Cogitare Enfermagem

ORIGINAL ARTICLE

MENTAL DISTRESS DURING THE PUERPERIUM: THE NURSING TEAM'S KNOWLEDGE

Ana Paula Almeida Brito[1]
Sarha de Oliveira Gonçalves Paes[2]
Welington Luis Lima Feliciano[3]
Maria Luiza Gonzalez Riesco[2]

ABSTRACT

Objective: to assess the Rooming-In Nursing team's knowledge about mental distress during the puerperium and to offer subsidies for educational actions. Method: a descriptive and quantitative study carried out with 30 Nursing professionals from a public teaching hospital in São Paulo, Brazil. The data were collected between December 2020 and January 2021 using a structured questionnaire and analyzed descriptively. Results: 73.3% of the nurse-midwives, nurses, and nursing technicians and assistants were aged ≥40 years old, and 80% had more than five years of working time. There was a predominance of knowledge about the role of Nursing and its respective practices in the assistance provided in cases of mental distress during the puerperium (majority of expected answers in 80% of the questions), in contrast to the knowledge about pathophysiology, symptoms and causes of puerperal blues, depression and psychosis (majority of expected answers in 40% of the questions). Conclusion: the results can support permanent education, aiming to expand the Nursing team's knowledge and strengthen the care process.

DESCRIPTORS: Postpartum Depression; Postpartum Period; Continuing Education; Rooming-In; Nursing-Midwifery.

HOW TO REFERENCE THIS ARTICLE:
Brito APA, Paes S de OG, Feliciano WLL, Riesco MLG. Mental distress during the puerperium: the nursing team's knowledge. Cogitare Enferm. [Internet]. 2022. [accessed "insert day, month and year"]; 27. Available on: http://dx.doi.org/10.5380/ce.v27i0.87603.

[1]Hospital Universitário da Universidade de São Paulo, São Paulo, SP, Brasil.
[2]Escola de Enfermagem da Universidade de São Paulo, São Paulo, SP, Brasil.
[3]Hospital Municipal Dr. Fernando Mauro Pires da Rocha, São Paulo, SP, Brasil.

INTRODUCTION

Mental disorders represent a global public health challenge, with nearly 30% of adults included in the detection criteria for these disorders[1]. In turn, the pregnancy-puerperal cycle involves physiological, hormonal, psychological and social changes in women's experience, with repercussions on the postpartum mental health[2].

Among the disorders affecting the psyche, puerperal blues, postpartum depression (PPD) and puerperal psychosis are grouped as mental distress during the puerperium. This clinical condition can occur days or weeks after delivery[3] and compromise parenting behaviour, the relationship with the partner and family members, the mother-child bonding process, and the child's cognitive, motor and psychosocial development[4-8].

The prevalence of women with mental disorders reaches 10% during pregnancy and 13% during the puerperium. Depression stands out among these cases, especially in developing countries, with 15.6% during pregnancy and 19.8% in the postpartum period[9].

The study called "Nascer no Brasil" ("Being Born in Brazil") with 23,894 puerperal women analyzed the diverse information on PPD between six and 18 months postpartum and found a 26.3% prevalence[10]. A study conducted during the immediate puerperal period obtained an 18% prevalence of depressive symptoms in the first days postpartum[11].

The postpartum period is a favourable moment for education in health[12], even in the hospital context. However, mental distress during the puerperium in this context is scarcely addressed in the literature, with unfavourable repercussions on recognition and understanding of the theme by Nursing professionals who work specifically in Rooming-In (RI) areas.

It is essential that health professionals, especially those from Nursing, are aware of the theme to develop preventive and coping actions. It is recommended that these professionals understand the higher psychological vulnerability experienced by women without trivializing their complaints and, when pertinent, refer them to mental health professionals[13-15].

