ASPECTS OF GESTATION AND PUERPERIUM OF WOMEN WITH MENTAL DISORDERS

ASPECTOS DA GESTAÇÃO E PUERPÉRIO DE MULHERES COM TRANSTORNOS MENTAIS

ASPECTOS DE LA GESTIÓN Y PUERPERIO DE MUJERES CON TRANSTORNOS MENTALES

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ABSTRACT

Objective: to identify the evidence on the aspects of gestation and puerperium of women with mental disorders in Brazil. **Method:** this is a bibliographical study, an integrative review, of articles published between 1980 and 2018. A search was carried out in the LILACS, MEDLINE, BDENF and the *SciELO* - Scientific Electronic Library Online. Results were presented in figures. **Results:** 19 articles were selected and, after the critical reading, four thematic categories were highlighted: Implications for newborns; Prenatal care and the (dis) accompaniment of the health professional; Nosological chart - symptoms and manifestations and disorders addressed. **Conclusion:** it is considered important to include, in discussions and research on women's health, the analysis of the evolution of major mental disorders and their relationships, as a gestational period subsequent to the development of psychiatric symptoms, thus seeking to cover women's mental health in its fullness and not only in the puerperal period. **Descriptors:** Maternal and Child Health; Mental health; Public health; Women's Health; Mental Disorders; Interdisciplinary Research.

RESUMO

Objetivo: identificar as evidências sobre os aspectos da gestação e puerpério de mulheres portadoras de transtornos mentais no Brasil. **Método:** trata-se de estudo bibliográfico, tipo revisão integrativa, de artigos publicados entre 1980 a 2018. Realizou-se a busca nas bases de dados LILACS, MEDLINE, BDENF e na biblioteca virtual SciELO. Apresentaram-se os resultados em figuras. **Resultados:** selecionaram-se 19 artigos e, após a leitura crítica, destacaram-se quatro categorias temáticas: Implicações para os recém-nascidos; Pré-natal e o (des) acompanhamento do profissional de saúde; Quadro nosológico - sintomas e manifestações e Transtornos abordados. **Conclusão:** considera-se importante incluir, nas discussões e pesquisas sobre saúde da mulher, a análise da evolução de transtornos mentais maiores e suas relações, como período gestacional posterior ao desenvolvimento dos sintomas psiquiátricos, buscando, assim, abranger a saúde mental da mulher em sua plenitude e não apenas no período puerperal. **Descritores:** Saúde Materno-Infantil; Saúde Mental; Saúde Pública; Saúde da Mulher; Transtornos Mentais; Pesquisa Interdisciplinar.

RESUMEN

Objetivo: identificar las evidencias sobre los aspectos de la gestación y puerperio de mujeres portadoras de trastornos mentales en Brasil. **Método:** se trata de estudio bibliográfico, tipo revisión integrativa, de artículos publicados entre 1980 a 2018. Se realizó la búsqueda en las bases de datos LILACS, MEDLINE, BDENF y en la biblioteca virtual SciELO. Se presentaron los resultados en figuras. **Resultados:** se seleccionaron 19 artículos y, después de la lectura crítica, se destacaron cuatro categorías temáticas: Implicaciones para los recién nacidos; Pre-natal y el (des) acompañamiento del profesional de salud; Cuadro nosológico - síntomas y manifestaciones y trastornos abordados. **Conclusión:** se considera importante incluir, en las discusiones e investigaciones sobre salud de la mujer, el análisis de la evolución de trastornos mentales mayores y sus relaciones, como período de embarazo posterior al desarrollo de los síntomas psiquiátricos, buscando, así, abarcar la salud mental de la mujer en su plenitud y no sólo en el período puerperal. **Descriptores:** Salud Materno-Infantil; Salud Mental; Salud Pública; Salud de la Mujer; Trastornos Mentales; Investigación Interdisciplinaria.

