

INTEGRATIVE LITERATURE REVIEW ARTICLE

NURSE'S INTERVENTIONS IN THE CARE AND PREVENTION OF PUERPERAL DEPRESSION*

INTERVENÇÕES DO ENFERMEIRO NA ATENÇÃO E PREVENÇÃO DA DEPRESSÃO PUERPERAL

INTERVENCIONES DEL ENFERMERO EN LA ATENCIÓN Y PREVENCIÓN DE LA DEPRESIÓN PUERPERAL

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ABSTRACT

Objective: to identify the scientific production on the actions/interventions that can be developed by nurses in the care and prevention of damage from puerperal depression. **Method:** this is a bibliographic, descriptive, integrative review type study, between 2009 and 2018, in the MEDLINE, LILACS, BDNF and BVS databases. The PICO strategy was adopted. The data were systematized using the Content Analysis technique in the category Thematic Analysis. **Results:** the sample was composed of 11 articles. The following actions/interventions were identified: identifying signs and symptoms of puerperal depression; perform prenatal consultation; carry out health education; encourage normal birth; support psychological conditions; refer to specialized service. **Conclusion:** it is concluded that there is a need for nurses to have knowledge about puerperal depression in order, thus, to accompany the woman in a comprehensive way, from the gestational period until the puerperium, and must offer adequate assistance. **Descriptors:** Depression; Postpartum; Pregnant Women; Nursing; Prevention & Control; Health Care (Public Health); Comprehensive Health Care.

RESUMO

Objetivo: identificar a produção científica sobre as ações/intervenções que podem ser desenvolvidas pelo enfermeiro na atenção e prevenção de danos da depressão puerperal. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa, entre 2009 a 2018, nas Bases de Dados MEDLINE, LILACS, BDNF e BVS. Adotou-se a estratégia PICO. Sistematizaram-se os dados pela técnica da Análise de Conteúdo na modalidade Análise Temática Categórica. **Resultados:** compôs-se a amostra por 11 artigos. Identificaram-se as seguintes ações/intervenções: identificar sinais e sintomas da depressão puerperal; realizar consulta de pré-natal; realizar educação em saúde; incentivar o parto normal; apoiar condições psicológicas; encaminhar para serviço especializado. **Conclusão:** conclui-se que há a necessidade de que o enfermeiro tenha conhecimento sobre a depressão puerperal para, assim, acompanhar a mulher de maneira integral, a partir do período gestacional até o puerpério, devendo ofertar uma assistência adequada. **Descritores:** Depressão Pós-Parto; Gestantes; Enfermagem; Prevenção & Controle; Atenção à Saúde; Assistência Integral à Saúde.

RESUMEN

Objetivo: identificar la producción científica sobre las acciones / intervenciones que pueden desarrollar el enfermero en el cuidado y prevención del daño por depresión puerperal. **Método:** este es un estudio de tipo de revisión bibliográfica, descriptiva e integradora, entre 2009 y 2018, en las bases de datos MEDLINE, LILACS, BDNF y BVS. La estrategia PICO fue adoptada. Los datos se sistematizaron utilizando la técnica de Análisis de Contenido en la modalidad Análisis Temático Categórico. **Resultados:** la muestra estuvo compuesta por 11 artículos. Se identificaron las siguientes acciones / intervenciones: identificación de signos y síntomas de depresión puerperal; realizar consultas prenatales; llevar a cabo educación sanitaria; alentar el parto normal; apoyar condiciones psicológicas; remitir a servicio especializado. **Conclusión:** se concluye que es necesario que el enfermero tenga conocimiento sobre la depresión puerperal para poder acompañar a la mujer de manera integral, desde el período gestacional hasta el puerperio, y debe ofrecer asistencia adecuada. **Descriptores:** Depresión Posparto; Mujeres Embarazadas; Enfermeira; Prevención & Control; Atención a la Salud; Atención Integral de Salud.

