

Postpartum depression in the perspective of health professionals

A depressão pós-parto na perspectiva dos profissionais de saúde

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RESUMO

O Objetivo é analisar o conhecimento de enfermeiros e médicos de duas maternidades da região sul do Brasil acerca da depressão pós-parto. Trata-se de uma pesquisa qualitativa, cuja amostra constituiu-se por 11 profissionais de saúde, incluindo médicos e enfermeiros de duas maternidades do sul do Brasil, em 2016. Constatou-se que os profissionais da saúde percebem a importância de seu papel na identificação, prevenção e tratamento da depressão pós-parto. Porém, ainda existem dificuldades para reconhecê-la, uma vez que não existe nos hospitais instrumentos específicos implementados que possam ajuda-los na identificação, bem como a capacitação sobre o tema. A identificação precoce dos sintomas que norteiam o quadro patológico puerperal é de suma importância, pois quanto antes forem reconhecidos os indícios da doença, maiores serão os reflexos positivos que poderão ser oferecidos à assistência individual e familiar da puérpera.

Palavras-chave: Depressão Pós-Parto; Enfermagem; Gravidez; Período Pós-Parto

ABSTRACT

The objective is to analyze the knowledge of nurses and physicians of two maternity hospitals in southern Brazil about postpartum depression. This is a qualitative research whose sample consisted of 11 health professionals, including doctors and nurses from two maternity hospitals in the south of Brazil, in 2016. It was found that health professionals perceive the importance of their role in identifying, prevention and treatment of postpartum depression. However, there are still difficulties to recognize it, since there are no specific instruments implemented in hospitals that can help them with the identification and training on the subject. The early identification of the symptoms that guide the four pathological puerperal is of paramount importance, since the earlier the signs of the disease are recognized, the greater the positive reflexes that can be offered to the individual and family care of the puerperal.

Keywords: Postpartum Depression; Nursing; Pregnancy; Postpartum Period

NOTA

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INTRODUCTION

Postpartum depression can lead to serious health risks for mothers and their babies, increasing complications during childbirth and causing long-term or permanent effects on child development ⁽¹⁾. It is a pathology derived from factors related to biopsychosocial suffering, often uncontrolled, having as main risk factors the mother's age, being single or divorced, unfavorable socioeconomic conditions, unwanted pregnancies, obstetric complications, history of previous psychiatric disorders ⁽²⁻³⁾.

The manifestations of postpartum depression occur in the first months up to one year after childbirth, with higher intensity in the first six months. The most common symptoms are depressed mood, loss of pleasure and interest in activities, weight loss and / or loss of appetite, sleep disturbance, restlessness or psychomotor retardation, feeling of fatigue, feeling of worthlessness or guilt, difficulty making decisions, recurrent thoughts about death and even suicide ⁽⁴⁻⁵⁾.

During the gestational period, women are exposed to many demands, going through a time of adaptation and reorganization of body, hormonal, family and social. At that time, they are likely to develop postpartum depression, especially if they are not welcomed by their family, husband and healthcare team. Early identification, preferably still in prenatal care, may contribute to minimize symptoms and assist the mother in building the bond with the baby ⁽⁶⁻⁷⁾.

However, in most cases, postpartum depression is not detected and remains untreated, it is faced by many women in a silent way, involving feelings of shame for manifesting discomfort before the child or the myth of maternal love ⁽⁸⁾. Still, it can be confused with symptoms of tiredness, due to the care of the baby and the overload of housework. Therefore, it goes unnoticed by the relatives, husband and the own puerpera. It is then up to health professionals to take responsibility for identifying, diagnosing and developing actions in order to avoid possible problems and impacts on the quality of life of the mother and the development of the baby ⁽⁹⁻¹⁰⁾.

It is important to highlight the relevance of these professionals, specifically nursing professionals, in the identification and diagnosis of postpartum depression, either because of their greater permanence in care settings, in health institutions, or because of their greater proximity to pregnant women and from their insertion in these institutional environments. Likewise, the nurse's stay in the health institution and their approach to care delivery enable them to form a deeper and more lasting bond with the patients, providing an interpersonal interaction that allows them to obtain details that many other professionals are unable to achieve ⁽¹¹⁾.

