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Psychosocial Factors Involved with the Development of Postpartum Depression: an Integrative Review

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ABSTRACT

Introduction: The pregnancy is a period in which the woman goes through physiological and emotional changes. Given this, it is observed that women with low education and low income are vulnerable to being affected by Postpartum Depression (PPD). There are factors that are related to the case series of this disease, so it is necessary to identify them so that a better strategy for caring for women with PPD. **Objective:** Conduct an integrative review on the psychosocial factors involved in the development of postpartum depression, according to literary publications from 2009 to 2019. **Methodology:** This was an integrative bibliographic review conducted from February to June 2019. The databases consulted were: VHL, SciELO and PubMed, using the following descriptors: “Postpartum Depression”, “Postpartum Period” and “Mental Health”, combined by the operators “AND” and/or “OR”. We found 273 publications, which after reading and applying the inclusion and exclusion criterion left 07 publications. **Results:** The main factors related to PPD were stress, lack of psychosocial support, anxiety and distress, as well as unwished pregnancy and family problems. In addition, specific protocols for the diagnosis of this disease and lack of preparation of health professionals for reception are lacking. **Conclusion:** More efficient public policies and specific protocols for the treatment of PPD are needed, as well as the creation of new strategies to reduce the incidence of PPD. Emphasizing the importance of monitoring these women by a multidisciplinary health team in order to gain a holistic view of this problem.

Keywords: Postpartum depression, Postpartum Period, Mental Health, Unified Health System

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INTRODUCTION

The pregnancy is a period of great changes in the woman's life, because, in addition to the biochemical, anatomical and physiological changes that will contribute to the development of her baby¹, the woman also needs restructuring and readjustment in various dimensions of her life, whether social or family. In this phase, the woman is seen differently, because before she was just a daughter, but during pregnancy, she is recognized as a mother².

After pregnancy, the postpartum phase is a special period of maternal life and deserves differentiated and multidisciplinary attention³. According to some authors^{4,5}, the puerperium is the period that begins in the expulsion of the placenta until the maternal organism returns to pre-gestational conditions, this phase may last about 6 to 8 weeks⁵. During this time, the maternal emotional is very vulnerable and susceptible to psychological illness, including postpartum depression (PPD).

The PPD is a highly prevalent disease that affects approximately 10 to 15% of postpartum women. This condition has detrimental consequences for new mothers and their children's cognitive development³. Studies point out that the main causes for PPD are related to socioeconomic aspects, unwished pregnancy and teenage pregnancy. However, even with PPD presenting a relatively simple diagnosis and well-established drug treatment, this disorder is usually not detected in primary care⁶.

Given the above, this research becomes relevant to achieve a specific knowledge on the topic, as well as promotes risk factors for the cause of PPD, providing scientific support for further research related to the area mentioned in this article. Therefore, this paper aims to conduct an integrative review of psychosocial factors as risk conditions for the development of postpartum depression, in the scientific databases, from 2009 to 2019, listing the main aspects of cause involved with postpartum depression.

METODOLOGY

This was an integrative bibliographic review^{7,8}, where a bibliographic survey was conducted from february to june 2019. The leading question for this study was: *“What are the psychosocial factors involved with the development of postpartum depression, according to the literary publications of 2009 and 2019?”* As an eligibility criterion, we chose scientific articles published in scientific journals between 2009 and 2019, in english and portuguese languages. Incomplete scientific articles, paid articles, theses, dissertations, congress abstracts, articles mentioning postpartum depression in animals, postpartum depression in experimental models, and pre-partum depressive disorders were excluded.

The databases consulted were: Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO) and PubMed, using controlled descriptors obtained from the Health Sciences Descriptors (DeCS): “Postpartum Depression”, “Period Postpartum” and “Mental Health”. They were combined by the boolean operators “AND” and/or “OR”. At first, 273 total publications were found, but after reading their respective themes, 185 were discarded. Of the 88 articles remaining from the first selection, 40 were deleted after reading the abstracts because they had one or more exclusion criteria and 8 because they were repeated in different databases. After reading the full articles, 33 were excluded, as they did not directly address the issue in question. Therefore, the final sample consisted of 07 publications. After applying these criterions and selecting the articles, they were analyzed and discussed.

RESULTS

The scientific articles included in this review are described in Table 1 according to journal name, article title, author(s) and year of publication; Table 2, according to the scenario in which the research was conducted and the methodology applied; and Table 3, referring to the objectives and results found.