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INTRODUCTION

It is known that pregnancy is the stage when the woman goes through transitions, with hormonal changes occurring due to the development of the fetus, causing physical and psychic effects. They experience distinct feelings in an intense and striking way, which may enable maturation, modification of their thinking and personality. It is reported that this process gradually over the course of pregnancy, which does not end with birth, but continues until the puerperium period.¹

The puerperium is defined as an active stage of the pregnancy cycle in which changes in the maternal organism of hormonal, psychic and metabolic origin return to pre-pregnancy conditions. This phase begins at the exit of the placenta during delivery, with variable duration, and can be understood in three stages: immediate puerperium, which comprises from the 1st to the 10th day after delivery; late, from the 11th to the 45th day and remote, which goes beyond the 45th day. Such stages are marked by periods of organic and psychological modification, making the puerperal woman need support to overcome her new challenges, and even adverse situations, including puerperal depression, may arise.²

Postpartum depression appears as an emotional, humoral and reactive disorder, which arises in the postpartum period with a high prevalence, and the onset of symptoms is possible since pregnancy. Its occurrence is estimated at around 10% to 15% of women. It is estimated that at least 20% of women, at some point in their lives, experienced depression, and this causes damage to the health of the woman and, consequently, of her family and other people in her life.³

It is detailed that the depressive aspects in the puerperal women usually appear during the two weeks after delivery in a gradual way, causing emotional, cognitive, behavioral and physical changes, characterized as a highly prevalent mental disorder. It is added that symptoms such as sleep disorders and deprivation, irritability, discouragement, fatigue, loss of appetite, physiological changes, sadness, easy crying, difficulty concentrating and memorizing, sexual disinterest, suicidal ideas and marital negativity slowly appear.⁴

It is explained, according to the woman's quality of life, that pregnancy and the postpartum period are prone to the development of depressive disorder, however, the etiology of depression is not determined by a single isolated factor, but by the combination of biopsychosocial and obstetric factors. It is necessary, therefore, that the nurse has mastery over the subject, since this professional is part of primary care, the gateway that welcomes and must correctly direct the puerperal woman regarding the treatment and

prevention of this mental disorder.⁵

It is believed that prenatal care is an important tool used by nurses for early detection and treatment of gestational depression, giving them the opportunity to work on the patient's psychosocial recovery, preventing complications during childbirth, depression during pregnancy or in the puerperium and sequels for the future baby.⁶ It becomes, therefore, relevant that, during this monitoring, the pregnant woman expresses her fears, complaints and anxieties, as it is at this moment that the nursing professional can identify risk factors, provide assistance and guidance, performing early care as prevention, which has great future repercussions, and should be attentive and, if pertinent, communicate to the family if something is not right with the patient. It is noteworthy that the harmony between the health professionals involved in this care becomes essential for the patient to feel more confident and safe to express her feelings.⁷

Due to the lack of qualified care for the puerperal woman, by the Ministry of Health, in 2000, the Humanization of Prenatal and Birth Program (HPBP), focusing on: improving access; coverage; the quality of prenatal care and delivery and postpartum care. However, even with the creation of this program and other policies aimed at assisting women during the pregnancy-puerperal period, the biomedical model of care.⁸ It is evident that public authorities do not invest satisfactorily in postpartum depression, since the actions developed in the area of women's health at this stage of life do not show evidence and there are still a large number of cases of this disorder in the country.⁹

For the purpose of guiding research, the question was defined: "What are the actions / interventions developed by nurses in the care and prevention of puerperal depression?"

OBJECTIVE

- To identify the scientific production on the actions / interventions that can be developed by nurses in the care and prevention of damage from puerperal depression.

METHOD

It is a bibliographic, descriptive study, type integrative review of scientific literature, which has a rich literary approach with different methodologies and a theoretical and empirical literature. Studies that have relevance to a particular subject are gathered and synthesized and, through the results shown, a conclusion is reached.¹⁰ The following steps were taken to format this review: 1 - Identification of the theme and selection of the research question; 2 - Establishment of criteria for inclusion and exclusion of studies, searching the literature; 3 - Definition of the information to be extracted from

the selected studies; 4 - Evaluation of studies included in the integrative review; 5 - Interpretation and discussion of results; 6 - Presentation of the knowledge review/synthesis.¹¹

For the preparation of the guiding question and definition of legibility criteria, the PICO strategy was adopted, in which (P) Participants - Nurses; (I) Interventions - Puerperal Depression; (C) Comparator - Not applied; (O) Outcomes - Attention and Prevention. In view of this, the following question was structured: "What are the actions / interventions developed by nurses in the care and prevention of puerperal depression?".

