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Research Article

Puerperal Depression and Other Affective Manifestations in Pregnancy, Delivery and Postpartum

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Abstract

Postpartum depression affects approximately 25% of women in Brazil, while the baby blues affects approximately 60% of these postpartum women. The aim of this study was to compare maternal affective manifestations in a group with and without puerperal depression. A qualitative, exploratory research was carried out, with the design of four case studies. Data collection was carried out at the homes of four mothers residing in the state of São Paulo (Brazil). Of these, two manifested postpartum depression and two did not. The instruments used were the Semi-Directed Interview, a Sociodemographic Questionnaire and the Edinburgh Postpartum Depression Scale (EPDS). The interviews were transcribed in full, evaluated according to content analysis and discussed according to specialized literature. The results revealed that this is a period of affective ambivalence in relation to herself, pregnancy, social relationships and the future. Regardless of the existence or not of the diagnosis of perinatal depression, there was a clear need to face inter and intrapersonal conflicts in all participants throughout the pregnancy and childbirth cycle. During pregnancy, all mothers went through the prenatal process, however, the teams prioritized, almost exclusively, physiological changes, neglecting social, psychological and cultural aspects. This study has the limitation of being composed of a small sample, however, it confirms information from other studies indicating the need for attention to this theme. It is suggested that health teams carry out screening for symptoms related to postpartum depression and develop interventions aimed at promoting the integral health of women during the postpartum pregnancy cycle.

Keywords: *Puerperal Depression; Gestation; Puerperium; Positive and Negative Affects; Obstetric Violence*

Introduction

During pregnancy, a woman undergoes intense physiological changes that include both hormonal changes and bodily, psychological, social and occupational changes. National and international researchers [1-5] verified the presence of anxieties and anxieties related to the need to adapt to the various roles and demands associated with the perinatal period.

Considering these countless changes, which impact on various sectors of life, the pregnancy-puerperal cycle generates a psychological vulnerability that facilitates the emergence of postpartum depression and other mental disorders. In this case, it is essential to understand the affective and relational aspects that involve pregnancy in an attempt to prevent psychopathological conditions or minimize its symptoms [1,2,4,6].

Postpartum depression, also known as puerperal depression, maternal depression or postnatal depression, is an affective change related to the mood and reactions present in women during the pregnancy-puerperal cycle [3-5,7].

Studies on this topic verify the need for early assessment, even during pregnancy, indicating risk and protection factors present in the life of the pregnant woman and her support network [6-9]. Appropriate professional research allows the development of preventive, informative and health-promoting interventions [6-8].

In Western countries, the prevalence of postpartum depression is 13 to 19% of women. According to the American Psychiatric Association - APA [10], a major depressive episode, which occurs in pregnancy or 4 weeks after the birth of the baby, is considered depression with perinatal onset. Diagnosis patterns vary, but many define the occurrence of postpartum depression at any time during a baby's first year of life, and especially within six months of birth [1,2,5].

Postpartum depression cannot be confused with another mood change called baby blues or maternal sadness, which is more prevalent and with milder symptoms and tends to manifest up to six weeks after delivery. Among the known risk factors in postpartum depression, the following stand out: a history of psychopathology, depression or anxiety during pregnancy, little social support and stressful life events, and little exploration regarding the link between the experience of childbirth and depression postpartum [3,5].

There is significant evidence that birth-associated events increase the risk of postpartum depression such as interventions, complications and delayed mother-infant contact after birth. Studies evaluating the perception of women about the birth experience identify that are prioritized and valued: respect, privacy, support, inclusion in decision-making and a nurtured feeling [3,8,11-13].

Aim of the Study

The aim of this research was to compare the predominant affects during the gestational period, childbirth and postpartum between two women who had and two who did not have a diagnosis of postpartum depression. The secondary objective was to verify the presence of biological, psychological and relationship risk factors during childbirth and postpartum care.