Table 1 - Organization of articles found according to journal, title, authors and year of publication

	JOURNAL	TITLE	AUTHOR(S) AND YEAR OF PUBLICATION
01	Revista de Psiquiatria do Rio Grande do Sul	Características demográficas e psicossociais associadas à Depressão pós-parto em uma amostra de Belo Horizonte (Pregnancy and postpartum stress: a correlation with postpartum depression.).	Figueira, Diniz e Filho (2011) ⁹
02	Revista Brasileira de Ginecologia e Obstetrícia	Stress na gestação e no puerpério: uma correlação com a depressão pós-parto (Pregnancy and postpartum stress: a correlation with postpartum depression).	Rodrigues e Schiavo (2011) ¹⁰
03	Revista de iniciação científica da Libertas	Análise da depressão pós-parto no período puerperal e sua relação com o aleitamento materno (Analysis of postpartum depression in the puerperal period and its relationship with breastfeeding).	Matos et al., (2013) ¹¹
04	Revista de Saúde Coletiva	Depressão pós-parto entre mulheres com gravidez não pretendida (Postpartum depression among women with unwished pregnancy).	Brito et al., (2015) ¹²
05	Acta Paulista de Enfermagem	Depressão pós-parto e autoeficácia materna para amamentar: prevalência e associação (Postpartum depression and maternal self-efficacy in breastfeeding: prevalence and association).	Abuchaim et al., (2016) ¹³
06	Cadernos de Saúde Pública	Depressão entre puérperas: prevalência e fatores associados (Depression among postpartum women: prevalence and associated factors).	Hartmann, Mendoza-Sassi e Cesar (2017) ¹⁴
07	Psicologia: Ciência e Profissão	Fatores de risco e proteção associados à depressão pós-parto no pré-natal psicológico (Risk and protective factors associated with postpartum depression in prenatal psychological).	Arrais, Araújo e Schlavo (2018) ¹⁵

Table 2 - Organization of the articles found according to the scenario where the researchers were carried out the research and applied methodology

	RESEARCH SCENARIO	METODOLOGY
01	Santa Fe Maternity, located in Belo Horizonte (MG).	Descriptive research with quantitative approach, where 245 women who delivered at a maternity hospital in Belo Horizonte were interviewed, using semi-structured questions to obtain psychosocial and demographic data for the diagnosis of major depression according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV).
02	Central Health Center of a city in the interior of São Paulo	It was a longitudinal research, built in two stages. In step 1, 98 primigravidae participated. In step 2, 64 primigravidae. Regarding step 1, data were collected in the last trimester of pregnancy. Regarding step 2, data were collected 45 days after delivery. Step 1 was an inventory of Lipp Stress Symptoms (ISSL) with an initial interview for sample characterization. In step 2, ISSL and EPDS (Edinburgh Scale) were reapplied.
03	Jacuí - MG	Field research with descriptive character and quantitative and qualitative approach. With sample of 47 people. With application of data collection instrument based on Beck inventory and unstructured interview script.
04	Family Health Strategy (ESF) of the Sanitary District (DS) II of Recife, PE.	Prospective cohort study conducted with 1,121 pregnant women aged 18 to 49 years, followed prenatally by the Family Health Strategy in Recife, PE. Aspects about unwished pregnancy and their correlation with postpartum depressive symptoms were assessed using the Edinburgh Postnatal Depression Screening Scale. Simple and adjusted odds ratios for the studied association were estimated using logistic regression analysis.
05	Breastfeeding Incentive and Support Center and Human Milk Bank, linked to the Federal University of São Paulo.	Cross-sectional study of 208 women, up to 60 days postpartum, undergoing the Edinburgh Postpartum Depression Scale and the Breastfeeding Self-Efficacy Scale.
06	Holy House of Mercy of Rio Grande and University Hospital of the Federal University of Rio Grande - FURG	Field research with descriptive character and quantitative and qualitative approach. A standardized questionnaire was conducted for patients from two maternity hospitals. This study investigated demographic, socioeconomic, behavioral, social support and morbidity characteristics. Depression screening was performed within 48 hours of the immediate postpartum period using the Edinburgh Scale, with a cut-off point ≥ 10 .
07	Brasília Public Maternity	It was a research with descriptive and comparative statistical analysis, organized in three phases, bringing together a total of 198 pregnant women. Participants were distributed into Intervention Group - GI (n = 47) and Control Group - GC (n = 29). For data collection, we used: Gestational Questionnaire, BAI, BDI-II and EPDS.

Table 3 - Organization of articles found regarding objectives and results found for researchers.