Original articles were established as inclusion criteria, available in full, free of charge, in Portuguese, English and Spanish, published between 2009 and 2018. Duplicate, review articles that did not address the study theme were excluded, as well as did not answer the research question. In order to obtain the necessary articles

in the construction of this review, a search was made in the databases of Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF) and Medical Literature Analysis and Retrieval System Online (MEDLINE), all associated with the Virtual Health Library (VHL). Health Sciences Descriptors (DeCS) were used for the search: "Nursing"; "Baby blues"; "Depression", in Portuguese, English and Spanish. The Boolean operator "AND" was used among the selected descriptors, with the following defined search strategy: "Nursing" AND "Postpartum Depression" AND "Depression". Data was collected in the months of October and November 2019.

The study identification and selection process is presented below, following the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA),¹² as shown in figure 1.

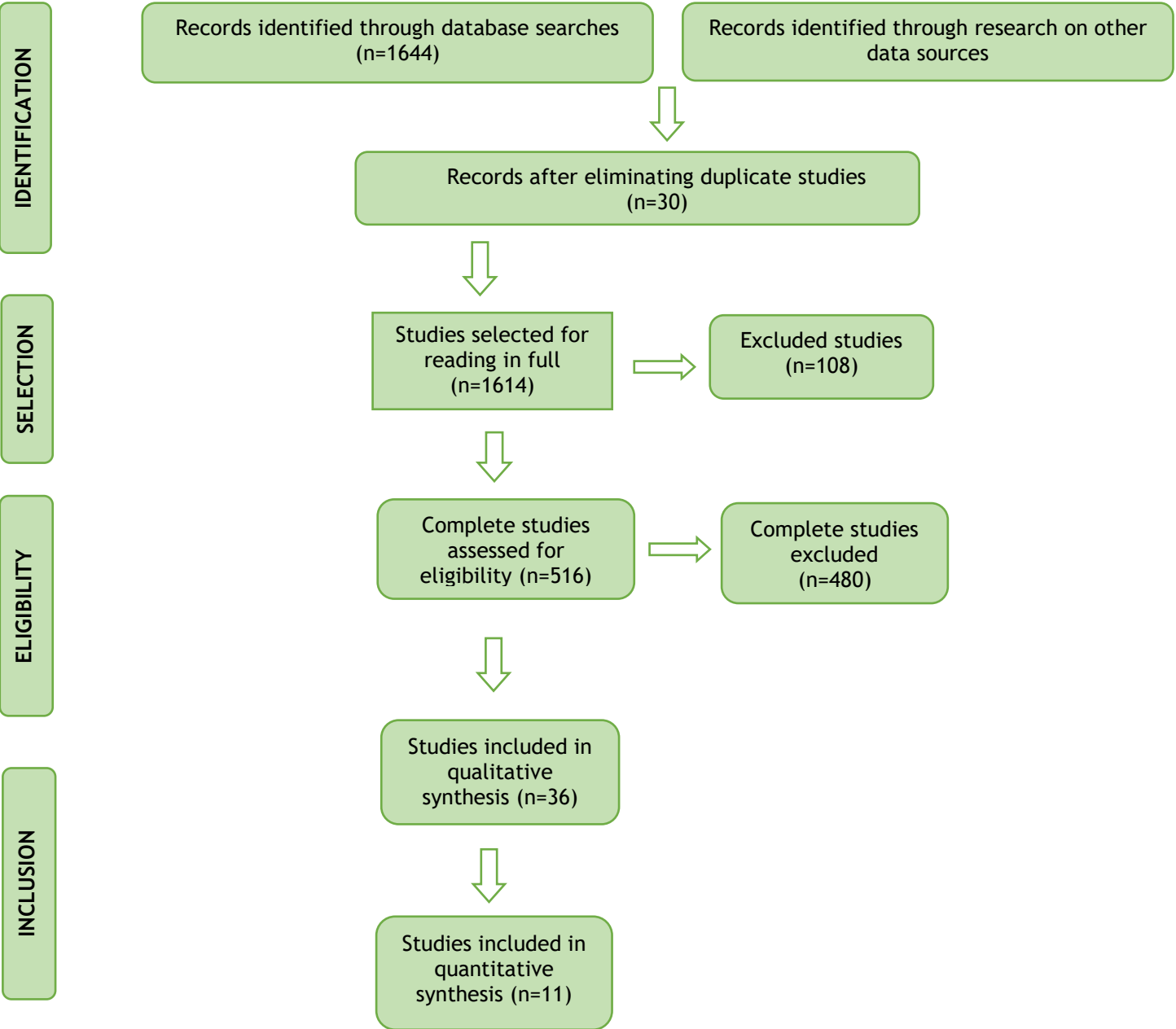


Figure 1. Flowchart of study selection adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). ¹² Maceió (AL), Brazil, 2019.

After reading the data, the titles of the articles were read, which, at first, were considered relevant. The abstracts of the texts were then read in full. From the articles that made up the corpus of analysis, the following information was raised: title; authorship; periodical; year of

publication; type of study and main interventions listed in the studies, classifying them by the Level of Evidence (LE), which hierarchizes the articles according to the external evidence. For this purpose, seven levels are considered: I - systematic reviews or meta-analysis of relevant

clinical trials; II - evidence of at least one well-designed randomized controlled clinical trial; III - well-designed clinical trials without randomization; IV - well-designed cohort and case-control studies; V - systematic review of descriptive and qualitative studies; VI - evidence derived from a single descriptive or qualitative study; VII - opinion of authorities or expert committees including interpretations of information not based on research.