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INTRODUCTION

Pregnancy is seen as a period of transition, with different social, physiological and psychological changes for the woman. The psychological changes in various researches are evidenced. In a study carried out with 300 pregnant women, a tool for the evaluation of mental disorders in primary care was presented, in 76 of them, a probable diagnosis of mental disorder, of which 46 had symptoms of depression/dysthymia and 58, of anxiety/panic.¹

Despite the psychological changes that are considered common in this period, for this article, women who are already carriers of common and severe psychiatric disorders, such as schizophrenia and bipolar disorder, in addition to anxiety disorders are interested. It is pointed out in studies that it is expected that psychological changes, obstetric complications and even fetal malformations in pregnant women with mental disorders.²⁻⁴ For such cases, multiprofessional attention in the field of mental health that is articulated to the discussions of obstetric care is required, since such a process may be more complex due to neonatal, obstetrical or psychological complications, and may hinder the affective bond between the mother-child binomial.⁴⁻⁶

On the other hand, there is a variety of research on the puerperal period. It was stated, with regard to the mental disorder of the puerperal women, by a study,⁷ that puerperal dysphoria occurs in 50% to 85% of the women, constituting a transient and mild picture that usually does not require treatment; postpartum depression has a prevalence of around 13% and should be treated because it can cause negative repercussions on mother-infant interaction and other aspects of a woman's life; and postpartum psychosis is rare, appearing in about 0.2% of puerperal women.

It identifies a gap in undergraduate and specialization courses, which do not include the study of common and severe mental disorders in pregnant women in their curricular matrices. As a reflection, the mental health care during the gestation and puerperium of women with mental disorders is often inadequate, without appreciation and respect for their legal rights.⁸⁻⁹ It reaffirms the need to discuss broadly and multi-professionally the ethical aspects and the assistance provided to women with mental disorders.¹⁰ It is also necessary to stimulate research that correlates technologies and advances in the area for the better management of these users.

OBJECTIVE

- To identify the evidences on the aspects of gestation and puerperium of women with mental disorders in Brazil.

METHOD

It is a quantitative, bibliographical study, type integrative review of scientific articles published in the period between 1980 to 2018. It seeks, in the integrative review, to promote the practice based on scientific evidence, synthesizing conclusions through independent studies with the same theme, thus requiring a rigorous analysis of data.¹¹ It is also aided in decision-making as well as in the discussion of practices used.

Six stages were followed for this integrative review. The first one was the identification of the topic to be addressed, which deals with the aspects of gestation and puerperium of pregnant and puerperal women with mental disorders, and the research question: "What has been investigated and published about gestation and puerperium of women with mental disorders?".

The criteria for inclusion and exclusion of the studies were established in the second stage. Inclusion criteria were considered: Brazilian publications available in full and dated from 1980 to 2018. It is reported that the time cut considered the year of construction and implementation of the Integral Women's Health Care Program (IWHCP) in 1983. It elaborated for the collection of data, a form containing: title, year of publication, purpose, place of research and main considerations.

Studies that were unavailable in their entirety and internationally were excluded, considering only the Brazilian context in this research; however, a study carried out in Brazil was published and published in an international journal. Theses, dissertations, editorials, review articles and gray literature were also excluded, since they did not meet the focus of this review.

The literature search was carried out in Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analyzes and Retrieval System Online (MEDLINE) and Nursing Database (BDENF) and Scientific Electronic Library Library Online (SciELO). The keywords and descriptors (DecS / mESH) used in Figure 1.

Database/Scientific Library Online	Electronic	Terms and <i>boolean</i> operators
SciELO		Keywords "Mental Disorders" OR "Mental Health" AND "Pregnancy" AND "Prenatal Care" OR "Prenatal Care" OR "Puerperium"
LILACS		DecS - "Mental disorders" AND "women's health" AND "pregnancy" OR "puerperium" OR "prenatal care"
BDENF		DecS - "Mental disorders" AND "women's health" AND "pregnancy" OR "puerperium" OR "prenatal care"
MEDLINE		MeSH - "mental disorders" AND "pregnancy" OR "prenatal care" OR "postpartum care" OR "deliveries obstetrics"

Figure 1. Boolean terms and operators used in databases. Manaus (AM), Brazil, 2018.

