

FATORES DE RISCO ASSOCIADOS À DEPRESSÃO PUERPERAL: REVISÃO DA PRODUÇÃO CIENTÍFICA

Eliaana Marcello De Felice^{1 2} <http://orcid.org/0000-0003-3767-5119>

RESUMO. Este estudo objetiva levantar os fatores de risco da Depressão Pós-Parto por meio de uma revisão da literatura científica dos últimos 10 anos disponíveis nas bases de dados Scielo, Lilacs e Pubmed. Para isto, foram adotados os descritores “depressão pós-parto” e “fatores de risco”. A partir deles, foram selecionados 48 artigos e encontrados 25 fatores, classificados em três categorias: relacionados ao histórico físico, psicológico e educacional da mulher; ao ambiente atual; e às condições da gravidez, parto e puerpério. Os fatores mais mencionados foram: “histórico de depressão e/ou de outros transtornos psiquiátricos”, “falta de suporte social e/ou familiar” e “depressão, ansiedade e/ou afetos negativos na gravidez”. Entre as categorias, os fatores relacionados às condições da gestação, parto e puerpério foram os mais citados. Os resultados apontaram que as condições favoráveis ao desenvolvimento do transtorno possuem um caráter multifatorial e que aspectos intrapsíquicos se aliam a fatores ambientais na exposição da mulher ao risco de desenvolvimento do quadro clínico. Alguns fatores de risco revelaram que o transtorno atinge primordialmente os grupos sociais menos privilegiados, apontando para a importância de medidas profiláticas dirigidas a esses grupos.

Palavras-chave: Depressão pós parto; fatores de risco; maternidade.

RISK FACTORS ASSOCIATED WITH POSTPARTUM DEPRESSION: A LITERATURE REVIEW

ABSTRACT. The objective of this study was to survey the risk factors for Postpartum Depression by reviewing the scientific literature of the last 10 years in the databases Scielo, Lilacs and Pubmed using the descriptors “postpartum depression” and “risk factors”. We selected 48 articles and found 25 factors, which were classified into three categories: related to physical, psychological and educational background of the woman, the current environment and the conditions of pregnancy, childbirth and the puerperium. The most mentioned factors were: “history of depression and/or other psychiatric disorders”, “lack of social and/or family support” and “depression, anxiety and/or negative affects in pregnancy”. Among the categories, the factors related to the conditions of gestation, delivery and puerperium were the most cited. The results pointed out that conditions that may favor the development of the disorder are multifactorial and that intrapsychic aspects are associated with environmental factors in women’s exposure to the risk of developing the clinical condition. Some risk factors revealed that the disorder reaches primarily the less privileged social groups, pointing to the importance of prophylactic measures directed at these groups.

Keywords: Postpartum depression; risk factors; maternity.

¹Centro Universitário São Camilo, São Paulo-SP, Brazil.

² E-mail: elianafelice@yahoo.com.br



FACTORES DE RIESGO ASOCIADOS A LA DEPRESIÓN PUERPERAL: REVISIÓN DE LA PRODUCCIÓN CIENTÍFICA

RESUMEN. El objetivo de este estudio fue relevar los factores de riesgo de la Depresión Post-Parto por medio de una revisión de la literatura científica de los últimos 10 años en las bases de datos Scielo, Lilacs y Pubmed, utilizando los descriptores "depresión posparto" y "factores de riesgo". Se seleccionaron 48 artículos y encontrados 25 factores, que fueron clasificados en tres categorías: relacionados al histórico físico, psicológico y educativo de la mujer, al ambiente actual ya las condiciones del embarazo, parto y puerperio. Los factores más mencionados fueron: "historia de depresión y / o de otros trastornos psiquiátricos", "falta de apoyo social y / o familiar" y "depresión, ansiedad y / o afectos negativos en el embarazo". Entre las categorías, los factores relacionados a las condiciones de la gestación, parto y puerperio fueron los más citados. Los resultados apuntaron que las condiciones que pueden favorecer el desarrollo del trastorno poseen un carácter multifactorial y qué aspectos intrapsíquicos se alían a factores ambientales en la exposición de la mujer al riesgo de desarrollo del cuadro clínico. Algunos factores de riesgo revelaron que el trastorno alcanza primordialmente a los grupos sociales menos privilegiados, apuntando a la importancia de medidas profilácticas dirigidas a esos grupos.