Data was systematized using the Content Analysis technique in the category Thematic Analysis,¹³ following the following steps: pre-analysis; the exhaustiveness rule; the exploration of the material and the treatment of data, inferences and interpretations. Finally, the registration units were coded according to the analogy of meanings and the abstraction of

categories. According to the Copyright Law, Law No. 12,853, of August 14, 2013, which came into force amending Law No. 9,610 / 1998, the ethical aspects of the study, since the copyright of the researches were respected collected.¹⁴ Due to its scientific profile; submission of the study to an Ethics in Research Committee by an integrative review was exempted.

RESULTS

Eleven scientific articles were selected that answered the research question. A synoptic figure was elaborated (Figure 2) that presents the synthesis of the selected materials according to the authorship, year of publication, country, level of evidence and type of study in the care of women with puerperal depression.

Author	Year	Country	LE	Type of study
Souza, Santos, Boa Sorte, Peixoto, Carvalho ¹⁵	2018	Brazil	V	Qualitativo, descriptive.
Lima, Tsunechiro, Bonadio, Murata ¹⁶	2017.	Brazil	IV	Quantitativo, longitudinal.
Boska, Wisniewski, Lentsck ¹⁷	2016	Brazil	IV	Quantitative, cross-sectional.
Oliveira, Alves, Azevedo, Cavalcante ¹⁸	2016	Brazil	V	Qualitative, descriptive.
Meira, Pereira, Silveira, Gualda, Santos ¹⁹	2015	Brazil	V	Qualitative, descriptive.
Freitas, Vieira, Alves, Rodrigues, Leão, Cruz ²⁰	2014	Brazil	V	Qualitative, descriptive, exploratory.
Cavalcanti, Marques, Guimarães, Mangueira, Frazão, Perrelli ²¹	2014	Brazil	V	Qualitative, descriptive.
Gomes, Torquato, Feitoza, Souza, Silva, Pontes ²²	2014	Brazil	V	Qualitative, descriptive.
Valença, Germano ²³	2010	Brazil	V	Qualitative, descriptive, exploratory.
Silva, Araújo, Flávio, Araújo, Carvalho, Caetano ²⁴	2010	Brazil	V	Qualitative, descriptive, exploratory.
Fonseca, Tavares, Rodrigues ²⁵	2009	Brazil	IV	Quantitative, descriptive; observational; prospective.

Figure 2. Results of studies according to the author, year of publication, country, Level of Evidence and type of study. Maceió (AL), Brazil, 2019.

It was found, in relation to the research design, that, of the selected articles, three articles came from qualitative descriptive research; three, from qualitative exploratory descriptive research; two, of quantitative descriptive research; one, from prospective observational descriptive research; one, transversal research and one, longitudinal research. Therefore, the diversity of types of research that make up this study is observed.