Thus, from the application of the inclusion and exclusion criteria, 19 articles were included and analyzed, as shown in figure 2.

Figure 2. Flowchart of the study selection adapted from PRISMA 2009. Manaus (AM), Brazil, 2018.

An instrument was prepared in the third stage to collect and define the information presented by the publication: authors, journal, article title, year of publication, place of research and main considerations. During the fourth stage, the instrument and its data were filled out and analyzed by careful reading of the publications, thus generating five thematic categories. The fifth stage was characterized by the analysis and discussion of the data. The sixth stage was the publication and presentation of the results.

RESULTS

19 articles were selected for analysis in this integrative review, four (21.05%) published in 2012; two (10.53%) in 2016; (10.53%) in 2011 and only one (5.26%) in the other years (1998, 2002, 2005, 2006, 2007, 2009, 2010, 2014, 2015, 2017 and 2018). Although the inclusion criterion covers the search until 1980, it is revealed that the

oldest article found was from 1998, after 15 years of construction and implementation of the IWHCP.

As regards the area covered by the journals responsible for publications, five (26.32%) articles were published by Public Health Booklets. Nursing journals (five journals) were discreetly present, considering that it is a profession that is closely linked to the care of pregnant and postpartum

women, and of the ten journals, two were aimed at studies in the area of mental health.

It is pointed out that ten (58.63%) come from the Southeast region, while five (26.31%) from the South; (10.53%), from the Mid-West and two (10.53%), from the Northeast, with no representation of the North region (Figure 3).

Title	Author	Year	Journal	Location	Main consideration
Mental disorders in pregnancy and newborn conditions: longitudinal study with pregnant women assisted in primary care ¹	Costa, Souza, Pedroso, Strufaldi.	2018	Science & Collective Health	São Paulo	The article found 26.6% of cases of changes that were compatible with mental disorders. In addition, it reiterates the challenges of investigating mental disorders in Brazilian primary care.
<i>Factors associated with the probability of common mental disorders in pregnant women: a cross-sectional study</i> ¹²	Lucchese, Simões, Monteiro, Vera, Fernandes, Castro, et al.	2017	Anna Nery Nursing School Journal	Goiás	Among the results, it was observed that 57.1% had a score> 7 for the prevalence of CMD and 64.6% presented a psychiatric family history. The authors emphasize the importance and advantages of establishing an active search for mental health issues at all levels of care.
<i>Depression in pregnancy. Prevalence and associated factors</i> ¹³	Silva, Leite, Nogueira, Clapis.	2016	Investigación y Educación em Enfermería	Minas Gerais	From the analysis of the results, it was verified that 20.1% of the study participants cited a history of mental disorder, which was associated with 5.24 times more likely to present depression during pregnancy.
<i>Depressive Symptoms in Pregnancy: The Influence of Social, Psychological and Obstetric Aspects</i> ¹⁴	Moraes, Campos, Avelino.	2016	Brazilian Journal of Gynecology and Obstetrics	Goiás	The article found an association between "depressive symptoms" and the variable "previous mental problem" and "obstetric complications in the current gestation". These findings strengthen the need for multiprofessional follow-up throughout the gestational period.
Prevalence of mental disorders and associated factors in pregnant women ¹⁵	Kassada, Waidman, Miass, Marcon.	2015	Acta Paulista of Nursing	Paraná	The results demonstrated that depression was the disorder most reported in the study. The authors cite the need for a manual or guide for practitioners, also in view of the fact that the investigation of psychic aspects at this stage of a woman's life is still rare.
Evaluation of perinatal / infantile outcomes in deliveries of patients with major mental disorders at a psychiatric hospital in Rio de Janeiro, Brazil ¹⁶	Pereira, Vieira, Santos, Lima, Legay, Lovisi	2014	Public Health Booklets	Rio de Janeiro	The study presented, among the most frequent diagnoses, mood disorders (47.4%) and schizophrenia (42.4%). Regarding the perinatal outcomes, the presence of low birth weight and prematurity were observed. In addition, the authors report the absence of publications dealing with major disorders, since most studies address CMD.
Family planning of women with mental disorders: what CAPS professionals have to say ¹⁷	Almeida, Nunes, Camey, Pinheiro, Schmidt.	2012	USP Nursing School Journal	Ceará	It was verified that there is demand of women with mental disorder and that they need the family planning. However, the sexuality of these women remains a little discussed topic in public health policies.
Mental disorders in a sample of pregnant women from the basic health care network in Southern Brazil ¹⁸	Almeida, Nunes, Camey, Pinheiro, Schmidt.	2012	Public Health Booklets	Rio Grande do Sul	It was observed that 297 pregnant women fulfilled the criteria for at least one diagnosis by PRIME-MD. Of these, 42.4% presented comorbidity, that is, two or more psychiatric diagnoses, which demonstrate the importance of screening and detection.