Palabras clave: Depresión posparto; factores de riesgo; la maternidad.

Introduction

Postpartum Depression (PPD) is a psychopathological condition affecting, on average, 10% to 20% women after childbirth. The great biological, psychological and social changes characteristic of the puerperium are generally considered responsible for the disorders to which women are especially vulnerable at this stage of life (Cantilino, Zambaldi, Sougey, & Rennó, 2010).

According to the Diagnostic and Statistical Manual of Mental Disorders - DSM-5 (Associação Americana de Psiquiatria, 2014), Postpartum Depression is defined as a Major Depressive Episode beginning in the peripartum, which comprises the period of pregnancy and/or after childbirth. For the diagnosis of the condition, the Manual determines that at least five of the following symptoms must be presented (the presence of one of the first two is mandatory): depressed mood, decreased interest or pleasure in activities, weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of uselessness or excessive guilt, reduced ability to think or concentrate, and thoughts of death or suicidal ideation.

Also, according to the Manual, episodes of mood swings beginning in the peripartum period may present with or without psychotic features. In the first case, the condition may be accompanied by delusions or hallucinations and its prevalence ranges from 1 in 500 to 1 in 1,000 births, being more common in primiparous women (Associação Americana de Psiquiatria, 2014).

Feelings of sadness are common in the puerperium and should not be confused with Postpartum Depression. Since the 1960s, a condition called Postpartum Dysphoria, also known as "Baby Blues", developed by 50 to 85 percent of women after childbirth, which presents with symptoms such as easy crying, increased sensitivity and irritability, has been described. This puerperal condition usually starts in the first days after the baby is born and ends spontaneously in a maximum of two weeks (Cantilino et al., 2010).

Due to its high incidence, Postpartum Depression is a matter of concern for health professionals, which is revealed in the large number of studies and research carried out in recent years. Some of these studies sought to estimate the prevalence of the disorder and the results point to rates even higher than the average of 10-20%, described in most of the literature on the subject. For example, Morais, Lucci and Otta (2013), using the Edinburgh Postpartum Depression Scale in patients at the University Hospital of USP, found a prevalence of PPD of 30.3% at 4 months after childbirth, of 26.4% at 8 months and 25% at 12 months. Lobato, Moraes and Reichenheim (2011), in a review of studies on the magnitude of PPD in Brazil, found a prevalence of 20-30%, with the highest limits found in studies conducted in basic health units and/or with needy populations.

Postpartum Depression can have harmful consequences for both the mother and the child, such as dissatisfaction with the performance of the maternal role and poor quality of the mother-infant relationship (Greinert, Carvalho, Capel, Marques, & Milani, 2018). These authors found that maternal depressive symptoms affect the mother's relationship with the baby, identifying affective ambivalence in the dyad, maternal difficulty in breastfeeding and baby sleep instability.

In addition, the disorder affects the child development, bringing consequences such as insecure attachment, irregular sleep, low self-esteem, less exploration of the environment and greater risk of future depression (Santos & Serralha, 2015). Other studies also point out the inadequacy of the infant's nutritional status (Hassan, Werneck, & Hasselmann, 2016) and the woman's increased risk of suicide (Tavares et al., 2012) as possible effects of PPD.

The types of treatment commonly used for Postpartum Depression include the use of antidepressants, which raise concerns about side effects for infants, and/or psychotherapy. Among these, there are in the literature studies on the use of Cognitive-Behavioral Therapy (Nardi, Bellantuono, & Moliterno-Perfetti, 2012) and others that rely on the psychoanalytic approach, focusing on care for the mother-infant pair (Prado, 2012) or to the family, including the father in the treatment (Silva, Prado, & Piccinini, 2013).