	OBJECTIVES	RESULTS
01	To compare 245 women (with and without PPD) in a group of puerperal women randomly selected in a maternity hospital in Belo Horizonte (MG).	This study identifies that the demographic characteristics of these women did not influence the PPD, but psychosocial factors such as stress during pregnancy, postpartum complications, lack of social support in the postpartum period and history of anxiety and depression at some time. their lives, demonstrating that PPD is multifactorial.
02	Describe and compare the stress stages of primiparous women in the third trimester of pregnancy and postpartum and correlate them with the occurrence of postpartum depression (PPD).	During pregnancy, 76% of these women had symptoms of stress and, in the postpartum period, 63% of participants had some type of stress. After applying the research method, there was a positive correlation between stress and PPD, as 32.81% of the women with a diagnosis of PPD reported some type of stress.
03	To identify the presence of postpartum depression in the postpartum period of women and to evaluate their interference with breastfeeding.	Of the 47 patients interviewed, 2% (one postpartum woman) had moderate symptoms of PPD. In this case, the newborn fed on a mixed basis (breast milk and supplementation). The nursing mother reported discouragement when breastfeeding, tiredness and family stress.
04	Analyze the association between unwished pregnancy and postpartum depression.	The frequency of unwished pregnancy (WNS) in Sanitary District II was 60.2%, which is considered high compared to other national studies. 30% of women who reported WNS had PPD, demonstrating the correlation between disease and unplanned pregnancies.
05	To identify the prevalence of symptoms of postpartum depression and the level of breastfeeding self-efficacy among puerperal women and to analyze possible associations.	The prevalence of PPD was 31.25% in the surveyed, its main symptoms were guilt, anxiety and anguish. 58% of children were being exclusively breastfed, and self-efficacy levels were considered high compared to research by the Ministry of Health due to early identification of PPD.
06	To identify the prevalence and factors associated with the occurrence of depression among puerperal women throughout 2013.	The prevalence of PPD was 14%. Multiparous pregnant women with financial difficulties have a higher risk of developing PPD. Family history of depression, stress, and depressive symptoms in the last trimester of pregnancy contribute to PPD.
07	Identify risk and protective factors associated with Postpartum Depression (PPD) and evaluate the contribution of Psychological Prenatal (PNP) as a prevention program in Women's Health	It was not possible to relate socioeconomic variables, participation in Psychological Prenatal Care and pregnancy desire with higher risk of PPD. However, unplanned pregnancy and lack of support from the baby's father as a risk factor for PPD were observed.

DISCUSSION

Hartmann, Mendoza-Sassi and Cesar (2017)¹⁴ point out that the world prevalence rates of depression according to the World Health Organization (WHO) during pregnancy are 20%. In developed countries, this prevalence ranges from 5% to 30%. However, in Brazil, the prevalence of depression ranges from 30 to 40%, data measured from basic health units (BHU)¹⁶. According to Faisal-Cury and Rossi (2007)¹⁷ the symptoms of depression are more present in married women with low socioeconomic profile, middle age and low education.

Regarding PPD, Brito et al (2015)¹² point out that multiparous pregnant women, that is, who had two or more births, with low education and low family income, are more likely to develop PPD, since all the factors mentioned above are closely linked to the cause of this disease. Some researchs indicate that in relation to the diagnosis of PPD, it is of high complexity, that is, difficult to conclude, since the physiological tests are lacking, being only diagnosed through scales, such as a Postpartum Depression Scale Edinburgh (EPDS)¹².

In Brazil, Brito et al. (2015)¹² report that primary health care professionals in the Family Health Strategy (FHS) make their favorable contribution by monitoring women from pregnancy to postpartum, having thus, it is easier to identify factors or conditions related to the risks involved with the cause of PPD.

CONCLUSION

Given the above, it is observed that stress, lack of psychosocial support, anxiety and distress, as well as unwished pregnancy and family problems are factors that can trigger postpartum depression. It can also be seen that there is an absence of specific tests to diagnose this disease, as well as the lack of preparation of many health professionals to deal with PPD.

Knowing this, more efficient public policies and specific protocols for the treatment of PPD need to be built in order to equip health professionals

with strategies that aim to reduce the incidence of this disease. It is also feasible to create psychological support centers for women to be accompanied by trained professionals, since women with low income and low education, according to statistics, are more likely to be affected by PPD.

It is worth mentioning the importance of accompanying these women by a multidisciplinary health team in gynecology and obstetrics, in order to obtain a holistic view of the problem, with each professional treating the patient as a whole. We also highlight the importance of the presence of psychiatrists, psychologists, pharmacists and nurses as part of this team, so that new forms of diagnosis, better therapeutic treatments with psychosocial monitoring of women with such symptoms are developed.

It is also emphasized the need for more robust research on PPD, which addresses a larger number of volunteers, as well as research that mentions new strategies sought by health professionals focused on mental health of pregnant or postpartum women.

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