Prevalence of risk of suicide and comorbidities in postpartum women in Pelotas ¹⁹	Tavares, Quevedo, Jansen, Souza, Pinheiro, Silva.	2012	Brazilian Journal of Psychiatry	Rio Grande do Sul	The article emphasizes that in prenatal care, women are assisted physiologically and not psychologically, which highlights the need for early detection for correct follow-up.
<i>Underdetection of psychiatric disorders during prenatal care: a survey of adolescents in Sao Paulo, Brazil</i> ²⁰	Chalem, Mitsuhiro, Manzoli, Barros, Sass, Laranjeira, et al.	2012	Journal of Adolescent Health	São Paulo	The study found an expressive frequency of mental disorders in pregnant adolescents, however, it points out that mental health is not yet a recognized component of prenatal care.
Representations about motherhood in the context of postpartum depression ²¹	Sousa, Prado, Piccinini.	2011	Psychology: Reflection and Criticism	Rio Grande do Sul	The results support the initial expectation that the presence of depression in the postpartum period would be associated with the occurrence of some negative representations about motherhood, such as: the feeling of not being able to care for the baby, of not being able to understand their needs and feel little supported by the partner regarding the care of the baby.
Maternal perception of psychiatric disorders in the puerperium: implications in the mother-child relationship ²²	Moura, Fernandes, Apolinário.	2011	Brazilian Journal of Nursing	Piauí	The authors reiterate the importance of giving voice to women for the best planning of preventive and effective actions. It also highlights the importance of public policies that communicate with the studied population.
Common mental disorders and self-esteem in pregnancy: prevalence and associated factors ²³	Silva, Ores, Mondin, Rizzo, Moraes, Jansen, et al.	2010	Public Health Booklets	Rio Grande do Sul	There was an association between the presence of CMD with lower maternal self-esteem, with consequences for the interaction between the mother-baby binomial.
<i>Depression during pregnancy: prevalence and risk factors among women attending a public health clinic in Rio de Janeiro, Brazil</i> ²⁴	Pereira, Lovisi, Pilowsky, Lima, Legay.	2009	Public Health Booklets	Rio de Janeiro	It was observed that pregnant women who had previous history of psychiatric treatment or depressive symptoms and were more likely to manifest depression during pregnancy. Issues such as unplanned pregnancy, unstable employment, and previous stressful experiences are also associated with prenatal depression.
Mental health problems among pregnant and non-pregnant women ²⁵	Caputo, Bordin.	2007	Journal of Public Health	São Paulo	Regarding the two groups studied, it was verified that the pregnant women had more symptoms of anxiety and depression, but less frequency of suicidal ideation. The authors reiterate the need for greater attention to women's mental health during prenatal care.
Factors related to the prevalence of minor psychiatric morbidities in selected women in a Health Center in Rio de Janeiro, Brazil ²⁶	Kac, Silveira, Oliveira, Mari.	2006	Public Health Booklets	Rio de Janeiro	In the studied group, only the low income and obesity variables are associated with major psychiatric morbidities.
Multiprofessional performance and the mental health of pregnant women ²⁷	Falcone, Mäder, Nascimento, Santos, Nóbrega.	2005	Journal of Public Health	São Paulo	The study carried out with adult and adolescent pregnant women showed that, after the beginning of the multiprofessional work, there was a decrease in the prevalence of affective disorders, which demonstrates the necessity of insertion of the multiprofessional activity in the attention to pregnant women.
Maternal care and child malnutrition capacity ²⁸	Maria Carvalhaes, Benício.	2002	Journal of Public Health	São Paulo	It was identified that the presence of three or four symptoms of depression remained as a risk factor for malnutrition, with borderline