Some women think that the professionals are evasive and disregard their emotional concerns, significantly reinforcing the sense of stigmatization and preconceptions by society[16-17]. Due to unawareness regarding the available resources, maternal-neonatal health care providers offer limited treatment options to puerperal women. This reinforces and problematizes that only 12% to 38.4% of pregnant and puerperal women with clinically significant depressive symptoms receive treatment[17-18].

A study conducted with nurse-midwives in the United States showed that lack of time and knowledge on references for treating mental disorders during the puerperium are barriers to effective care[19].

Nurses working in RI services provide direct care to mothers and newborns in the immediate puerperium and should understand the factors related to PPD to deliver good quality care and contribute for puerperal women to exercise motherhood healthily. However, the professionals find it challenging to provide qualified care, identify risk factors and early detection and prevention of complications from PPD due to a lack of specific knowledge about this disorder[20].

In Brazil, concern about early detection of mental distress during the puerperium is still scarcely considered by nurses and their teams, whether in primary care or hospital care settings. Many of them feel insecure, with little knowledge and experience to assist puerperal women in this clinical condition, with a need for updates on this theme[3,13].

This reality is worrying because Nursing is a critical player in developing early actions

to promote health and prevent the harms caused by mental distress during the puerperium. Given the above, the following research question was formulated: "What does the RI Nursing team know about mental distress during the puerperium?"

Thus, the study objective was to assess the RI Nursing team's knowledge about mental distress during the puerperium and to offer subsidies for educational actions.

METHOD

A descriptive, exploratory, and quantitative study was developed in the RI of a public secondary-level teaching hospital in São Paulo, Brazil. The institution mentioned above has wards with four beds and individual rooms with the RI system, with 28 beds for the puerperal women and their newborns. Nearly 250 deliveries per month were performed in 2020, assisted by midwives, nurse-midwives, and medical and nursing residents. The length of stay of the mother-child binomial in the RI area is at least 48 hours after delivery.

The RI Nursing team comprises 32 professionals (head of the unit, 12 nurses, 17 nursing technicians and two nursing assistants). The study population consisted of the Nursing team professionals from all the work shifts (morning, afternoon, and night) who agreed to participate. However, the results refer to the sample of 30 professionals, as there were two refusals to participate.

The data were collected in December 2020 and January 2021. The professionals explained the project objectives and handed in two questionnaires for them to answer when it best suited each participant. The researcher came back to the locus after some days to collect the answered questionnaires.

The first questionnaire included sociodemographic data (age, gender, professional training, specialization, and training and working time). The second questionnaire was structured around knowledge of mental distress during the puerperium and was adapted from a questionnaire developed by researchers who conducted a similar study with RI Nursing professionals from two hospitals in Sorocaba, São Paulo. The original questionnaire was validated by three judges who specialized in Obstetrics or Midwifery: an obstetrician, an academic professor with experience in the area, and a nurse who specialized in Nursing-Midwifery. Face and content validation was performed[21], and the mean time to answer the questionnaires was 30 minutes.

The adapted questionnaire assessed four thematic categories: Knowledge about the pathophysiology, symptoms and causes involved in mental distress during the puerperium, consisting of 10 questions; Professional experience and interest in the area of mental distress during the puerperium, consisting of seven questions; Knowledge about the role of Nursing in the assistance provided in cases of mental distress during the puerperium and its respective practices, with 10 questions; Perceptions regarding the mental health stigmas and preconceptions during the puerperium, with four questions, totalling 31 questions with three answer options: (1) True; (2) False; and (3) I do not know/I do not remember). There is no minimum frequency of correct answers for the questionnaire (Chart 1).

Chart 1 – Template of the questionnaire about knowledge on mental distress during the puerperium. São Paulo, SP, Brazil, 2020-2021

1.True	9.True	17.True	25.False

2.True	10.True	18.False	26.True
3.True	11.True	19.True	27.True
4.True	12.False	20.True	28.True
5.True	13.False	21.True	29.True
6.False	14.True	22.False	30.False
7.False	15.True	23.False	31.False
8.True	16.False	24.False	

Source: The authors (2021).