There is great focus in the literature on the benefits of preventive measures to reduce cases of PPD or to minimize its effects. Pregnancy prevention programs focused on psychosocial measures (Mendoza & Saldivia, 2015; Greinert & Milani, 2015) and psychological care for pregnant women at high risk of developing psychological disorders in the puerperium (Almeida & Arrais, 2016) stand out.

For the development of prevention programs in mental health aimed at women in the puerperal period, it is necessary to know the risk factors associated with the disorders affecting the mother during this period. According to Health Sciences descriptors, "risk factor" is defined as: "aspect of individual behavior or lifestyle, environmental exposure or hereditary or congenital characteristics that, according to epidemiological evidence, is known to be associated with a considered health condition important to prevent" (Biblioteca Virtual em Saúde, n.d).

Therefore, risk factors involve all conditions that are probabilistically associated with the development of disorders or difficulties capable of compromising the individual's health and physical and psychosocial well-being.

The goal of this study was to survey the risk factors associated with Postpartum Depression, through a review of the scientific literature produced between 2008 and 2018. We sought to carry out a categorization study of the risk factors found, with a view to contribute to the health professional involved in the care of pregnant and postpartum women in their work of analyzing the conditions that can facilitate the development of PPD. The relevance of the survey is based on the assumption that the detection of risk factors

associated with the development of this disorder is an essential and initial step for any preventive measure that can be taken to combat PPD and/or minimize its effects.

Method

This was a literature review work, which is defined by Noronha and Ferreira (2000) as a type of study that:

analyzes the scientific literature production in a given thematic area, within a time frame, providing an overview or a state-of-the-art report on a specific topic, highlighting new ideas, methods, sub-themes that have received greater or lesser emphasis in the selected literature. (p. 191)

This study comprises the analysis of 48 articles indexed in the following databases: Scielo (Scientific Electronic Library Online): 7 articles; Lilacs (Latin American and Caribbean Literature in Health Sciences): 15 articles; Pubmed (United States National Library of Medicine): 26 articles.

The period researched was from 2008 to 2018 and the descriptors used were: "Postpartum Depression" and "Risk Factors" ("Postpartum Depression" and "Risk Factors" in Pubmed). The search found 353 publications, 19 in Scielo, 138 in Lilacs and 196 in Pubmed.

The following exclusion criteria were applied: (a) theoretical review articles (only those based on empirical research were used); (b) studies published before 2008 and after 2018; (c) studies that dealt with other themes or did not address, in their results, PPD risk factors; (d) research with specific groups of pregnant or postpartum women, such as diabetic patients, diagnosed with epilepsy, mothers of hospitalized babies, babies with malformations, etc. (only studies with general groups of mothers and/or pregnant women were used); (e) studies published in duplicate in the studied databases.

With the application of these criteria, the following were excluded: 26 studies, which were literature reviews; 51 studies, which were prior to 2008; 166 studies, which were related to other themes or did not address PPD risk factors; 47 articles, which were studies with specific groups of pregnant or postpartum women; 15 studies, which were repetitions of other databases; thus remaining 48 works, which were then studied in order to meet the proposed objectives.

After a thorough reading of the selected abstracts/articles, the percentage distribution of the studies was made by: year of publication, database, country of study, instrument used for diagnosis of PPD and, finally, risk factors associated with PPD, detected in studies presented by the authors. Risk factors were classified into three categories: (a) Risk factors related to physical, psychological and the educational background; (b) Risk factors related to the current environment and (c) Risk factors related to the conditions of pregnancy, childbirth and the puerperium.

Results and discussion

The percentage distribution of studies by "year of publication" showed that the year with the highest concentration of studies was 2013 (22.91%), followed by 2017 (14.58%), then by the years 2010, 2011 and 2015 (12.50% each), and the years 2012 (10.42%), 2009 (8.33%), 2014 (4.16%), 2008 (2.08%) and lastly the years 2016 and 2018, in which no study was found that met the research objectives. The result in 2018 can be attributed, in part, to

the fact that the survey was carried out in the first half of the year and, therefore, did not cover the entire year.