						statistics. The authors emphasize that it is extremely important to evaluate issues such as the interaction between the mother-child binomial and other aspects of maternal health.
Mental disorders in pregnancy, childbirth and the puerperium, in the region of Ribeirão Preto-SP-Brazil ²⁹	Luis, Oliveira.	1998	USP Nursing School Journal	São Paulo	In the service studied, there was a predominance of psychotic episodes. Another issue is the importance of family planning and sexual health care for women with mental disorders, since there is a risk for the development of an unplanned pregnancy.	

Figure 3. Results found in the studies according to the title, author, year of publication, place of research and main considerations of the study. Manaus (AM), Brazil, 2018.

After the reading and analysis of the articles, the articles were categorized into content units, being grouped into four themes that characterize the aspects of gestation and puerperium of women with mental disorders: Implications for newborns; Prenatal follow-up; Nosological chart - signs and symptoms and disorders addressed.

◆ Implications for newborns

It is evidenced that the themes related to this category reveal that the presence of maternal mental disorders can determine perinatal or postnatal complications in newborns and, among the complications, we can mention: prematurity, fetal malformations, low birth weight and difficulties in breastfeeding.^{4,14}

It was observed the presence of worse perinatal outcomes in pregnant women with schizophrenia, however, mothers with depression diagnosed in the second trimester of pregnancy and presenting symptoms of anxiety presented a strong relation with prematurity and low weight.^{1,16}

It is proposed, in a study carried out in the Southeast,²⁸ the hypothesis that minor impairments of maternal mental health, even if not incapacitating for child care and related to precarious living conditions, could provide negative outcomes, including malnutrition.

Some behaviors have also been observed in pregnant women, such as the use of tobacco and alcohol during pregnancy, often generating a harmful triad to fetal development composed by the abuse of harmful substances, risk factors and low pre-natal follow-up index.^{15,25}

It is also mentioned in the literature that the risk of children of mothers with major mental disorders presenting congenital malformation is 63% higher when compared to that of children of mothers without mental disorders, such a contribution contributing to the association between risk of congenital malformation and maternal mental disorders.⁴

They relate the early interruption of breastfeeding, the insomnia of the child and its difficulty to feed on the maternal depressive symptoms.¹⁴ It is mentioned that mothers who present depressive symptoms or develop negative meanings related to the child end up voluntarily

interrupting breastfeeding, since they seek to avoid the creation of affective bonds.²²

Maternal cortisol levels are increased in depression and in stress-related disorders, which may lead to fetal prematurity, since this hormone is related to the maturation of the central and pulmonary nervous system, acting on the synthesis of surfactant.³⁰

It should be pointed out that another issue that has been constantly addressed was the decision on pharmacological treatment, since these drugs present a risk of teratogenicity and neonatal toxicity, since they exceed the placental barrier, however, pharmacologically untreated mental disorders may present obstetric risks and major neonates.^{16,18} The decision must be made jointly, without excluding the woman, clarifying all the risks and side effects.³¹

As an alternative to pharmacological treatment, which is often abandoned by women who find themselves pregnant, psychotherapy has been instrumental in preventing relapse and worsening of depressive symptoms, and the cognitive realignment provided by psychotherapy assists in negative feelings related to the newborn.³²

◆ Prenatal care and the (dis) accompaniment of the health professional

During the analysis of this category, it was identified that the studies^{17,19,26} evidenced the low adherence of the pregnant women to prenatal care and that the women who are part of the studied population do not know which public health service to look for.