It was found that these publications occurred: three, in 2010; two, in 2014; two, in 2016; one in 2009; one, in 2015; one in 2017 and one in 2018, with two published in *Acta Paulista Journal of Nursing*; two in the *Regional Journal of the Northeast Nursing Network*; two in the *Journal of*

Nursing and Health; one in the *UFPE Online Nursing Journal*; one in the *Text & Context Nursing Journal*; a *Research Journal: Care is Fundamental Online*; one in the *Science, Care and Health Journal* and one in the *Online Brazilian Journal of Nursing*, emphasizing that all were published in Nursing journals, since the occupations of the authors of the publications are in Nursing, with the exception of a sanitariat medical doctor.

It can be seen, in figure 3, that the actions / interventions associated with puerperal depression found in the selected articles are repeated among them, reinforcing their importance and helping to elaborate the discussion of the results of this review article.

Articles	Main Actions / Interventions Found
A2, A3, A5, A7, A8, A9	Identifying Signs and Symptoms of Postpartum Depression (PPD)
A1, A3, A5, A9, A11	Perform Prenatal Consultation
A1, A6, A7, A9, A11	Conduct Health Education
A3, A11	Encourage Normal Childbirth
A1, A4, A8	Supporting Psychological Conditions
A4, A8, A9, A10	Refer to Specialized Service

Figure 3. The main actions / interventions associated with puerperal depression found in the selected articles. Maceió (AL), Brazil, 2019.

DISCUSSION

It is warned that depression is one of the psychic diseases lacking in health promotion actions, thus causing an inadequate direction in the face of its treatment and, when these actions occur, they are aimed at specific groups, leaving aside generally pregnant and postpartum women. It is also highlighted the deficiency on the part of Nursing professionals in the identification and monitoring of possible symptoms and risk factors for the development of puerperal depression. It is reflected, by the knowledge of these professionals, in their performance and in the planning of actions directed to the care of the puerperal woman.²²

This problem can be related to the deficit in the training of these professionals and the lack of programs aimed at mental health, which enable nurses to detect risk situations, directing their interventions in preventing diseases.²¹ It was emphasized, by the authors, that puerperal depression encompasses, in a multifactorial way, several signs and symptoms in pregnant women, which sometimes overlap with the emotional changes of this phase, making it difficult to identify early and adequately intervene professionals in order to minimize the damage.

It was emphasized, corroborating this understanding, that anxiety and general manifestations of depression are rarely observed and diagnosed early because they are confused with the development of pregnancy or, still, because the unfavorable predilection of mental health of the pregnant and puerperal women endures.¹⁶ This internalization of depressive feelings persists, making them unable to verbally express their anxieties, anxieties and the need for care, which makes intervention by health professionals difficult to identify and treat.

Thus, this intervention by Nursing professionals can be helped with the Edinburgh Postnatal Depression scale (EPDS), which is used as a way of screening patients in prenatal consultations in Basic Health Units (BHU), as a way of quickly and properly identifying signs and symptoms of puerperal depression, which can be applied by professionals who are not specialized in mental health.^{16,25} This scale portrays characteristics related to mood, loss of pleasure, anxiety, guilt performance and, consequently, the belief that suicide would be the solution to the problem.

It was warned that, even with the high prevalence (24.2%) of puerperal depression, which is equivalent to the score of 13 on the Edinburgh Scale (EPDS), the use of this tool should not replace the clinical evaluation performed by (the) health professionals in confirming the diagnosis of puerperal depression.²² It is noticed, however, that the findings on the Edinburgh Scale are of great importance in the early detection of symptoms, since infanticide and suicides are among the most worrisome complications of puerperal disorders, which can have serious consequences, both in the puerperium as in pregnancy.

It is also necessary that prenatal care, as recommended by the Ministry of Health, should be a tool used by nurses to ensure the development of pregnancy and provide the delivery of a healthy child, preserving the mother's health, including psychosocial aspects. It becomes extremely important clinical and psychological care for women in the pregnancy-puerperal phase, stressing that the pregnant woman's adherence to this program brings numerous benefits, since disorders, such as psychosis and severe depression, need to be diagnosed during this process to do not generate sequels to the future mother.¹⁷

It was emphasized that the prenatal consultation is not the only intervention of nurses offered to women in the BHU, since there are other strategies, such as home visits in the puerperium, which showed, in their study, the professionals' unpreparedness of Nursing as to the care offered, directing only the guidance to the child and the woman's physiological and reproductive changes, exposing the need for a look beyond the physical aspect.¹⁵ It appears that consultation and home visits are opportune moments for welcoming and qualified listening, aiming at comprehensive care, giving freedom to resolve doubts and, consequently, encouraging self-care and care for the child.