Materials and Methods

This study is an excerpt from a research funded by the Foundation for Research Support of the State of São Paulo (FAPESP) entitled "Elective Cesarean Section, Obstetric Violence and Humanized Childbirth: the legacy of these interventions for the emotional life of women" [14]. This is an exploratory research, with qualitative analysis and design in four case studies.

Participants

The population consisted of four women, two who had postpartum depression and two who did not. The criteria for inclusion in the sample, in addition to those determined above, were: a) having gone through the delivery process for at least 6 months and at most 36 months; b) being the only child; c) be in a stable marital relationship. Participants were identified by fictitious names of precious stones: Emerald, Ruby, Amethyst and Tourmaline, and all the people they mentioned during the interviews also had their names personalized by flowers.

Instruments

The instruments used were the Semi-structured Interview, the Sociodemographic Questionnaire [14] and the Postpartum Depression Scale of Edinburgh - EPDS. The sociodemographic questionnaire consisted of objective questions in which personal, financial and occupational data were asked. The Edinburgh Postpartum Depression Scale (EPDS) developed in Great Britain is a self-assessment instrument consisting of 10 items related to postpartum depressive symptoms [15]. It was translated and adapted for the Brazilian population.

This study contemplated all ethical procedures in research with human beings defined by Resolution 466/2012, obtaining approval from the Research Ethics Committee at Universidade Metodista de São Paulo (nº. 1.814.472).

Data collection procedures

Access to the participants was through the Snowball method [16], which consists of looking for a participant who indicates the others. Two 60-minute meetings were held with each. In the first meeting, the Semi-structured Interview was held and recorded. In the second, the Sociodemographic Questionnaire and the EPDS were applied. Data collection was carried out at the participants' homes, on predetermined dates and times that were comfortable for the mothers and the researcher.

Data analysis procedures

The interviews were transcribed and, thus, content analysis was performed [17,18]. According to Oliveira [18], some concepts support the development of content analysis, allowing it to be instrumentalized. Initially, a pre-analysis was carried out, seeking the first hypotheses or guiding questions related to the objectives of the work. These were organized into indicators, that is, categorization units, seeking similarities and contrasts to the investigated topic. Subsequently, registration units were identified, seeking to describe and explore their entire content. The related record units have been grouped into a category and distributed into subcategories. The sociodemographic questionnaire was necessary to characterize the sample regarding the mother's age, income, education and marital status. The Edinburgh Postpartum Depression Scale (EPDS) was used as a parameter to indicate the content analysis.

Results and Discussion

The results and discussion will initially present the characterization of the sample and, later, the categories defined by the content analysis, namely: Category 1: Affects - positive and negative, Subcategories: Pregnancy, Childbirth and Postpartum; Category 2: Risk factor, Subcategories: Biological, Psychological and Relation to the team. Each Subcategory will be presented by emblematic phrases of each participant and further discussion.

Sample characterization

Participant	Age (years old)	Education	Income	Civil status	Baby age
Esmeralda	27	Superior Complete	1 - 3 salary minimums	Married	2 years and 8 months
Rubi	23	Full Medium	3 - 5 salary minimums	Married	1 year and 1 month
Ametista	40	Postgraduate studies	6 - 10 salary minimums	Married	2 years
Turmalina	27	Superior Complete	1 - 3 salary minimums	Married	1 year and 5 months

Table 1: *Sample characterization.*

According to the results available in table 1, it is observed that all participants had a minimum level of education in the third degree. According to SEADE [19] in a survey carried out between 2000 and 2010, the percentage of individuals with this level of education in the labor market increased from 11.7% to 15.0% of the Economically Active Population, with this growth was more significant among women. Based on this information, it is identified that these participants represent a privileged portion of the Brazilian population in terms of spllarity, and that the model of childbirth care extends to this. All participants were assisted, either in prenatal care or in childbirth, by supplementary health, that is, through a private health insurance.