It is inferred in the surveys analyzed that^{20-1,25} that the majority of women did not perform satisfactory prenatal follow-up. The need for prenatal follow-up is based on the idea that major mental disorders may have consequences for the future of this mother-baby binomial, since residual symptoms may be present in the long term.²⁴

It is reported that professionals still have difficulty identifying women who may be in postpartum depression. It is also reiterated that, during prenatal care, the focus remains on the physiological aspects of gestation, with few

strategies for the identification of women at higher risk of developing puerperal mental disorders.²⁴

The Basic Health Unit (BHU) should be the beginning of the line of care in the care trajectory of this pregnant woman, however, what was identified in the previously mentioned research was the lack of preparation of the professionals to deal with adverse situations, such as symptomatology, psychological contribution and pharmacological treatment. As regards the support provided by the Psychosocial Care Centers (CAPS), it is verified that the professionals of these institutions do not know how to deal with sexuality and family planning of women with mental disorders.¹⁷

It was also noted the need for family planning policies that play a significant role in the CAPS, since these women have high rates of unplanned pregnancies and are more susceptible to sexual abuse. It is demonstrated, in a study carried out in Ceará, that the professionals of the CAPS are unfamiliar with the subject and that they need institutional support to develop activities aimed at the family planning and reception of these women.¹⁷ It is necessary, therefore, to have prenatal care that is capable of identifying and conducting these cases, training the multiprofessional team, valuing discussions about appropriate and integrated care to the network, using all the devices of the health system.²⁷

It is recalled that, currently, teams can use scales and instruments that assist in assessing the mental health of this woman, and programs such as psychological prenatal care, with emphasis on psychoprophylaxis, can aid in the detection of symptoms and risk factors for the development or worsening of a mental disorder.³⁴

◆ Nosological chart - symptoms and manifestations

The predominant characterization of depressive symptoms was observed in relation to the nosological picture cited in the studies analyzed, and this fact was already expected, since depression remains as a mental disorder most studied in the gestational period.

It is suggested that, due to the appearance of depressive symptoms before pregnancy, an increased risk factor for the development of postpartum depression.^{13,17,24} It was found that low-income women classified as obese had a greater association with common mental disorders, and stressful events or psychosocial difficulties may also predispose the appearance of more severe symptoms, such as outbreaks and crisis.²⁶

It is known that depression can also cause more severe pictures in the relationship of mothers with their newborns and, in cases of delusions or crises,

they may see the child in a negative way.²¹⁻² It was observed the association of postpartum depression with a history of depression or other psychiatric treatments.^{13,22}

It was found in one study²⁵ that young pregnant women presented more symptoms of anxiety and depression, however, suicidal ideation was more frequent in those who were not pregnant. The factors associated with being lack of affective maturity, difficulties in family and affective relationships, and the transition between childhood and adulthood.³⁵

The prevalence of suicide was 11.5%. It is emphasized again in the study that the follow-up remains in the physiological model, with little follow-up of the mental health of these women.¹⁹

It is mentioned that the most common symptoms found during the puerperium were: affection impaired, attention deficit and hostility. There were few studies that analyzed the evolution and the symptomatology of these disorders, as well as there are no studies that relate the presence of psychotic disorders and the outcomes or obstetric complications.²²

◆ Approached disorders

The most frequent mental disorders in the articles were discussed. There was a clear predominance of articles dealing with postpartum depression,^{11,14-6,21-3,28} as well as the lack of research on pre-gestational mental disorders, and this scenario prompts reflections on difficulties with that these women are assisted and monitored throughout the pregnancy-puerperal period.