It is claimed, in contrast to the previous ideas, that, even though guidance to women during prenatal care is essential, the universal prevention strategies used in this period do not work, being more successful in the puerperium, thus emphasizing the need to guide women in the postpartum period.²⁰ It is revealed that, during the stay in the maternity wards, the puerperal women exchange experiences with each other and, at that moment, the nurse must introduce direct care,

through actions to promote health and prevent diseases linked to the puerperium, guiding and extinguishing doubts, myths and taboos about the pregnancy-puerperal period.

It is necessary, *a priori*, that the nurse encourages normal childbirth, guiding the woman during the prenatal consultations about the benefits of this type of delivery, because, from the knowledge of its benefits, there will be greater adherence. This intervention helps to reduce puerperal depression, since cesarean section is considered a risk factor for this disorder. There is, therefore, the woman who is subjected to normal childbirth, her rehabilitation is much smoother compared to those who underwent cesarean section, in addition to contributing to the care of the newborn and strengthening the emotional bond between mother and child, what is indispensable in this phase.^{17,25}

Nurses' knowledge about puerperal depression becomes essential, as it is inserted in the context that welcomes and directs the puerperal woman with regard to therapy and prevention.^{19,24} It is reported by nurses that, despite knowing that they are fundamental in the care process, they have little knowledge and experience about this type of depression and, thus, transfer all therapeutic actions in the rehabilitation of these women to professionals specialized in mental health. Thus, comprehensive care can be initiated with the assessment of self-esteem, qualified listening, and using skills such as perspicacity, observation and empathy when guiding care aimed at overcoming the difficulties related to this depression.

It was stated that the assistance offered to the puerperal woman is a factor that determines the adequacy and achievement of the maternal role, consequently, it is essential that the health team responsible for the care carry out the monitoring throughout the puerperium, analyzing the entire situation experienced within the postpartum period context in which it is established, helping to overcome adversity and, through educational initiatives, inserting the family in this process, thus reducing anxiety levels and restricting the impact of psychosocial risk factors for puerperal depression.^{18,23}

CONCLUSION

In this study, the importance of Nursing actions / interventions to the puerperal woman in mental suffering is highlighted. It is a multifactorial disease, difficult to diagnose, due to its symptoms being confused with those of the pregnancy-puerperal period. Barriers are found, by the nurse and the health team, to provide assistance that will meet the needs of this group, since it is one of the psychic diseases lacking health promotion actions. It was observed, in the literature, that the actions / interventions developed by nurses are: to identify signs and symptoms of puerperal depression; perform prenatal consultation; carry

out health education; encourage normal birth; support psychological conditions; refer to specialized service.

The Edinburgh Scale was mentioned for early identification as an aid in nursing interventions, but it was emphasized that it should not replace the physical examination performed by health professionals. Prenatal care is necessary for the nurse to have access to information about the pregnant woman and the puerperal woman, knowing her afflictions and conflicts, thus being able to intervene in an appropriate way. It is inferred that, like the consultation, the puerperal home visit is also one of the nurse's interventions that open space for the reception of this woman and her baby, providing her with education and health promotion.

It should be noted that there is a need for nurses to have knowledge about puerperal depression so that they can fully accompany women from the gestational period until the puerperium, and must offer adequate assistance. It is observed, as mentioned in this study, that the nurse is aware of its importance in the context of puerperal depression, but does not have the necessary experience or skill, hindering their role in the prevention of this pathology, and this may be a consequence of the lack of affinity with the thematic, reflecting the lack of programs aimed at mental health.

Thus, the importance of more specific studies on Nursing interventions in puerperal depression is highlighted, since there was difficulty in accessing the bibliographies because they are not freely available and due to the limitation of current scientific productions, consequently, increasing the time lapse of this research.

CONTRIBUTIONS

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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