Category 1: Positive and negative affects in the postpartum pregnancy cycle

Pregnancy subcategory

Participant 1: Emerald

"S. (husband), supported me in everything, including his family. He talked with the baby in my belly, still in early pregnancy. Sometimes he came to kiss her belly. It was super participative.

"It was an immense emotion to know that I was pregnant. I didn't believe it".

Participant 2: Ruby

"Since I didn't plan on getting pregnant, when I saw it, it was a big scare. I couldn't accept the pregnancy. I didn't want to at all, I was afraid. It had been more than four months when I began to accept a little more. I never wanted to have a child in my life".

Participant 3: Amethyst

"I really wanted to get pregnant, but I couldn't".

"I wanted so much! My whole life was focused on the desire to have a child. When it happened, I thought it was a miracle".

"I tried for many years. When I did I was extremely happy. Anyway, that suffering of trying had come to an end. It's like all my problems are gone with this pregnancy".

Participant 4: Tourmaline

"I waited and I really wanted to get pregnant. When I was late, I would immediately take a test to see if I was or not. My partner and I were very happy".

"I had a problem with my pregnancy that I didn't anticipate. I had no desire to have sex".

"I always wanted a boy. I didn't like knowing it was a girl. My husband doesn't either".

It can be seen in the participants' reports that pregnancy is an important event in family experiences [2,20]. Silva and Silva [20] consider that in this period a situation of evolutionary crisis emerges, which can be explicitly verified in the participants Esmeralda and Rubi, as they did not plan the pregnancy and face difficulties in the face of unexpected changes in this new reality.

An important aspect experienced in Tourmalina's report corresponds to anxiety regarding the discovery of the baby's sex, which always expected a boy, but had a girl, triggering negative affections in relation to the baby. The baby's sex is an information of fundamental

importance during pregnancy as it carries many personal, family and cultural symbolism [21]. Even if the parents do not express their doubts about the baby's gender, knowing it before birth allows for a reduction in idealizations [21].

In all the participants' reports, ambivalent feelings are noted during pregnancy, that is, the simultaneous presence of positive and negative affects towards the same object, be it the husband, the baby, the health team, the family, etc. According to some authors [2,4,20], mood swings may be associated with the metabolic and hormonal changes specific to pregnancy. Meltzer-Brody [2] indicates that 67% of cases of postpartum depression present symptoms during pregnancy.

It is noted that the higher incidence of positive affect among the participants is associated with the presence of a reliable support network, whether represented by the husband or family and/or friends. The literature points out that this support is essential at this time, being crucial for the process of adaptation to the new conditions imposed by motherhood [4,8,20,21].

Subcategory childbirth

Participant 1: Emerald

"As soon as he was born and he started to cry, I cried with him".

"At the time of delivery, I didn't know if it would be how I wanted it. I wanted a normal delivery, but as I went to a public hospital, it could have been a cesarean".

Participant 2: Ruby

"The birth was wonderful. I was very well assisted".

"I had a normal birth. The next day I was already walking, I had no pain, I was already independent. I'm afraid of having a cesarean".

Participant 3: Amethyst

"I was very sad to know that I would have to have a cesarean, (...) It's cold, mechanical, without emotion. I was alone, it was very cold".

"The only good part was when they put the baby next to me and then when I breastfed".

Participant 4: Tourmaline

"The team was very patient and calmed me down all the time".

"The delivery was good, but I was very tired. I didn't even have the strength to take my baby".

For some authors [13,22,23], several factors influence the delivery experience, including the type of delivery and the obstetric interventions performed at this time, the experiences during pregnancy and the hopes maintained in relation to the birth and the baby.

In this sense, it is possible to observe during the interview that participant Esmeralda's expectations were to experience normal birth and, when performing it, she was thrilled when she had the first contact with the baby. However, due to the conditions of the public hospital, this experience was marked by negative affections due to the insecurity she felt. The same happened with the participants Rubi, Amethyst and Tourmalina, who report negative affects, experienced by feelings of nervousness and concern, with doubts about which birth they would choose.