One of the researchers typed data into Excel spreadsheet by one of the researchers; the consistency of the database was confirmed by another researcher who checked the records. The data were analyzed using descriptive statistics, using absolute and relative frequencies.

This study was submitted to the Research Ethics Committees of the Nursing School of Universidade de São Paulo (proponent institution) and the hospital (co-participating institution) and was approved under opinion numbers 4.252.390 and 4.302.366, respectively.

RESULTS

Concerning the sociodemographic characteristics, all the professionals were female. Table 1 presents the participants' sociodemographic characteristics.

Table 1 - Sociodemographic characteristics of the Rooming-In (RI) Nursing team professionals. São Paulo, SP, Brazil, 2020-2021 (n=30)

Characteristic	**n**	**%**
Age (years old)		
25 ├ 30	2	6.7
30 ├ 40	6	20
≥40	22	73.3
Training		
Nurse-midwife	13	43.3
Nursing technician	16	53.4
Nursing assistant	1	3.3
Training time (years)		

<5	1	3.6
5 ├ 10	3	10.7
≥10	24	85.7
Time working in RI		
<3 months	-	-
3 ├ 6 months	1	3.3
6 ├ 12 months	3	10
1 ├ 2 years	2	6.7
2 ├ 5 years	-	-
5 ├ 10 years	3	10
≥ 10 years	21	70

Source: The authors (2021).

Table 2 shows the answers to all 31 questions included in the questionnaire, subdivided into four topics. According to the template presented in Chart 1, the expected answer for each question was highlighted in bold type.

Concerning "Knowledge about the pathophysiology, symptoms and causes involved in mental distress during the puerperium", of the 10 questions addressed, those numbered 12, 15 and 18 had a frequency of expected answers below 50%. It is also worth noting that, in three questions (12, 14 and 15), more than one-third of the participants chose the "I do not know/I do not remember" answer.

Concerning the topic "Professional experience and interest in the area of mental distress during the puerperium", the questions related to permanent education (questions five, 21 and 29) had the lowest frequency of expected answers when compared with the questions on this theme in the initial training (questions three and 28).

The participants from all categories showed weaknesses in their knowledge of psychological disorders in the pregnancy-puerperal cycle concerning the pathophysiology, symptoms and causes of mental distress during the puerperium.

"Knowledge about the role of Nursing in the assistance provided in cases of mental distress during the puerperium and its respective practices" shows the highest rates of expected answers, except for question 9 (50% of the professionals did not believe that the role of Nursing is to perform the clinical and psychological evaluation of the puerperal women in the cases of mental distress during the puerperium) and question 25 (only 36.7% considered that the topic of mental distress during the puerperium is more relevant in the hospital scope than in Primary Health Care).

As for the topic "Perceptions regarding the mental health stigmas and preconceptions during the puerperium", one question (number 31) did not reach 50% of expected answers, indicating stigmatization concerning the psychological distress that affects women in the puerperium.

Table 2 - Questionnaire about Mental distress during the puerperium São Paulo, SP, Brazil, 2021 (n=30)