The prevalence of acute psychotic conditions in pregnant women in the psychiatric emergency department and in the obstetric clinic of the Hospital das Clínicas of the University of São Paulo was reported, and researches such as this facilitate the identification of pre-gestational mental disorders.²⁸

Common mental disorders (CMDs) were also addressed frequently. It is noteworthy that CMDs are characterized by symptoms such as insomnia, fatigue, depressive signs, which do not meet the diagnostic requirements in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), but cause functional incapacity in the individual.^{12,23,26}

It was found, a high prevalence of CMD and an important relation with female self-esteem in a sample of pregnant women.²³ The relationship between CMD and postpartum depression has been discussed in some studies, since there is a relationship between the onset of CMD during pregnancy followed by depression in the puerperal period.³⁶

DISCUSSION

The results point to the need for more studies that analyze and characterize the woman with

mental disorder and her care walk during pregnancy and the puerperium. It is the performance of trained professionals who can welcome and assist this pregnant woman, which is of fundamental importance for the definition of care lines, and many international studies address the neonatal outcomes, the appropriate management and the various specificities of this population.^{2,37-8}

It is revealed that, currently, this population remains in the Unified Health System in two lines of attention: obstetric and mental health, however, even after reformulation of obstetric care from the implementation of the Stork Network and restructuring of health mental and, after years of struggle for the Psychiatric Reform and social insertion of patients with mental disorders,³⁹⁻⁴³ it is observed that there is no point of discursive intersection that problematizes and sustains the humanized and specialized care for those with major mental disorders during their gestational and puerperal period.

In this sense, it is observed that public health policies follow their own course without an integral vision. The mental health care line is usually only activated in an emergency.

In this sense, it is understood that there is no need for a specific flow chart, given that they must have access to care in the various points of the network, justifying the universalization of health. Appropriate care should be available in psychosocial care centers, in basic health units or in outpatient high-risk prenatal outpatient clinics, however, the low adherence of pregnant women to prenatal care may indicate fragilities in the care of this population in particular, signaling the need for greater definitions of the care process that these teams provide in attention to this demand.

It is emphasized that the national findings are in line with international results.^{37-8,43} However, it is mentioned that the international studies are presented in greater quantity and specificity, which evidences the necessity of this subject being investigated in Brazil. It is assumed that there is insufficient data or discussion to characterize and adequately assist this population of women and newborns, who follow the Unified Health System without proper care.

The postpartum depression was expected to be highlighted, since the focus of female mental health is usually directed towards the puerperal period; however, this may be considered detrimental to the understanding of the evolution, symptomatology and perinatal outcomes in pregnant women who already had a mental disorder.

It is questioned the low frequency of studies that relate schizoid disorders, since many are based on genetic and behavioral theories, and

such studies would be of great scientific value for the characterization and support of this population.

Although schizophrenia and other psychotic disorders are closely related to fetal malformations,^{2-3,44} there are no conclusions about the subject, however, the relationship between obstetric complications, mental disorders and psychoactive drugs deserves attention and further studies that thematic crises and outbreaks may occur as psychiatric complications that develop into obstetric complications; for example, an international study reports the case of a mother who requested a cesarean section prematurely, since she had suicidal thoughts.⁴⁶

It is pointed out that another point to be discussed is prenatal monitoring, seen as essential to prevent and assist intercurrents during and after gestation. It has been stimulated, through many ministerial actions, to join prenatal care in the first trimester. However, among the indicators of the Ministry of Health for the guide line of the Stork Network, there is still no priority indicator that addresses mental health or psychosocial care for pregnant women and postpartum women. At least eight antenatal consultations are recommended by the World Health Organization (WHO) in the 2016 guidelines, with the aim of reducing perinatal death and improving the experience of care for these women.⁴⁷

It is indicated in the Primary Care Booklet, which describes the attention to low-risk prenatal care, that cases of psychiatric illness and those requiring follow-up should be referred to high-risk prenatal care.⁴⁸

It is demonstrated by the prevalence of gestational depression in adolescent pregnant women, when compared to adult pregnant women, the importance of prenatal follow-up with psychological support.^{25,49-50} It is noted that young people in this situation often seek acceptance, needing a support link during pregnancy, and sensitize this adolescent about the importance of identifying depressive signs or low auxiliary self-esteem in the psychoprophylaxis of depressive disorders. In this sense, the psychological prenatal program, carried out in Brasília, characterized by the differentiated methodology, as objectives, the promotion of the humanization of the gestational phase and the construction of parenthood,³⁴ and such methodologies could be used as tools, both in basic care and in hospital care, for the detection of symptoms indicative of mental disorders.