Thus, the most frequent fears among the participants during the period of pregnancy are related to fantasies about childbirth. This association of ambivalent, and often negative feelings with the time of delivery is widely presented in the literature [8,13,22].

This experience becomes so striking that for years the feelings experienced with the baby's birth are remembered in minute detail. Childbirth, in its natural form, is not a neutral event, as it mobilizes great levels of anxiety, fear, excitement and expectation, and its intensity helps in the reconstruction of a woman's identity. Thus, for several reasons, childbirth is an important time in the transition to motherhood, first because it is the time when mother and baby will meet face to face, and then it is the time when the woman meets the real baby, different from what was imaginary, that is, idealized during pregnancy [13,22,24].

Postpartum subcategory

Participant 1: Emerald

"A part of the day I could count on my mother's help, but she didn't have full availability".

"The worst thing is not being able to sleep and when I took a shower I thought he was going to cry. I spent months waking up every half hour".

Participant 2: Ruby

"I didn't want anyone's help. My husband took a vacation and helped me with everything. He was very participative, he bathed, held him, changed his diaper. Until today, he gives food".

"The hardest part was breastfeeding. It hurt so much that I cried. Sometimes it bled".

"You know, people tell you that everything is going to be easy, wonderful. In fact, it's not like that. I didn't sleep properly, didn't eat properly, felt pain. It was very difficult at first".

Participant 3: Amethyst

"When I got home and had to face reality, I saw that it was much more difficult than I imagined. It was very difficult".

"When I got home I just cried. I was inconsolable".

"I'm even ashamed to say it, but sometimes I regretted having this baby. I thought I didn't like him and that I never would".

"At first I was so sick. I didn't sleep, I had diarrhea, a headache and I just cried".

Participant 4: Tourmaline

"I'm glad I have my husband. I don't know what I would do without him".

"I was never told it would be this difficult. They always say that being a mother is amazing. I wasn't prepared for what I lived".

As shown in the reports of the four participants of this study, the predominant negative affects in the postpartum period highlight the difficulties encountered in terms of caring for and adapting to the baby, where fear was present in the first contacts.

Several authors [4,22,25], evaluating the feelings of women during labor, found that in all participants this ambivalence is present and may there is a greater predominance of positive or negative feelings. These authors still confirm that there are no significant differences in the presence of ambivalent feelings between different types of childbirth, as well as between social classes, a variable that was not considered in the present study. Among the participants, the use of the support network to deal with negative affects and problem situations is observed.

For some authors [2,4,8,26], the postpartum period requires greater clinical prevention, due to the biological vulnerability of women is found. In addition to this clinical assistance, it is essential to take a careful look at the biopsychosocial issues presented by women during this period. Thus, the support network, consisting of family, partner and/or friends, acquires great importance in women's experiences from the time of pregnancy to the postpartum period, as can be seen from the data obtained during the reports of the participants, that, in general, the predominance of positive affects in the postpartum period exposes the support network as the main factor.

In the postpartum period, the presence of depression was identified in the Amethyst and Tourmaline participants, in which, according to the negative affects experienced, they frequently presented feelings of anxiety and crying. Thus initiating a conflict between reality and expectation.

In cases of postpartum depression, symptoms of mild or severe irritability, sadness, anxiety, mood swings and fatigue are identified. Its incidence can be long-lasting and with intense symptoms, which makes it impossible for the mother to perform daily tasks during this period [2,4,8,26].

In this sense, the support network, as well as the good relationship with the husband, presented by the participants, become increasingly essential in the lives of mothers who experience this period with difficulty and insecurity, as social support corresponds to emotional or practical given by family and/or friends through affection, company, assistance and information, making the woman feel loved, cared for, valued and safe. The results of this study corroborate the findings in the literature that point out as essential the involvement of family and friends in this period as a protective factor for postpartum depression [4,8]. This affective assistance associated with therapeutic techniques contributes to the improvement of the situation in which the patients find themselves [4,6,8,26].