Question		True		False		I do not know/ I do not remember	
No.	Topic and statement	n	%	n	%	n	%
Knowledge about the pathophysiology, symptoms and causes involved in mental distress during the puerperium							
1	Mental distress during the puerperium (puerperal blues, postpartum depression and puerperal psychosis) is a condition in which puerperal women present postpartum changes in their psyche.	27	90	2	6.7	1	3.3
12	Puerperal psychosis is the most incident clinical condition of mental distress during the puerperium.	7	23.3	11	36.7	12	40
13	Puerperal blues, or maternal sadness, is the most incident disorder in the universe of mental distress during the puerperium.	23	76.7	2	6.6	5	16.7
14	The signs and symptoms of mental distress during the puerperium are chronologically variable; those of puerperal blues occur after the third puerperium day and may be transient and mild, lasting up to the third postpartum week.	16	53.4	1	3.3	13	43.3
15	The signs and symptoms of puerperal psychosis have a sudden onset, with severe and acute delusion and/or hallucination (for example, a woman who firmly believes that she will have her child stolen during the night).	14	46.7	5	16.6	11	36.7
16	The signs and symptoms of mental distress during the puerperium present late onset.	5	16.7	16	53.3	9	30
17	Postpartum depression has more intensified signs and symptoms when compared to puerperal blues with suicidal ideation and death thoughts.	17	56.7	4	13.3	9	30
18	Mental distress during the puerperium imposes more risks on the newborn than on the puerperal woman.	13	43.4	13	43.3	4	13.3
24	Normal/Natural delivery implies more risks of triggering mental distress during the puerperium than Cesarean section.	4	13.3	18	60.0	8	26.7
30	The body self-image of puerperal women, i.e., the way they see their own body after the changes resulting from pregnancy and/or delivery, does not worsen mental distress during the puerperium to a great extent.	7	23.3	16	53.4	7	23.3
Professional experience and interest in the area of mental distress during the puerperium							
2	Knowledge about mental distress during the puerperium is necessary to work in the areas of Women's Health and Nursing-Midwifery.	29	96.7	1	3.3	-	-
3	The theme of puerperal psychosis was addressed in my training process.	19	63.3	5	16.7	6	20
4	I try to improve my knowledge about mental distress during the puerperium.	17	56.7	10	33.3	3	10
5	Once a year, I participate in educational activities/actions about mental distress during the puerperium organized by the institution where I work.	1	3.3	26	86.7	3	10
21	I participated in training sessions, discussions, conferences, courses, and other events on the theme of mental distress during puerperium promoted by other institutions.	4	13.3	24	80	2	6.7
28	The topic of puerperal blues was already addressed in my Nursing course (either mid- and/or higher-level course).	16	53.3	5	16.7	9	30
29	Mental distress during the puerperium is a much-discussed topic in my work in this institution.	5	16.7	22	73.3	3	10
Knowledge about the role of Nursing in the assistance provided in cases of mental distress during puerperium and its respective practices							

6	Screening the signs and symptoms of mental distress during the puerperium is the sole responsibility of the medical team.	1	3.3	29	96.7	-	-
7	The full-time presence of companions during the postpartum period can lead to more significant stress and low self-esteem in puerperal women.	3	10	27	90	-	-
9	The role of Nursing is to perform the clinical and psychological evaluation of the puerperal woman in the cases of mental distress during the puerperium.	15	50	15	50	-	-
10	Nursing care for mental distress during the puerperium involves psychological support, qualified listening and detection the signs and symptoms.	30	100	-	-	-	-
11	Prevention of mental distress during the puerperium involves performing complete anamnesis with a behavioural observation of the woman.	26	86.7	1	3.3	3	10
19	Temporary interruption of breastfeeding may be indicated in the case of psychotic conditions associated with mental distress during the puerperium, i.e. when women lose their sense of reality.	22	73.3	2	6.7	6	20
20	The Nursing team supports treating mental distress during the puerperium, which can involve medications, listening and welcoming.	29	96.7	-	-	1	3.3
22	Breastfeeding should be avoided in the face of puerperal blues.	7	23.3	17	56.7	6	20
25	The topic of mental distress during the puerperium is more relevant in the hospital scope than in Primary Health Care.	8	26.6	11	36.7	11	36.7
27	In mental distress during the puerperium, attendance to puerperal appointments in Primary Care is essential, as it is essential that women adhere appropriately to the drug therapy.	30	100	-	-	-	-
Perceptions regarding the mental health stigmas and preconceptions during the puerperium							
8	Currently, stigma and preconception concerning puerperal women's mental health hinder the approach to mental distress during the puerperium.	17	56.7	7	23.3	6	20
23	The issue of gender and violence against women are not related to mental distress during the puerperium or sociocultural conditions and conflicts in love relationships.	6	20	23	76.7	1	3.3
26	A bad and conflicting relationship with society, the newborn and the family can be a complication resulting from mental distress during the puerperium.	25	83.4	1	3.3	4	13.3
31	Many women are sensitive in the postpartum period and report exaggerated symptoms about their health status to draw attention to their condition.	12	40	14	46.7	4	13.3

Source: The authors (2021).