The distribution of studies over the last 10 years was not uniform and there was no continuous growth in publications. However, the results indicated that, in general, the study on the risk factors associated with Postpartum Depression has been the subject of research over the last 10 years.

The percentage distribution of studies by “database” indicated that Pubmed was the one that concentrated most of the studies (54.17%), followed by Lilacs (31.25%) and lastly by Scielo (14.58 %).

As it is a database with worldwide coverage in the health area, Pubmed may have been responsible for the largest number of studies found. It should be taken into account, however, that repeated works were excluded, which may have influenced their distribution in the databases.

The distribution of works according to the “country of study” revealed that Brazil and the United States largely led the number of studies (29.17% Brazil and 27.08% USA), followed by Canada (8.33%), Chile (6.25%), Venezuela (4.16%) and lastly the other countries (Australia, China, Colombia, Korea, Denmark, India, Italy, Mexico, New Zealand, Peru, Portugal and Sweden), with only 2.08% each.

These results demonstrate that the topic of risk factors associated with PPD has been investigated in several countries around the world. The emphasis on Brazil in these results must be attributed, in part, to the fact that two of the databases surveyed favor Brazilian and Latin American publications. In any case, the data reveal that Brazil has produced a significant number of studies focusing on the risk factors associated with Postpartum Depression, which indicates a concern with this health problem affecting the lives of women and babies.

The distribution of publications by “assessment instrument” used in research for the detection and diagnosis of Postpartum Depression indicated that the “Edinburgh Postnatal Depression Scale” leads widely over the others, with 64.58% studies, followed by the “Structured Clinical Interview for DSM-IV Disorders”, “Beck Depression Inventory” and “Center for Epidemiologic Studies-Depression Scale” with 6.25% each and, finally, another five instruments each of which used in only one survey (“Depression Self -Rating Scale”, “Patient Health Questionnaire Depression Subset”, “Hamilton Depression Rating Scale”, “Semi-structured Psychiatric Diagnostic Interview” and “Self-Report Questionnaire”, corresponding to 2.08% each). In turn, 6.25% studies did not present the instrument used.

The Edinburgh Postnatal Depression Scale (EPDS) proved to be widely used in research. Having been developed specifically for the diagnosis of PPD, this scale has, like other instruments, psychometric properties that give it validity and reliability (Figueira, Corrêa, Malloy-Diniz, & Romano-Silva, 2009), which partly explains its wide use. Furthermore, it is an easy-to-use, simple and self-applicable instrument. These results confirm the conclusions of Moraes, Lorenzo, Pontes, Montenegro, and Cantilino (2017), who point out that the EPDS is the most used instrument for detecting PPD.

As for the “risk factors associated with Postpartum Depression”, detected in the analyzed studies, 25 factors were found. It is worth mentioning that several factors were grouped in this study, as they deal with the same or similar aspects. Thus, history of depression and history of other psychiatric disorders, for example, were grouped into a single factor, in the same way as poverty, low socioeconomic status and unemployment, among others. This grouping was intended to reduce the number of factors to simplify their detection and provide a clearer and more objective view of them.

Still aiming at a better study of risk factors, they were classified in this survey into three categories, according to their relationship with (a) the physical, psychological and educational background of the woman, (b) the environment surrounding her today and (c) the conditions of pregnancy, childbirth and the puerperium of the current experience of maternity.

The risk factors associated with each of the three categories mentioned are found in Tables 1, 2 and 3. For the correct interpretation of the data presented in the tables, it is necessary to take into account that each study analyzed generally referred to more than one risk factor in their results.