Because of the complexity of mood disorders, more specifically postpartum depression, this study is relevant,

for the many factors that postpartum depression can trigger, if a rapid and accurate diagnosis is not made. It is also urgent to develop a study in this perspective, for the possible consequences that postpartum depression causes to the mother, the newborn and the family when it is not treated ⁽¹²⁾.

Thus, this research aimed to analyze the knowledge of nurses and physicians of two maternity hospitals in the southern region of Brazil about postpartum depression.

METHOD

This is a descriptive research with a qualitative approach, which is part of a project titled "Early Detection of Postpartum Depression: Family Health Promotion."

The study was carried out in the maternity ward of two hospitals in a municipality in the South of Brazil. The population was composed of 21 nurses and six physicians from the two maternity hospitals of the South of Rio Grande do Sul, previously contacted at the place of the service and invited to participate in the research, being explained its reason and importance. The sample consisted of nine nurses and two physicians due to the exclusion criteria, that is, professionals who were on vacation or health leave during the collection period.

The data collection was developed from March to May 2016, through a semi-structured interview previously scheduled with health professionals according to their availability. The interviews were recorded and transcribed for further analysis of the data. A content analysis was performed, consisting of pre-analysis by means of floating data reading, exploration of the material with the coding of the information obtained in the interviews, treatment of the data approaching the similar themes in categories and their interpretation ⁽¹³⁾.

The study ensured respect for the guidelines and norms established in Resolution 466/12 of the National Health Council, regarding the ethical aspects of human research ⁽¹⁴⁾. This is a project from the macro-project titled "Early Depression Detection: Family Health Promotion", proven by the Research Ethics Committee in the Health Area, under the opinion of No. 62/2012.

Health professionals signed the informed consent form. In order to preserve the identity of the participants, the speeches were identified by the letter "E" for nurses and the letter "M" for the doctors, followed by the Arabic numeral corresponding to the interview order.

RESULTS AND DISCUSSION

Regarding the characteristics of the subjects of this study, nine were nurses and two were doctors. The professionals had completed their professional training between one and thirty-seven years and the working time in the units ranged from two to thirty-five years.

In the data analysis process, four categories emerged: “Health professionals’ perception about Postpartum Depression”; “Instruments used to identify signs and symptoms of PPD”; “Facilities and difficulties encountered for the detection of PPD” and “Conduct of health professionals in cases of suspected / confirmed cases of PDD”.

Health professionals’ perception about Postpartum Depression

PPD is recognized by the majority of participants as a disease that causes changes in the behavior of pregnant women, which presents mood changes such as sadness, irritability, aggression and insecurity, as reported below:

“It is a pathology that the mother develops after birth and she rejects her baby” (E1).

“... in depression, the person becomes irritated, is an uncontrollable thing, there’s a separation, she rejects the newborn” (E4).

“They feel insecure and they are charged for the care of the baby and this ends up bringing suffering, sadness and depression” (E7).

The definition of PPD reported by some respondents differs from that found in the literature, which is considered to be a psychological suffering in a non-pathological way, because it arises from external stimuli to the individual, since the puerperium is a phase of profound changes in the social, psychological and physical characteristics of women⁽¹⁵⁾. The arrival of a child brings about the appearance of intense changes, arising fears and doubts, besides the physical and hormonal imposed by the gestation, childbirth and puerperium⁽¹⁶⁾.

Among the 11 interviewees, three professionals related PPD to the hormonal function of the puerpera and external issues, such as the readaptation of the woman’s life to receive a child.

“Postpartum depression is a disease most likely caused by a hormonal disorder and more external factors of the patient’s life that brings about a decrease in the patient’s mood, affecting their relationships and having difficulty in understanding her life as a whole” (M1).

“Depression has several factors, which are believed to be changes in the brain, changes in certain neurotransmitters that are altered as a consequence of hormonal changes due to pregnancy and postpartum, there is a hormonal imbalance that can interfere with these neurotransmitters that lead to depression” (M2).

“There is a high probability that women will have postpartum depression because of hormonal function. These are changes in mood due to the hormonal discharge itself, through all this adaptation of the mother and baby, I think it is all these factors that help to trigger postpartum depression, and suddenly some puer-

pera who already has a pre-disposition, which already has a history of depression” (E6).

