she did not was able to adapt, could not take care of the daughter, so, unfortunately, we did not notice it in her, but she ended up reporting and looking, (...). So, she was referred to the psychologist and the psychologist referred to the psychiatrist, then she was followed up with the psychiatrist. (E06)

In view of this reality, nurses and their family health team play a key role in assisting people with mental suffering, not only through the linkage, diagnosis, and referral but also because of the full care they provide to these individuals.

Thus, it is necessary that these professionals seek more information and knowledge about PPD and mental suffering, either through the Ministry of Health, or through continuing education in health, considered an important tool in qualification and training of health workers, seeking to fill knowledge gaps in work organization and recognition of daily problems to meet the needs of the population and to provide improvements in the assistance provided.²³

Thus, the limits presented can be met with the help of a matrix sponsor, being a Knowledge of nurses of primary care about...

professional specialized in some area of knowledge in psychology, nutrition, physical education, among others, that is different from the training area of the reference team, making possible the support for these professionals with information and interventions aimed at contributing to the development of the resolution of the actions of these teams²³.

♦ The Impasses in the Prevention of Puerperal Depression

The ESF has as a priority to develop actions for the prevention, promotion, and recovery of people's health, in a continuous and integral way, being these actions developed by a multi-professional team composed of doctors, nurses, nursing assistants or technicians and community health agents (ACS).²⁴

In this way, the family health teams have the role of knowing the reality of the families that are part of their coverage area, identifying health problems with higher prevalence, as well as the risk factors that this community is exposed to.

In this sense, among the difficulties reported by the nurse in the actions developed in the puerperal care, the shortage of ACS professionals is highlighted, hindering to cover these areas.

To do active search today is a little complicated because we do not have agent in all areas, so there is area that has no agent, the patient who comes to us, and not always that patient comes, do you understand? So we have a certain difficulty at work because of this, I think it's a little late, it makes it a bit difficult. (E04)

Thus, it is important to recognize that ACS functions as more than a link between unity and community, ACS is the voice of the population within the health service. However, it is important to consider that the work within the multi-professional team should be shared, and it is not only the responsibility of the ACS to carry out the active search in the territory but of the entire team, including the nurse.

In this sense, it is essential to discuss the changes in the National Policy of Primary Care (PNAB), according to the new Policy the number of ACSs should be defined by the demographic, epidemiological and socioeconomic criteria, in areas of risk and social vulnerability it is recommended to coverage of 100% of the population with a maximum number of 750 people per ACS, that is according to this new PNAB, it is not possible to delimit the amount of ACS to cover the entire territory.²⁵

This fact reiterates the difficulty of guaranteeing access to the health service, as well as requiring all staff members to be responsible for the active search. The absence of ACS in the coverage of the ESF territory ends up harming the principles of the single health system (SUS), indoctrinated by universality, equity, and completeness, hindering the rights of the patients according to their needs in the healthcare network.²⁶

Another difficulty observed for the prevention of PPD in the USF context is the resistance of the community in the participation in health education activity, which is an act of great relevance in health promotion. Thus, it is necessary for the health team to plan and organize, together with the population, the activities that encompass the different life cycles.

During the interviews, the nurses comment on the difficulty in carrying out educational activities in groups, such as the creation of a group of pregnant women, due to the lack of adherence of the population, as can be seen below:

The educational action that we do is a lecture, here in the unit we have difficulty to give a speech, the population does not adhere well to the lecture, the meeting circle, some monitoring activity. For example, if you make a group of pregnant women they do not attend, so you have a great difficulty to do it, not that we do not, but adherence is difficult. (E04)

"In a group it's difficult, we make it more individual, it marks the day and time to be talking to her, the group activities are more difficult, but we can, even if it is one in the month we can." (E11)

Thus, one of the great difficulties expressed by health professionals is related to the development of activities with the community due to the low participation of patients in health education interventions, both within the health unit and in the territory. The authors add that the rare actions developed with the collective focused on traditional methodologies such as lectures, and those who participated did not show interest, distracted with conversations or remaining oblivious to what was presented.¹⁹