DISCUSSION

In the literature, the studies on Nursing professionals' knowledge about the psychological changes during the puerperium indicate several weaknesses. A study conducted with Polish midwives verified unsatisfactory knowledge about pre- and postnatal mental health in its patients[22]. With Australian midwives[23], the authors identified that, although these midwives had fair knowledge about perinatal depression, they acknowledged inadequate educational preparedness for adequate care provision to women suffering from mental distress during the puerperium. They agreed that additional training sessions would substantially improve their skills in evaluating and caring for women with perinatal psychiatric disorders.

A Brazilian study[3], conducted with Primary Health Care nurses from Campina Grande, Paraíba, identified vulnerabilities in the curricula of higher-level Nursing courses. These courses are responsible for training professionals who participate in the care provided to women during the prenatal and puerperal periods, and difficulties are not always overcome with permanent health education in employer institutions.

These findings align with the results obtained in this study, as the participants pointed to deficits related to psychological disorders during the pregnancy-puerperal cycle, both in the initial academic training and in permanent education. According to the participants' answers, mental distress during the puerperium is scarcely addressed in the institution under study, although more than half of the professionals seek self-improvement in the subject matter.

Therefore, primary, secondary, and tertiary level health institutions should train the health teams to ensure longitudinal care and the development of professional skills for appropriate monitoring of women's mental state during the pregnancy-puerperal cycle. This improves the quality of the services provided, directly reflected in the early identification and timely treatment of perinatal psychiatric disorders.

Regarding recognition of the most incident psychiatric disorders in the puerperal period, almost half of the participants in the current study did not know or remember the clinical manifestations, onset, and duration of symptoms of the different mental disorders during the puerperium. Thus, the results indicate the need to offer educational actions that instrumentalize these professionals' practice, be they nurses or nursing technicians/assistants.

More than half of the professionals believed that the clinical manifestations, signs and symptoms of mental distress have no impact on the late and remote postpartum periods, being only limited to the immediate postpartum, which hinders the identification of the psychopathologies that may affect women during the puerperal period, as onset and duration of these disorders are variable and may last for days or months after delivery.

Women in mental distress during the puerperium may not have a chance to receive specialized psychiatric treatment. This is partly since these women are often unaware that their mental condition is not necessarily the result of the physiological changes of the postpartum period, and also to the fact that health care professionals are reluctant to provide appropriate treatment – such as referring these women to specialized care services – due to lack of knowledge about the repercussions associated with mental disorders during the puerperium[24].

In this study, 40% of the professionals stated that women often dramatize their psychological status during postpartum to draw attention. This thinking indicates stigmatization concerning the psychological and mental distress that affects women in the puerperal period, which corroborates the reluctance of women with depression to seek professional help. When women do not feel welcomed, they do not develop enough self-confidence to identify the need to receive therapeutic care; thus, anxieties become trivialized, and no intervention is performed[25].

A study conducted with midwives in Australia verified that 72.2% of the participants underestimated the percentage of pregnant women who meet the diagnostic criteria for mental disorders[23]. This finding is consistent with a similar study conducted with midwives from the United Kingdom, in which only 47% were aware of the prevalence of PPD in women[26].

As nurses are frequently responsible for the first contact with women in postpartum, enabling the screening of signs and symptoms of psychological distress, they can and should play an essential role in improving the mental health of these women, and this initial intervention can be very helpful[27].