Pregnancy is a time of significant changes in women’s lives, both physically, socially and psychologically. Physically because it is a phase of major hormonal changes that cause psychological effects. Socially because it is a time of family restructuring with the arrival of a new member, which generates a redefinition of roles and also includes the financial issue for being a member in the family, especially when the woman is the only provider⁽¹⁷⁾.

When asked if the professionals had already identified signs of PPD, one of the professionals stated that they had never identified it in their professional practice. The others reported that the main sign was the rejection of the newborn, mainly in breastfeeding, according to the following reports:

“We identified as postpartum depression the rejection of the child, lack of self-care of the mother, not wanting to breastfeed, social isolation of not wanting to receive visits and no type of care, she also does not want to take medication, ends up isolating herself and rejecting the child” (E2).

“Most mothers who have postpartum depression do not have affective contact with the baby, they do not want to breastfeed, they stay away from the baby, you try to steer and they do not assimilate the information that is given, they do not take care, they do not leave, do not want to take a shower” (E7).

According to the participants’ reports, the denial of breastfeeding was reported by several participants as one of the signs of PPD, which is in agreement with a study carried out with puerperas of the Family Health Strategy of Jacuí / MG, which identified that the depression symptoms interfere with breastfeeding because when the mother picks up the child, sensory, physiological, hormonal and behavioral phenomena that strengthen the bond between mother and child begin, and generally increase their ability to care. However, when PPD occurs, this does not happen⁽¹⁸⁾.

Instruments used to identify signs and symptoms of PPD

Regarding the use of an instrument to identify the signs and symptoms of PPD, all the study participants reported that there are no specific instruments in hospitals that can be used to diagnose the disease.

Most professionals report that the identification of PPD is made during the visits to the puerperal rooms, when breastfeeding and baby care are carried out, the moment the child is observed to be in an emotional state, and the attachment of the puerperium to the newborn, as shown in the following reports:

“No instrument, it is through the visit, we visit every

day in the three shifts the mothers, if the nurse in the morning saw something, she passes it to me” (E1).

“We do not have any apparatus, it is our conviviality, our daily living with the mothers that we perceive, but to say that it has some apparatus, no, it is in the day to day, in the visits that you realize that the baby is in one corner and the mother in the other, you put the baby next to the mother and the mother does not want it” (E8).

“There is no instrument to identify it, only the conversation, the anamnesis and the accompaniment of it in the postpartum, in the 48 hours that they are hospitalized” (M1).

Early diagnosis of postpartum depression is critical if staff intervention is to be effective. One of the instruments that can be used is the Edinburgh Postnatal Depression Scale (EPDS), which can be applied by trained health professionals to make the diagnosis ⁽¹⁹⁾. EPDS is one of the instruments most used as screening for PPD and is a form of identifying the symptoms.

All participants in the study stated that it would be important to have a device to detect PPD, and it should be applied during prenatal and postpartum care to detect risk factors and signs in advance.

“I think it is very important, it should be implanted in the basic units, in the hospitals, during prenatal care, the doctor would also observe during the prenatal period, so he would be able to follow up and refer that mother” (E8).

“I think it would help when the woman went to do the postpartum review, the doctor should apply a questionnaire or have some conversation, anyway, try to diagnose postpartum depression” (E6).

The health team should be prepared to identify risk factors and early symptoms of PPD so that rapid and efficient intervention can be achieved to ensure a healthy mother-child relationship. Early detection by health professionals qualifies for appropriate treatment. Therefore, they need to be prepared to deal with and, when necessary, refer them to other health devices, especially when there are psychological aspects involved ⁽¹⁵⁾.

However, E8 reports the unpreparedness to perform interventions with puerperae who have signs and symptoms of PPD.

“There is no preparation, even when the baby is born with a psychological problem. The mother is prepared for a perfect baby, and suddenly the doctor says that the baby has this, or the baby has that. We’ve had a case of a baby born with cleft lip that the mother wanted to run away and leave the baby, we called the psychologist and involved a lot of professionals to guide that mother” (E8).

Training the health professionals is essential for wom-

en to have better nursing care during this stage of life in which they are more vulnerable. Duly instrumented nurses will be able to assess women’s psychosocial needs and thus provide support and implement appropriate interventions ⁽²⁰⁾.