In view of this, the searching for attractive strategies for public participation in these activities is necessary. Among the strategies used, there are the development of dynamics, the presence of the multi-professional team, and the offer of gifts.²⁷

It is important to consider that there are several factors that hinder the execution of health education activities, such as the overload of nurses' work, shortage of material and human resources, lack of population

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adherence, among others. However, these difficulties should not become an impediment in the attempt to carry out educational work health²⁷. Corroborating with assertions, nurses interviewed the demonstrate persistence in the attempts of education, health although they difficulties:

[...] I make groups of pregnant women, for example, I call, I invite, I make a moment with them of relaxation, lectures, general guidelines, once for all, I do this, kind, the conviviality between them also helps a lot with each other, we sit down, share the moments, everything is very important. (E08)

It is mainly in the pregnant group, we end up talking to the women, discussing all the care, the issue of bond, and the care of the newborn, including self-care [...] it always brings somebody's family, then, we already prepare this woman for the arrival of the baby. (E01)

Educational activities, whether done in groups or individually, provide an informal discussion space, with the emergence of themes by professionals, as well as pregnant women and their partners, forming a horizontal relationship. This process should be triggered by health professionals, especially nurses, seeking to improve individual and collective health, contributing to the autonomy and reproductive freedom of the population.²⁸

In this sense, the groups of pregnant women as educational actions become strategies that allow understanding the universe that surrounds these pregnant women, mainly the way in which they face the pregnancy. Bringing in addition to experience and learning more safety for them in the care of the child, understanding the pregnancy modifications, from demonstrations with dolls how normal childbirth occurs, exercises that relieve pain at childbirth, as well as food necessary for the baby after six months of life.²⁹

Another aspect that deserves to be highlighted when talking about pregnant women groups is the formation of bonds of friendship between the participants and the health team, providing the expansion of social networks. Thus. the pregnant represents a space for reflection, listening, dialogue, exchange of knowledge, experience and learning about actions that involve motherhood, as well as the healthcare pregnancy-puerperal demanded the by period.²⁹

Thus, teams that perform activities with groups of pregnant women end up playing a double role, both professional and also

educators in the process of building scientific knowledge. Thus, it is necessary that these professionals are attentive to the impacts that are caused in the life of these women, always considering the needs of these pregnant women in knowing, that is, in the will to learn, without disqualifying common sense.²⁸

CONCLUSION

In this study, it was possible to identify that nurses have superficial knowledge about PPD, recognize their risk factors, but are unaware of the existence of the baby blues period, and confuse it with PPD, which may lead to inappropriate behaviors. Besides these findings, we observed that the nurse's routine in the puerperal care is very focused on the care of the baby, and the physiological and reproductive needs, not contemplating the psychological needs in this care.

Despite this, nurses are dedicated to prevent PPD. However, they face difficulties such as the shortage of community health agents and the lack of adherence of the population to health education activities.

Pregnancy and the puerperium are critical phases in the life of the woman, for promoting various biopsychosocial transformations, which can have repercussions on the mental health of these women. Therefore, it is necessary for the USF team to know the aspects that involve PPD.

It is up to the health professionals to widen their gaze during puerperal visits and consultations, analyzing the puerperal in all her dimensions, ceasing to be an unsystematic routine. For this to happen, it is necessary that they seek to broaden their knowledge about the PPD and everything that surrounds it, so they can act with greater precision in the reception and appropriate direction when necessary.

It is worth highlighting the need for investments in continuing and permanent education for ESF professionals to understand the importance of mental health care in the puerperium. Bearing in mind that mental health care within the basic health unit should occur in a shared manner, requiring this form of investment as a matrix support, seeking to promote the exchange of knowledge, sharing of responsibilities and problem solving to overcome the difficulties involved in FH. However, the study had the limitation of not having evaluated how the network has contributed to knowledge and/or lack of knowledge about PPD, so this study does not exhaust the need for further studies in this area of care.

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In this context, providing quality care during the puerperium to the mother and child becomes essential, ensuring the healthy development of the child and the family.

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