Regarding the role of the Nursing team in the care for mental distress during the puerperium, it was verified that almost all the professionals recognize that screening for signs and symptoms is not the sole responsibility of the medical team. However, only half of the participants considered it essential that Nursing clinically and psychologically evaluate women in mental distress during the puerperium. All the current study participants recognized psychological care and support as part of Nursing care.

The study presents the following limitations: the sample size is from a single institution and does not encompass other realities in the RI context. It is suggested to research other scenarios of the health care network with different professional categories, use methods that complement each other, and deepen the knowledge about the phenomenon investigated, such as the mixed-methods research approach.

CONCLUSION

The assessment of the RI Nursing team's knowledge showed that it is mainly related to the role of Nursing and its respective practices in the assistance provided in cases of mental distress during the puerperium and revealed the interest of this team in the topic.

Professional experience, as well as the team's knowledge of the pathophysiology, symptoms and causes of mental distress during the puerperium, showed to be more limited among professionals with both mid-level training (nursing technicians and assistants) and higher-level training (nurses and nurse-midwives). It was identified that there are still preconceptions in the approach to mental health among Nursing professionals.

This result points to gaps in training and shows the urgent need to include the theme of mental distress during the puerperium in the curricula. In addition, the findings may serve as a basis for planning educational actions targeted at these professionals through permanent education so that they can expand their knowledge on the theme and intervene in a preventive and comprehensive way with evidence-based practices, thus strengthening the care process.

It is necessary to think of multifaceted strategies to promote mental health using early detection of the psychiatric risks and disorders during the puerperium, strengthening the relationship between the health care levels to deconstruct the model that aims only and exclusively at the biological dimension from a curative point of view.

The contributions to Nursing and the health area lie mainly in the findings that indicate the need to implement strategies of permanent education on mental distress during the puerperium. Continuous training should be provided on expanding knowledge, positive attitudes, and specific competencies.

REFERENCES

01. Lopes C de S. Como está a saúde mental dos brasileiros? A importância das coortes de nascimento para melhor compreensão do problema. Cad. Saúde Pública. [Internet]. 2020 [acesso em 12 nov 2020]; 36(2):e00005020. Disponível em: https://doi.org/10.1590/0102-311X00005020.

02. Hartmann JM, Mendoza-Sassi RA, Cesar JA. Depressão entre puérperas: prevalência e fatores associados. Cad. Saúde Pública. [Internet]. 2017 [acesso em 12 nov 2020]; 33(9):e00094016. Disponível em: http://dx.doi.org/10.1590/0102-311x00094016.

03. Alves EP, Silva PM de C, Azevedo EB, Filha M de OF. Conhecimento dos enfermeiros da Saúde da Família sobre os transtornos psíquicos no período puerperal. Rev. Eletr. Enferm. [Internet]. 2011 [acesso em 26 out 2020]; 13(3):529-536. Disponível em: https://doi.org/10.5216/ree.v13i3.9787.

04. Shakeel N, Eberhard-Gran M, Sletner L, Slinning K, Martinsen EW, Holme I, et al. A prospective cohort study of depression in pregnancy, prevalence and risk factors in a multi-ethnic population. BMC Pregnancy Childbirth. [Internet]. 2015 [acesso em 20 set 2020]; 15:5. Disponível em: https://doi.org/10.1186/s12884-014-0420-0.

05. Jarde A, Morais M, Kingston D, Giallo R, MacQueen GM, Giglia L, et al. Neonatal outcomes in women with untreated antenatal depression compared with women without depression: a systematic review and meta-analysis. Jama Psychiatry. [Internet]. 2016 [acesso em 20 set 2020]; 73(8):826-837. Disponível em: http://dx.doi.org/10.1001/jamapsychiatry.2016.0934.

06. Lewis AJ, Austin E, Galbally M. Prenatal maternal mental health and fetal growth restriction: a systematic review. J. Dev. Orig. Health Dis. [Internet]. 2016 [acesso em 12 nov 2020]; 7(4):416-28. Disponível em: http://dx.doi.org/10.1017/S2040174416000076.