Nurses have an important role during pregnancy, from pregnancy planning, follow-up and postpartum care, especially in the detection of risk situations, and must make interventions and the appropriate referrals when more specific interventions are required. Strategies for the follow-up of puerperal women, the therapeutic relationship of trust established between the nurse and the woman, the use of the kangaroo method, support in breastfeeding, encouragement of expression of feelings, involvement of the father, siblings, grandparents and other family members ⁽²⁰⁾.

The diagnosis of PPD is difficult, and is often not perceived by health professionals, since usually after childbirth it is common to concern about the physical aspects of the mother and baby. Psychological aspects are generally not investigated. After hospital discharge, the woman most often makes an appointment with the obstetrician, where the control of the involution of the gravidarum modifications is carried out and the contraception is initiated. Mood disorders, emotional disturbances and sexuality are not observed and investigated. The detection of PPD could be done through monitoring in the prenatal, perinatal and postpartum periods, both in hospitals and in basic health units, through the implementation of PPD screening scales, such as EPDS, which is already used in Brazil ⁽²¹⁾.

Facilities and difficulties encountered for detecting DPP

The following discourses show that professionals have difficulties in detecting PPD due to the length of hospital stay of puerperal women. Another difficulty for identification is the overload of work in the maternity, which reduces the possibility of the professional to have a sharper look at the identification of the disease.

“I think it’s the work overload, because sometimes I have a lot of work to do and can only make a quick visit of a few minutes, I cannot sit down to talk” (E7).

“I think it’s the amount of time they are hospitalized, only 48hrs, and because most postpartum depression symptoms will only be identified after the patient is discharged, I think that’s the biggest difficulty” (M1).

“The difficulty would be the short term, because the patients have their children and in 48hrs they will be discharged and this condition will arise after the discharge. They’ll receive the support and follow-up in the basic units, however, it is not all units that are structured with a multiprofessional team” (M2).

PPD is a serious health problem, affecting approximately 10 to 20% of women in the first months after childbirth, damaging the mother, child and family. In most cases, it manifests itself around the fourth week after the baby's birth and with a higher peak in the first six months⁽²²⁾. Thus, it is difficult to perform the diagnosis of PPD in the first hours of postpartum, and post-discharge follow-up is necessary to identify possible signs of PPD and, if necessary, to make appropriate referrals during the puerperium.

The diagnosis of PPD is the possibility of performing multidisciplinary interventions as soon as the symptoms are detected. According to a study carried out with nurses from Minas Gerais, it is already possible to identify pregnant women with a predisposition to develop PPD, and qualified hearing is used as a screening tool⁽²³⁾.

Another study carried out by nurses in family health strategy units used the EPDS for the early identification of puerperal depression, which was highlighted as an effective strategy for screening for PPD, with a positive repercussion on diagnosis and treatment before the patient even gets to the maternity hospital⁽²¹⁾.

Conduct of health professionals in cases of suspected / confirmed cases of PPD.

All interviewees reported that the conduct in the face of the PPD's suspected / confirmed condition is to notify the psychology and social care service of the hospital for possible evaluation and treatment, as stated below:

"... we go to the social worker, she communicates the psychologist and we make a report for follow up, they often do not accept" (E9).

"... we have a social work and psychology service, every time we see that the mother has a problem of depression or another family problem, we get in touch with the social worker and the hospital psychologist and they come to attend to them" (M1).

"It is referred to the psychologist of the institution, we try to give immediate treatment through patient orientation, if the specific orientation does not solve it, we enter with antidepressants and also the accompaniment with a psychologist after discharge is prescribed" (M2).

Health professionals need to be aware of the impacts and disruptions that women experience as a result of PPD, so they need to be instrumental in providing prevention and treatment and emotional support. The interrelationship between health professionals and the family can turn the timing of PPD into a phase where the woman may feel stronger and more confident in expressing her feelings. For this, it is important to create a link between the multiprofessional team and the pregnant woman, so that she can feel welcomed and safe.

The performance of the psychologist or other men-

tal health professionals is of paramount importance, since they may have the necessary preparation to attend to the frailties of the woman, accompanying her throughout the treatment and facilitating the difficult reality experienced by the woman and her family, making possible to understand their actions and feelings and, this way, to plan the most appropriate interventions for each patient⁽²⁴⁾.