In addition, hormonal synthesis and its relation to the psychological changes of the pregnant woman should be considered. It is known that recognized hormones of physiological changes in pregnancy are also responsible for psychological variations, especially estrogen, progesterone, prolactin and oxytocin, so that patients with

mental disorders may present with signs and symptoms.⁴

Estrogen and progesterone are closely linked to mood reactions and depressive disorders, predominantly their relationship to anxiety disorders. It is based, by the unexpected fall of these hormones in the puerperal period, a theory on the etiology of the postpartum depression.^{34,37} Oxytocin, also known as the "love hormone," is known for the promotion of uterine contractions and also acts on breastfeeding and the sensation of pleasure during sexual intercourse. It is noted that low levels of oxytocin can cause anxiety, maternal aggression and damage to social cognition.⁵

It is reported that other substances, such as somatostatin, neurotensin and vascular endothelial growth factor, act doubly in the central nervous system and placenta, however, no national studies have been found that focus on the relationship of these substances with changes or specificities of the pregnancy period, again reinforcing the importance of discussion and investment in studies on the subject.⁴

It is of the utmost importance to contemplate women's mental health in their fullness, since studies on the puerperal periods end up excluding symptoms and pre-existing conditions and limit women's mental health to the function of generating and caring.

CONCLUSION

It is important to emphasize the importance of preparing professionals during reception and reception, in view of the aspects of gestation and puerperium of women with mental disorders as evidenced in the literature. It is noticed, initially, that the absence of problematization leads us to think about the importance of structuring a specific care line for women with mental disorders during their gestational and puerperal period. However, this unilateralised understanding could reinforce the idea of obstetric care manicomication. Considering the current scenario of regression of public mental health policies, it is observed that the risk of stigma and institutionalization of people with mental disorders.

It is advocated, therefore, the construction of integral obstetric care, with professionals sensitive to psychosocial issues, since the reception and the humanization of the professionals can help in the good emotional development of the woman and a better prognosis. It would be promoted by the characterization and insertion of this woman in obstetric care plans, better discussions about alternative treatments, follow-up during prenatal care, and help identify neonatal outcomes.

Professionals working in mental health and midwifery need to be qualified for all the particularities of this population, either in emergency care in crisis situations or in cases of outpatient care during counseling on pharmacological treatment.

In this perspective, it is questioned in the obstetric field and the reformulation of care, when the movement of humanization of childbirth and birth, which proposes equal care for all pregnant women, respecting their particularities and characteristics, will cover pregnant women with mental disorders in their policies and programs, including them in outpatient visits and outpatient high-risk care. In addition, it is believed that there is a need to create family planning programs that include those with mental disorders, as well as referral programs that include this population, in order to ensure the humanized and integrated follow-up of both pregnant women and of their newborns.

Finally, it is pointed out that respect for the feminine must overcome the prejudice and stigma already experienced by these women during all therapeutic path. It should be added that the study of psychiatric disorders in women should not only include the puerperal period, since the predominance of discussions about postpartum depression reinforces the female representation of mother-woman. The planning of care should be differentiated, not for the purpose of control, but also for a sensitive monitoring of decision-making, since the evidence can create a "fear" about the pregnancy of these people.

At the end of this review, it is observed that, in the case of depression and common mental disorders, there is a concern for the health of pregnant women and women who have recently given birth, whereas psychotic disorders, schizophrenia and major mental disorders are the focus is directed at the harm brought to the baby. It is made, with this cut, that the health of the mothers themselves, remain invisible to the health system. It is considered important, therefore, to include in the discussions and research on women's health, the analysis of the evolution of major mental disorders and their relationships with the gestational period following the development of psychiatric symptoms, thus seeking to encompass mental health of the woman in her fullness.

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