Postpartum depression: the invisible suffering in motherhood

Depressão pós-parto: o sofrimento invisível da maternidade

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1 INTRODUCTION

The moment of pregnancy and puerperium requires special care for both mother and baby, as it involves physiological, social and psychological changes for women. These changes are not only present in the physical sphere, but also have repercussions on mental health, generating changes in the lifestyle of the couple and the family (MARQUES *et al.*, 2016). The mental disorder that is associated with motherhood is Postpartum Depression (PPD), which affects around 14.2% of women (RENNÓ JÚNIOR; ROCHA, 2019). Thus, a pregnant woman with previous depression should be considered a high-risk pregnancy due to the high chance of developing PPD and presenting fragile coping resources for depressive symptoms, reducing the search for care considered indispensable during pregnancy (RENNÓ JÚNIOR; ROCHA, 2019).

Often, the signs and symptoms of PPD are not perceived by care teams and family members, precisely because of the social idea that pregnancy is a period of happiness, mental well-being and a protective factor for psychological distress. This stigma associated with motherhood reduces the search for professional help, as pregnant and postpartum women feel embarrassed and guilty for being emotionally fragile during pregnancy. There is a social construction that motherhood generates totally positive effects in the psychic sphere, but there are unrecognized sides in society that end up having a negative impact on women's mental health and may develop PPD (RENNÓ JÚNIOR; ROCHA, 2019).

The fact that health professionals, family members and the pregnant woman herself become aware that pregnancy also includes difficulties, fears and anxieties, already brings them closer to real motherhood, allowing this mother to express her fears and anxieties about pregnancy. Therefore, there is no single way of mothering, there is no ideal mother and the process of being a mother is discovered and built over time (CESÁRIO; GOULART, 2018). In this perspective, this work focuses on raising awareness about the importance of detecting psychological distress during the gestational period and inciting

the development of more research regarding the effects that the gestational period and motherhood produce on women's mental health.

2 OBJECTIVE

Conduct a search in books and articles related to the theme of Postpartum Depression, in order to promote awareness of the importance of maternal mental health during pregnancy and puerperium.

3 METHODOLOGY

This is a narrative literature review, with qualitative synthesis. This methodology allows to describe and discuss the development of a given subject and does not presuppose the establishment a priori of methodological steps (ROTHER, 2007). The research was elaborated through searches in books and articles related to the theme Postpartum Depression. The searches were performed in Google Scholar, using as descriptors the terms: postpartum depression, motherhood, psychological distress.

4 DEVELOPMENT

It is noteworthy that most studies focus on issues of illness and psychosocial risk factors, while few highlight ways to promote health and prevent PPD. The pioneering study on PPD was conducted in 1968 by Pitt, who considered it a mild variation of the physiological depression identified in young women. In the last decades of the 20th century, countries such as Great Britain, the United States and Japan gained prominence for the significant number of studies conducted on PPD. In 1982, the Marcé Society was created, an international organization that aims to stimulate research and communication on psychological distress in the puerperium. In Brazil, the 1990s was significant for the opening of the first specific outpatient clinic for the treatment of puerperal psychological distress at the Hospital das Clínicas in São Paulo, although studies are still incipient (SANTOS, 2001).

However, psychological distress is a subjective feeling that manifests itself in the affective sphere, such as mental pain, and in the physical sphere, from physiological conditions. As a psychosocial manifestation, psychic suffering is located between subjectivity and external reality, constituting itself from different forms of expression of malaise and the negative feelings attached (NÓBREGA; FONTES; PAULA, 2005). In this sense, depression is a modern malaise, and can be conceived as a biological

phenomenon, but also and mainly, as a human way of dealing with the limits imposed by society, which produces the emptying of the human being to make it more of a registration number (BOLGUESE, 2004).