Table 1. *Distribution of studies according to reference to risk factors associated with physical, psychological and educational background.*

| <i>Risk factors associated with physical, psychological and educational background.</i> | <i>f</i> | <i>%</i> |
|--|----------|----------|
| History of depression and/or other psychiatric disorders | 15 | 31.25 |
| Low educational level | 10 | 20.84 |
| History of losses in previous pregnancies (spontaneous or induced abortions, stillborn babies) | 3 | 6.25 |
| History of suffering from physical and/or psychological abuse or violence | 3 | 6.25 |
| History of premenstrual symptoms and/or disorders | 2 | 4.16 |

In table 1, the risk factors related to “physical, psychological and educational background” are five in number, the factor “history of depression and/or other psychiatric disorders” was the most mentioned, appearing in 15 studies (31.25%), followed by “low educational level” (20.84%), then the factors “history of losses in previous pregnancies (spontaneous or induced abortions, or stillborn babies)” and “history of suffering due to abuse or physical and/or psychological violence” (6.25% each) and, finally, the “history of premenstrual symptoms and/or disorders” (4.16%).

The history of depression and/or other psychiatric disorders was the most mentioned in the studies, both among factors related to the woman’s history, and among all factors associated with PPD. This result coincides with that obtained in other reviews already carried out on the subject, which also verified the relevance of this risk factor in the development of the disorder (Aliane, Mamede, & Furtado, 2011). It highlights the importance of greater attention to women with a history of depression, among preventive measures for PPD (Morais, Fonseca, David, Viegas, & Otta, 2015). As stated by Figueira, Diniz and Silva Filho (2011), this factor points to the fact that PPD is related, in part, to an individual’s susceptibility to the disease.

The other factors related to the history of women were also frequently mentioned in the studies analyzed. The “low educational level” reveals that the highest prevalence of PPD affects less privileged social groups, such as those who did not have access to a longer and more complete formal education (Morais et al., 2015). A history of losses in previous pregnancies and physical and/or psychological violence demonstrates the importance of events that can acquire a traumatic character capable of making women more vulnerable to the occurrence of PPD.

The “history of premenstrual symptoms and/or disorders” was mentioned in two studies, one of which analyzes the association between premenstrual tension and PPD as

a result of a physiological similarity arising from hormonal variations that occur at both periods (Morais, Marini, & Cabral, 2013).

Table 2. *Distribution of studies according to reference to risk factors associated with the current environment.*

| <i>Risk factors associated with the current environment</i> | <i>f</i> | <i>%</i> |
|--|----------|----------|
| Lack of social and/or family support | 14 | 29.17 |
| Poverty or low socioeconomic level and/or unemployment | 12 | 25.00 |
| Absence of the child's partner/father or conflicts in the relationship with them | 10 | 20.84 |
| Physical violence between partners | 5 | 10.42 |

As for the risk factors related to the “current environment”, it can be seen in Table 2 that they are four in number, the “lack of social and/or family support” was the most mentioned, appearing in 14 studies (29, 17%), followed by the “poverty, low socioeconomic status and/or unemployment” (25%), “absence of the child’s partner/father or conflicts in the relationship with them” (20.84%) and, finally, “physical violence between partners” (10.42%).

The need for external support during the periods of pregnancy and puerperium is highlighted in several studies addressing the topic. De Felice (2006) states that women in these periods need adequate emotional support and support from a continent environment, as there is a natural regressive process in women that makes them more vulnerable to the occurrence of disorders. The partner and the family as a whole make up the most important parts of this environment, whose main function is to make the pregnant woman/new mother feel welcomed and supported to take care of the baby more calmly. Referring to these aspects, Urdaneta et al. (2011) state that interactions with family and partner have greater repercussions on women’s affectivity in sensitive periods like these. Figueira, et al. (2011) consider that adapting to the role of mother and the child’s demands requires skills that are facilitated by help with care, thus reducing feelings of fear, safety, guilt and incapacity.

The results of this survey show consistency across studies, highlighting the relevance of environmental aspects that act as risk factors for PPD. In addition to the family environment, the lack of social support and the low socioeconomic level again highlight the less privileged social groups as those most susceptible to the development of the disorder. In agreement with these considerations, Guedes et al. (2011) reveal that the incidence of PPD is relatively higher in low-income countries.