Among the various strategies of action, nurses should encourage the participation of the partner in the consultations, carry out home visits and groups of pregnant women for health education, and use screening scales, such as EPDS. It is important to perform puerperal visits up to forty-two days after delivery, a screening in the first week of the newborn's life, where the child's growth and development is monitored, being a way of observing and puerperal and family members⁽²⁵⁾.

Home visits by maternal and obstetrical health nurses during the first month postpartum are a form of preventive intervention for PPD, with the objective of early detection of symptoms and, if necessary, adequate referral in the field of mental health⁽²⁰⁾.

The appropriate follow-up of pregnant women with signs of mental disorders should be carried out by a multiprofessional team, composed of a nutritionist, pedagogue, psychologist, community agent and nurse, performing pregnancy monitoring with humanized care and encouraging the strengthening of the relationship between the expectant mother and the child⁽²³⁾.

CONCLUSION

PPD, despite being an important cause of maternal morbidity that directly influences the routine of women and their families, in the not too distant past did not have its symptoms valued. Postpartum female mood disorders were considered traits of the female personality and the disease was not diagnosed or treated and was resolved spontaneously or become chronic.

Because it is a mood disorder that affects not only women's life, but also their families', there is a need to offer adequate support, where professionals can identify the signs and symptoms, guide and intervene effectively, helping them in that moment of physical, emotional and social change provided by the puerperium.

Through the results, it was possible to identify the perception of health professionals about PPD, to outline the main signs and symptoms of the disease and to describe the conduct of the professionals these cases. The early identification of the symptoms that guide the puerperal pathological picture is of paramount importance, but there are still difficulties to recognize the cases of PPD, due to the lack of an identification instrument and adequate training related to this topic.

Even with the advances in the Public Policies of Wom-

en's Health, there are still many gaps in knowledge about PPD, as well as in relation to the detection and interventions to be performed in these cases. Professionals do not feel properly equipped to perform more effective actions for the health of women, children and the family, which shows the urgent need to empower them to further qualify their work.

Thus, the study showed that there is a need for the construction of new technologies in health, more specifically of women, in order to perform integral and humanized care in order to promote family health. The earlier the evidences of PPD are recognized, the greater the positive effects that may be offered to individual and family care of the woman.