Category 2: Risk factor

Biological subcategory

Participant 1: Emerald

"I felt a lot of pain, even to pee. I had an infection. I had to take medicine".

Participant 2: Ruby

"I got really sick. Sometimes I vomited. It felt very bad to be. I have had migraines many times. Uncontrollable".

"I had to leave my job because I felt really sick every day. Until 5 months my life was hell, a lot of nausea and migraine".

Participant 3: Amethyst

"I had several treatments to get pregnant, including *in vitro* fertilization, but I couldn't. I even got in line to adopt. When they approved I got pregnant. Amazing, right?"

"I had a lot of nausea until I was three months pregnant. In the end, I felt pain in my back, cramps, I was very swollen".

Participant 4: Tourmaline

"I had a lot of nausea, always in the mornings. I vomited almost every day. I had a lot of headache and I had an infection".

According to the data obtained, in the reports by Amethyst and Tourmaline, negative affects are highlighted due to the presence of postpartum depression, related to the family history of depression. This result could be inserted into both biological and psychological risk factors. The biological subcategory was chosen due to the participants' emphasis on reporting a family history of this disorder.

The risk factors for postpartum depression described in the literature, in addition to the genetic hypothesis, are: experiences of stressful events, precarious marital relationship, little social support, history of depression or anxiety during pregnancy, family history of depression, among others [5,10,26-29]. In the Amethyst participant, few risk factors are pointed out beyond family history and infertility. Tourmaline, however, refers to stressful and recurrent family situations.

Several studies [5,11,29,30] demonstrate the presence of an association between the episode of postpartum depression and the absence of social support, as well as the lack of pregnancy planning, premature birth, breastfeeding difficulties and difficulties during childbirth, as is the case with the participants of this study identified with postpartum depression.

According to the references found, the participants Esmeralda and Rubi, who did not have postpartum depression, when compared with the participants with this diagnosis, also presented some risk factors, such as: difficulties during breastfeeding and at the time of childbirth. On the other hand, physical discomfort during pregnancy was more frequent among participants who had no diagnosis of depression.

Psychological subcategory

Participant 1: Emerald

"My despair during the beginning of the pregnancy was fear of giving something to the morphological ultrasound. I spent a lot of time desperate for this. I'd rather not know that this could happen".

Participant 2: Ruby

"During the first few months I felt ugly, horrible. He just wanted to take care of myself when he was almost a year old".

"During pregnancy, I was so afraid of giving birth that I didn't even take advantage of the fact that I was pregnant".

Participant 3: Amethyst

"My doctor said I was depressed when I found out the sex of the baby. It wasn't what I expected. I didn't prepare for this".

"I didn't want to have this baby. I was very sad. I spent my days sad".

Participant 4: Tourmaline

"I thought I was ugly, fat, full of stretch marks. Even today it's not easy. My body is horrible. My belly, my chest. My belly got really ugly".

In the results found in the category of psychological risk factors, there is a predominance of concern with self-image and the body, identified in participant Esmeralda; and low self-esteem, identified in most participants, Ruby, Amethyst and Tourmaline.

These sets of factors indicate very frequent psychological risks during the pregnancy-puerperal cycle. The presence of these signs should mobilize the health team to keep an integral look at women and all their biopsychosocial functions [4,8,26]. Hormonal and social changes can lead to a manifestation of depressed mood, loss of interest or pleasure in things, low self-esteem and decreased concentration that can be minimized by psychoeducational interventions during this period [2,6,8,9,26].