07. McDonald S, Kehler H, Bayrampou H, Frase-Lee N, Tough S. Risk and protective factors in early development: results from the all our babies (AOB) pregnancy cohort. Res. Dev. Disabil. [Internet]. 2016 [acesso em 12 nov 2020]; 58:20-30. Disponível em: http://dx.doi.org/10.1016/j.ridd.2016.08.010.

08. Mughal S, Azhar Y, Siddiqui W. Depression. Postpartum. Em: Stat Pearls Treasure Island (FL): Stat Pearls Publishing. [Internet]. 2018 [acesso em 24 ago 2020]. Disponível em: https://www.ncbi.nlm.nih.gov/books/NBK519070/.

09. Coutinho M da P de L, Saraiva ER de A. Depressão pós-parto: considerações teóricas. Estudos e Pesquisas em Psicologia UERJ. [Internet]. 2008 [acesso em 30 ago 2020];8(3):733-759. Disponível em: http://www.revispsi.uerj.br/v8n3/artigos/pdf/v8n3a14.pdf.

10. Filha MMT, Ayres S, Gama SGN da, Leal M do C. Factors associated with postpartum depressive symptomatologyin Brazil: The Birth in Brazil National Research Study, 2011/2012. J. Affect. Disord. [Internet] 2016 [acesso em 21 ago 2020]; 194:159-167. Disponível em: https://doi.org/10.1016/j.jad.2016.01.020.

11. Mattar R, Silva EYK, Camano L, Abranhão AR, Colás OR, Andalf Neto J, et al. A violência doméstica como indicador de risco no rastreamento da depressão pós-parto. Rev. Bras. Ginecol. Obstet. [Internet] 2007 [acesso em 21 ago 2020];29(9):470-477.Disponível em: https://doi.org/10.1590/S0100-72032007000900006.

12. Topatan S, Demirci N. The efficiency of reproduction health education give to adolescents during the postpartum period. J. Pediatr. Adolesc. Gynecol. [Internet] 2015 [acesso em 21 ago 2020];28:297-303. Disponível em: https://doi.org/10.1016/j.jpag.2014.06.006.

13. Tolentino E da C, Maximino DAFM, Souto CGV de. Depressão pós-parto: conhecimento sobre os sinais e sintomas em puérperas. Rev. Ciênc. Saúde Nova Esperança. [Internet]. 2016 [acesso em 21 ago 2020]; 14(1):59-66. Disponível em: http://www.facene.com.br/wp-content/uploads/2010/11/6.-Depress%C3%A3o-p%C3%B3s-parto_PRONTO.pdf.

14. Freed RD, Chan PT, Boger KD, Tompson MC. Enhancing maternal depression recognition in health care settings: a review of strategies to improve detection, reduce barriers and reach mothers in need. Fam. Syst. Health. [Internet]. 2012 [acesso em 12 nov 2020];30(1):1-18. Disponível em: https://doi.org/10.1037/a0027602.

15. Meira B de M, Pereira PA de S, Silveira M de FA, Gualda DMR Santos Jr HPO. Challenges for primary healthcare professionals in caring for women with postpartum depression. Texto Contexto Enferm. [Internet]. 2015 [acesso em 12 nov 2020]; 24(3):706-712. Disponível em: https://doi.org/10.1590/0104-0707201500049-14.

16. Dennis C-L, Chung-Lee L. Postpartum depression help seeking barriers and maternal treatment preferences: a qualitative systematic review. Birth. [Internet]. 2006 [acesso em 30 ago 2020]; 33:323-331. Disponível em: https://doi.org/10.1111/j.1523-536X.2006.00130.x.

17. Byatt N, Biebel, K, Friedman L, Debordes-Jackson G, Ziedonis D, Pbert L. Patient's views on depression care in obstetric settings: how do they compare to the views of perinatal health care professionals? General Hospital Psychiatry. [Internet]. 2013 [acesso em 19 ago 2020]; 35:598-604. Disponível em: https://doi.org/10.1016/j.genhosppsych.2013.07.011.