With regard specifically to the woman’s relationship with her partner, it can be seen in table 1 that both the conflicts in the relationship with the partner, the presence of physical violence in the relationship and the absence of the child’s partner/father act as risk factors for PPD. The safety provided to the woman during this period by a loving and welcoming affective relationship with the baby’s partner/father is extremely beneficial for her (De Felice, 2006).

Studies suggest that PPD can also affect the father and his relationship with his wife and child, thus creating a vicious circle that is harmful for the family. For example, Gabriel, Silva, Portugal and Piccinini (2015) found that in the mother’s depression situation, the father’s involvement with the baby was intertwined with the feelings and experiences related to maternal depression, favoring the father’s depression and intensifying anxieties and common doubts in the transition to parenthood. Confirming the mutual influence between PPD and marital life, Hollist et al. (2016) found that not only PPD affects marital satisfaction,

but also the quality of the couple's relationship influences the level of postpartum depression and its development throughout a woman's life.

As for the risk factors associated with "pregnancy, childbirth and puerperium conditions", Table 3 shows that they are 16 in number. The factor "depression, anxiety and/or negative affects in pregnancy" was the most mentioned, appearing in 14 studies (29.17%), followed by the factor "medical complications with the mother or baby" (14.58%), followed by the factors "unplanned and/or unwanted pregnancy" and "stressful experiences in pregnancy" (12.5% each), "difficulties with lactation or with the care of the baby, including a baby who cries a lot" (10.42%), "prematurity of the newborn" (8.33%), "smoking during pregnancy", "being multiparous" and "being a teenage or very young mother" (6.25% each), "cesarean delivery" and "reporting bad experience in childbirth and/or perineal laceration" (4.16% each) and, finally, the factors "alcohol consumption during pregnancy", "dissatisfaction with bodily changes", "attempted abortion during pregnancy", "gestational diabetes" and "poor sleep quality in the puerperium", with 2, 08% each.

Table 3. *Distribution of studies according to reference to risk factors associated with the conditions of pregnancy, childbirth and the puerperium.*

| <i>Risk factors associated with the conditions of pregnancy, childbirth and the puerperium</i> | <i>f</i> | <i>%</i> |
|--|----------|----------|
| Depression, anxiety and/or negative affects during pregnancy | 14 | 29.17 |
| Medical complications during pregnancy or postpartum with the mother or baby | 7 | 14.58 |
| Unplanned and/or unwanted pregnancy | 6 | 12.50 |
| Stressful Pregnancy Experiences | 6 | 12.50 |
| Difficulties with breastfeeding and/or baby care | 5 | 10.42 |
| Newborn prematurity | 4 | 8.33 |
| Smoking during pregnancy | 3 | 6.25 |
| Being multiparous | 3 | 6.25 |
| Being a teenage or very young mother | 3 | 6.25 |
| Reporting bad experience in childbirth and/or perineal laceration | 2 | 4.16 |
| Cesarean delivery | 2 | 4.16 |
| Alcohol consumption during pregnancy | 1 | 2.08 |
| Attempted abortion during pregnancy | 1 | 2.08 |
| Dissatisfaction with bodily changes | 1 | 2.08 |
| Poor sleep quality in the puerperium | 1 | 2.08 |
| Gestational diabetes | 1 | 2.08 |

As can be seen, the factors related to the conditions of pregnancy, childbirth and puerperium are in greater number than those related to the other two categories and are also the most cited in the studies, indicating that PPD is largely related to conditions surrounding the current experience of maternity. In pregnancy, symptoms may appear indicating that the risk of developing postpartum depression is present. The woman's emotional conditions during this period, the experiences she experiences, the way the pregnancy occurred, whether planned and desired or not, are influential factors associated with PPD.