Moreover, girls are taught in childhood what is expected of a good mother, such as dedicating herself fully to her child, giving up her professional career, and being balanced, sweet and nurturing. Thus, a romanticized and distorted view of motherhood is produced, which is a social and cultural construct that prevents mothers from expressing their feelings of frustration, sadness and inability. This inability to express their feelings related to real motherhood is one of the preponderant factors for the emergence of maternal psychological distress and PPD (AZEVEDO; ARRAIS, 2006; SILVA; SOUZA, 2021).

Initially PPD can be confused with the Baby Blues, which is characterized by a state of sadness, fear, guilt, irritability, among other negative feelings, which arise in the first week after delivery and lasts around one month. After this period, the existence of PPD needs to be considered (COUTINHO; SARAIVA, 2008).

PPD presents symptoms characteristic of Major Depressive Disorder, which are depressed mood much of the time, loss of interest in activities that were previously pleasurable, insomnia or hypersomnia, lethargy, among other symptoms (AMERICAN PSYCHIATRIC ASSOCIATION, 2014). Complaints such as fatigue, dietary changes and insomnia are common in the postpartum period, but it is necessary to understand the severity and limits of these symptoms, as they can also be symptoms of depression. In order to detect the normal symptoms of pregnancy and the symptoms that may indicate a major depressive episode, the insertion of the mental health professional is indispensable. The ideal is to involve mental health professionals in the care of pregnant women, from primary to tertiary care (RENNÓ JÚNIOR; ROCHA, 2019).

Although pregnancy is a protective factor for a number of psychiatric disorders and in some cases unites couples even more, there is a portion of women for whom pregnancy is not the happiest moment of their lives, mainly due to fragile social support, socioeconomic vulnerability, domestic violence, unwanted pregnancy, among others (CESÁRIO, GOULART, 2018).

Thus, some risk factors for the development of PPD can also be identified. Risk factors are previously established conditions or events that may favor psychological distress during pregnancy and puerperium, such as marital conflicts, lack of a support network, own or family history of depression and/or anxiety or intrafamily violence, non-

planning of pregnancy, idealization of motherhood, financial difficulties, stress and obstetric complications (FIGUEIRA *et al.*, 2011).

Protective factors refer to the conditions or characteristics that can facilitate coping with the situations experienced, becoming preventive measures. For PPD, female support, social and family support, socioeconomic stability and multiprofessional care can act as protective factors for the development of PPD (ARRAIS *et al.*, 2015).

In addition, failures in prenatal care may also be related to significant psychological distress, as well as being a risk factor for the baby. Thus, it is essential to screen for depression during prenatal care using standardized and validated instruments, such as the Edinburgh Postpartum Depression Scale. It is also important to carry out a multiprofessional follow-up that includes psychology professionals to facilitate the early detection of PPD and lead the treatment to a more favorable clinical outcome (RENNÓ JÚNIOR; ROCHA, 2019).

5 FINAL CONSIDERATIONS

It is possible to identify the naturalization of motherhood as something practically mandatory for women, and the prescription of certain feelings and behaviors during pregnancy and the puerperium. This social pressure implies not sharing the real feelings and emotions of women, which introjects psychological suffering and culminates in the development of PPD. In addition, the romanticization of pregnancy, puerperium and motherhood are culturally and socially evidenced, being a point that makes it difficult to recognize and express the negative feelings experienced by the mother, making it difficult to seek specialized help. Thus, the maternal feeling and the self-blame or need to handle multiple tasks can lead to significant psychological distress.

There are few studies where this theme is addressed during maternal prenatal care or during childcare consultations, increasing the invisibility of maternal suffering. The studies showed that PPD is an important public health problem, given the incidence of cases and the number of people involved, since it affects all family members. In this sense, it presents itself as an opportune field for longitudinal field studies, which can highlight the psychic factors related to the establishment of a picture of PPD. It is also understood as opportune the investigation or elaboration of scientific works on the psychoeducation actions that are offered to pregnant women during prenatal care and in the puerperium by the health network, both public and private

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