REFERENCES

1. Netto JS, Brum HK, Oliveira GM, Corrêa TB, Moura DV, Canela CRG. Evaluation of risk factors for the development of postpartum depression in pregnant and postpartum pregnant women. *RMIC*. 2016; 2(1) Acesso em 16 mar 2017. Disponível em: <http://www.ulbracds.com.br/index.php/rmic/article/view/559>.
2. Oliveira MJM, Dunningham W. Prevalence and risk factors related to postpartum depression in Salvador. *Revista Brasileira de Neurologia e Psiquiatria*. 2015; 19(2):72-83. Acesso em 16 mar 2017. Acesso em: <https://www.revneuropsiq.com.br/rbnp/article/view/158/69>.
3. Freitas MES, Silva FP, Barbosa LR. Analysis of risk factors associated with postpartum depression: integrative review. *Rev. Aten. Saúde*. 2016; 14(48): 99-105. Acesso em: 16 mar 2017. Disponível em: http://seer.uscs.edu.br/index.php/revista_ciencias_saude/article/view/3351.
4. Cantilino A, Zambaldi CF, Sougey EB, Rennó Jr J. Postpartum psychiatric disorders. *Rev psiquiatr clínica*. 2010; 37(6):278-84. Acesso em 13 mai 2016. Disponível em: <http://www.scielo.br/pdf/rpc/v37n6/a06v37n6.pdf>.
5. Cardillo VA, Oliveira LCQ, Monteiro JCS, Gomes-Sponholz FA. Identification of postpartum depressive symptoms in adolescent mothers. *Rev. Eletr.Enf*. 2016; 18:e1149. Acesso em: 16 mar 2017. Disponível em: <https://www.revistas.ufg.br/fen/article/view/32728/21060>.
6. Milani Jr. Postpartum Depression. *AON*. 2013. Acesso em 12 jun 2016. Disponível em: http://www.aon.com/brasil/consulting/anexos/pos_parto_pdf.pdf.
7. Logsdon MC, Tomasulo R, Eckert D, Beck C, Dennis CL. Identification of mothers at risk for postpartum depression by hospital-based perinatal nurses. *MCN Am J Matern Child Nurs Jul/Aug 2012*; 37(4): 218-25.
8. Moraes MHC, Crepaldi MAA. The postpartum depression clinic. *Rev mudanças psicol saúde*. São Paulo. 2011; 19(1):61-67. Acesso em 10 jun 2016. Disponível em: <https://www.metodista.br/revistas/revistas-metodista/index.php/MUD/article/view/3041/3059>.
9. Vieira SM, Bock LF, Zocche DA, Pessota CU. Perception of puerperae on the care provided by the prenatal health team. *Texto contexto enferm*. 2011; 20(spe):255-262. Acesso em: 12 fev 2016. Disponível em: <http://www.scielo.br/pdf/tce/v20nspe/v20nspea32.pdf>.
10. Alfaia JRM, Rodrigues LR, Magalhaes MM. Use of the Edinburgh scale by the nurse in the identification of postpartum depression: an integrative review of the literature. *Revista Ciência e Sociedade*. 2016; 1(1). Acesso em: 16 mar 2017. Disponível em: <http://revistaadmmade.estacio.br/index.php/cienciasociedade/article/viewFile/2091/1234>.
11. Felix TA, Ferreira AGN, Siqueira DA et al. Nursing facing postpartum depression in childcare consultations. *Enfermeria global* 2013; 29(1):420-35.
12. Freitas DR, Vieira BDG, Alves VH. Joint accommodation in a university hospital: postpartum depression from the perspective of nurses. *J res fundam care online* 2014; 11(2): 1202-11.
13. Bardin L. Content analysis. São Paulo: Edições 70; 2011.
14. Ministério da Saúde (BR). Resolução nº 466 de dezembro de 2012. Ministério da Saúde. Conselho Nacional de Saúde.
15. Bordignon JS et al. Puerperal depression: definition, symptoms and importance of nurses in early diagnosis. *Rev contexto saúde* 2011; 10(20):875-880.
16. Lobato G, Moraes CL, Reichenheim ME. Magnitude of postpartum depression in Brazil: a systematic review. *Rev bras saúde matern infant* 2011; 11(4):369-79.
17. Freitas VL, Scarabel CA, Duque BH. The Implications of Postpartum Depression in the Baby's Psyche: Considerations of Analytical Psychology. *Psicol. Argum*. 2012; 30(69):253-63.
18. Matos JM, Silva VLQ, Rosa WAG, Oliveira ISB. Analysis of postpartum depression in the puerperal period and its relation to breastfeeding. *Revista de Iniciação Científica da Libertas* 2013; 3(1):50-66.
19. Alvares LB, Azevedo GR, Neto LFS. Puerperal Depression: The Relevance Given by the Multiprofessional Health Team and the Perception of the Users. *Rev. Fac. Ciênc. Méd* 2015; 17(4):222-25.
20. Guerra M, Braga M, Quelas I, Silva R. Promoting Mental Health in Pregnancy and Postpartum. *Revista Portuguesa de Enfermagem de Saúde Mental* 2014; 1(spe):117-124.
21. Menezes FL, Pellenz NLK, LIMA S, Sarturi F. Postpartum depression in the field of public health. *Saúde (Santa Maria)* 2012; 38 (1):21-30.
22. Cunha AB, Ricken JX, Lima P, Gil S, Cyrino LAR. The importance of psychological counseling during pregnancy in relation to aspects that can prevent postpartum depression. *Revista Saúde e Pesquisa* 2012; 5(3):579-86.
23. Sobreira NAS, Pessôa CGO. Nursing care in the detection of postpartum depression. *Rev enf integrada* 2012; 5(1):905-18.
24. Santos IRA. Determinants of postpartum depression evaluated by nurses during prenatal follow-up. *Centro Universitário de Brasília*. Brasília, p. 1-20, 2014.
25. Valença CN, Germano RM. Preventing puerperal depression in the family health strategy: actions of the nurse in prenatal care. *Rev. Rene* 2010; 11(2):129-39.