18. Goodman JH. Women's attitudes, preferences, and perceived barriers to treatment for perinatal depression. Birth. [Internet]. 2009 [acesso em 30 ago 2020]; 36:60-69. Disponível em: https://doi.org/10.1111/j.1523-536X.2008.00296.x.

19. Gillis BD, Holley SL, Leming-Lee TS, Parish AL. Implementation of a perinatal depression care bundle in a nurse-managed midwifery practice. Nurs Women's Health. [Internet]. 2019 [acesso em 19 ago 2020]; 23(4):288-298. Disponível em: http://doi.org/10.1016/j.nwh.2019.05.007.

20. Freitas DR de, Vieira BDG, Alves VH, Rodrigues DP, Leão DCMR, Cruz AF do N da. Alojamento conjunto em um hospital universitário: depressão pós-parto na perspectiva do enfermeiro. Rev. Pesqui. Cuid. Fundam. (Online). [Internet]. 2014 [acesso em 30 jun 2020];6(3):1202-1211.Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2999/pdf_1378.

21. Feliciano WLL, Souza CC. Sofrimento mental puerperal: conhecimento da equipe de enfermagem do alojamento conjunto [monografia]. Sorocaba: Pontifícia Universidade Católica de São Paulo; 2018.

22. Magdalena C-D, Tamara W-K. Antenatal and postnatal depression: are Polish midwives really ready for them? Midwifery. [Internet]. 2020 [acesso em 30 ago 2020]; 83:102646. Disponível em: https://doi.org/10.1016/j.midw.2020.102646.

23. Jones CJ, Creedy DK, Gamble JA, Health M. Australian midwives' knowledge of antenatal and postpartum depression: a national survey. J. Midwifery Womens Health. [Internet]. 2011 [acesso em 19 ago 2020]; 56(4):353-361. Disponível em: https://doi.org/10.1111/j.1542-2011.2011.00039.x.

24. Weinreb L, Byatt N, Simas TAM, Tenner K, Savageau JA. What happens to mental health treatment during pregnancy? Women 's experience with prescribing providers. The Psychiatric Quarterly. [Internet]. 2014 [acesso em 20 nov 2020]; 85(3):349-355. Disponível em: https://doi.org/10.1007/s11126-014-9293-7.

25. Jesse DE, Dolbier CL, Blanchard A. Barriers to seeking help and treatment suggestions for prenatal depressive symptoms: focus groups with rural low-income women. Issues Ment. Health Nurs. [Internet]. 2008 [acesso em 19 ago 2020]; 21(1):3-13. Disponível em: http://doi.org/10.1080/01612840701748664.

26. Eden C. Midwives' knowledge and management of postnatal depression. Aust J Adv Nurs. 1989;7(1):35-42.

27. Bina R, Glasser S, Honovich M, Levinson D, Ferber Y. Nurses perceived preparedness to screen, intervene, and refer women with suspected postpartum depression. Midwifery. [Internet]. 2019 [acesso em 19 ago 2020]; 76:132-141. Disponível em: http://dx.doi.org/10.1016/j.midw.2019.05.009.

Received: 22/05/2021
Approved: 27/06/2022

Associate editor: Tatiane Trigueiro

Corresponding author:
Ana Paula Almeida Brito
Hospital Universitário da Universidade de São Paulo
Universidade de São Paulo, Hospital Universitário; Av. Prof. Lineu Prestes, 2565, CEP:05508-000; São Paulo, SP, Brasil.
E-mail: anabrito@usp.br

Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - Brito APA, Paes S de OG, Feliciano WLL, Riesco MLG; Drafting the work or revising it critically for important intellectual content - Brito APA, Paes S de OG, Feliciano WLL, Riesco MLG; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - Brito APA, Paes S de OG, Feliciano WLL, Riesco MLG. All authors approved the final version of the text.

ISSN 2176-9133