As it is possible to observe, both from the reports and in the bibliographical construction, when dealing with the relationship and the maternal feeling with the baby, affections and psychological risk factors influence the dyad. Difficulties in recognizing the body and the way in which the appearance affects mothers appears even in mothers who had their pregnancy planned. Therefore, the mother's emotional and affective attitude guides the affections presented by the baby, which influences the quality of life of the baby, since love and affection for the baby are highlighted as they are the best interests of the mother, who provides all the experiences necessary vitals, interconnected and characterized from maternal affection, in which the baby responds to the mother with the same affection [31,32].

Subcategory relationship with the team

Participant 1: Emerald

"At the beginning of the birth everything was fine. It was normal. Then a bunch of students arrived. I naked there. It was a little embarrassing. They performed an episiotomy and then stitched. A student who scored. They didn't even tell me anything. They didn't tell me that someone else would do the stitches and lay a hand on me. It looked like he didn't know what he was doing. I was sad because they didn't explain anything to me".

Participant 2: Ruby

"I expected the birth to be more difficult. I felt pain, but it numbed me. Then the pain passed, but I also didn't feel anything from the belly down. They had to climb on me for the baby to come out. In the end, I had to take some stitches".

Participant 3: Amethyst

"I was sad not having my baby with me right away. When I was in the room and I was able to nurse him, I felt much better, but it took me a long time to pick him up".

Participant 4: Tourmaline

"The doctor was very rude, he told me to push in a very bad way, despite the fact that I was pushing. He gave me about 5 points. He had an episiotomy without even consulting me".

Some authors [3,33,34], when carrying out an integrative review on the experience of vaginal delivery and the surgical process, found that the acquisition of information about what is happening during childbirth and what procedures will be performed tend to generate feelings of confidence in the parturient, regardless of the type of childbirth performed. It is observed that the team that assisted these pregnant women did not bother to provide information about the interventions that were being carried out and, according to the hypothesis of the aforementioned authors, this attitude may have contributed to the increase in insecurity and fear.

Neglect, lack of information during childbirth or aggressiveness (grossness reported by Tourmalina) were present in all four reports, characterizing Obstetric Violence, according to the typifications of Argentina and Venezuela [13,23,35]. The reality experienced by the participants is not exclusive to this sample, but to at least 25% of women who had children in recent years in Brazil [12].

Conclusion

This research had puerperal depression as its central theme and the risks for the evolution of this condition, which can impact the woman's relationship with the development of her capacity to mother and the relationship she establishes with the baby.

In order to understand the depressive manifestations in their most varied intensities, we resorted to the description of the affections present during the pregnancy-puerperal cycle. The presence of symptoms related to depression was observed, sometimes during pregnancy and others more clearly observable after delivery. The most common affective manifestations were, for example: little pleasure in routine activities, presence of sadness most of the day every day, social and emotional distancing, frequent crying, among others, introducing the reader to this woman's affective state.

All participants underwent prenatal care, which demonstrates the access of the health team in time to identify risk factors for depression, so that there was an opportunity to intervene early, avoiding or minimizing the symptoms. There is, however, a lack of intervention aimed at women's comprehensive health, involving: attention to her body; to your marital relationship; to your personal and professional support network; to their social life, among other aspects that emerged in the results. In this study, there is a certain tendency to biologize health and disregard psychological, cultural and social factors, which can influence the process of illness and cure. Two participants had a diagnosis of Postpartum Depression, however, it is identified that the four would benefit from assistance aimed at their comprehensive health and the signs of emotional and social discomfort that manifested themselves throughout the prenatal period.

The Brazilian literature shows that the incidence of depression is higher among pregnant women than in the general population, which is an indicator of the need to develop public policies aimed at this reality. Therefore, this study points to the need for a comprehensive look at pregnant women, with the aim of promoting health and adequate care, not only to prevent puerperal depression, but also to increase quality of life, well-being and availability to exercise maternity, with the benefits and losses that this relationship imposes.

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Conflict of Interest

There are no conflicts of interest.

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