Among the studies related to these situations, the study by Rodrigues and Schiavo (2011) on stress during pregnancy and the puerperium stands out. The authors noticed that

the more advanced the stress stage in which the pregnant/puerperal woman is at, the greater the probability of postpartum depression. The authors consider that stress can be associated with stressful events specific to the phase, such as fears about childbirth, fear of the woman that she or the fetus will die, marital and financial concerns, lack of support network and doubts about the body. Lima, Tsunehiro, Bonadio, and Murata (2017) also found that psychological violence and mistreatment during pregnancy cause emotional stress and are associated with low self-esteem, isolation and abusive use of alcohol and drugs.

The conditions of childbirth and the puerperal period are also indicated in the results. For Salgado (2017), factors related to childbirth care, combined with socioeconomic factors, are associated with PPD, which is especially revealed in Brazil by the situations observed in public hospitals. With respect to the puerperium, Cantilino et al. (2010) point to the difficulties related to the factors surveyed in this research:

In the puerperium, there is a need for social reorganization and adaptation to a new role, the woman has a sudden increase in responsibility for becoming a reference for a helpless person, suffers sleep deprivation and social isolation. Furthermore, it is necessary to restructure sexuality, body image and female identity. (p. 278-79)

For the authors, biological and psychosocial factors typical of the puerperium make women especially vulnerable to the occurrence of psychiatric disorders during this period. Situations in the puerperium such as medical complications with the woman or the baby, difficulties in caring for the child and lack of sleep are among the risk factors associated with PPD, acting as situations of stress and anxiety affecting the physical and psychological well-being of the puerperal woman.

The results of this literature review indicate that the conditions that can favor the development of PPD have a multifactorial character and that intrapsychic aspects are combined with environmental factors in the woman's exposure to the risk of developing the disorder. Knowledge of these multiple factors that make women more vulnerable to the suffering caused by the disorder allows the planning of prophylactic measures by health professionals involved in working with pregnant and postpartum women.

Several authors consider that prevention is of paramount importance when it comes to Postpartum Depression. For Morais et al. (2015), public policies with a preventive character are required, consisting in the adoption, by the primary health care services, of prophylactic measures to support pregnant and postpartum women. As PPD is a disorder that largely affects less privileged social groups, special attention should be given to this population. In Brazil, there is a lack of public policies aimed at protecting these groups with regard to psychological care during childbirth and puerperium, according to some authors. For Salgado (2017), childbirth care in Brazil promotes a high frequency of avoidable damage, which is an important public health problem. In a study with 272 pregnant women from 12 health units in the municipality of São Paulo, Lima et al. (2017) concluded that:

The professional faces barriers to detect pregnant women with depressive symptoms due to lack of systematic instruments in mental health and lack of preparation for management and assisting these women in primary care, as the focus is limited on the physiological aspects of the development of pregnancy and postpartum, which prevents comprehensive prenatal and postpartum care. (p. 45)

The training of health professionals with a view to detecting risk factors associated with PPD and the early diagnosis of the disorder can prevent the personal and family problems resulting from it and that cause countless damages to the mental health of the mother and baby.

Final considerations

This study consisted of a survey of the risk factors associated with Postpartum Depression through a review of the scientific literature of the last 10 years. The motivation for the study came from considering the relevance of detecting these factors in preventive work on women's mental health during pregnancy and the puerperium. Knowledge of risk factors for PPD can contribute to the planning and implementation of psychological assessment and intervention measures in the pre- and postnatal periods, with a view to providing comprehensive care for pregnant and postpartum women. We tried to present a schematic and classification of the factors to simplify this detection and make it more objective.

The limitations of the present study mainly refer to the small number of studies analyzed, since other risk factors, in addition to those detected here, may have been disregarded. In any case, similar studies already carried out refer to results that are converging with those of this study.

In this survey, only studies with general groups of pregnant and/or postpartum women were selected, who did not have a special condition, as would be the case, for example, of epileptic, diabetic women, with high-risk pregnancies or mothers of babies with malformations or stillborn. It is suggested to conduct other literature reviews with the aim of checking the risk factors associated with Postpartum Depression in these special cases that require increased attention from health professionals.

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