

## ORIGINAL ARTICLE

### DEPRESSION IN PREGNANT WOMEN CARED FOR IN PRIMARY HEALTH CARE

Bianca Aparecida Brito da Silva<sup>1</sup>, Walisete de Almeida Godinho Rosa<sup>2</sup>, Iácara Santos Barbosa Oliveira<sup>3</sup>, Monique Godinho Rosa<sup>4</sup>, Nariman de Felício Bortucam Lenza<sup>5</sup>, Vanessa Luzia Queiroz Silva<sup>6</sup>

#### ABSTRACT

**Objective:** To identify the presence of depression in pregnant women accompanied by the prenatal care program in Primary Health Care.

**Method:** A descriptive and exploratory study with a quantity-qualitative approach that was performed in two stages: application of the Beck Depression Inventory and semi-structured interview. The data were analyzed using simple descriptive statistics and content analysis.


**Results:** The Beck Depression Inventory showed that, of the 67 interviewed pregnant women, 22 (33%) had depressive symptoms, 14 (64%) had mild to moderate depression, and two (9%) had severe depression. Two topics emerged from the interview: Gestational period experience, and Nursing consultation and prenatal mental health approach.


**Conclusion:** The study showed that depression during pregnancy is frequent. Prenatal nursing consultation can be an opportunity for depression detection and early diagnosis and for improved care of the pregnant woman.


**DESCRIPTORS:** Depression Disorder; Pregnancy; Nursing; Primary Health Care; Mental Health.


#### HOW TO REFERENCE THIS ARTICLE:


Silva BAB da, Rosa W de AG, Oliveira ISB, Rosa MG, Lenza N de FB, Silva VLQ. Depression in pregnant women cared for in primary health care. *Cogitare enferm.* [Internet]. 2020 [accessed "insert day, month and year"]; 25. Available from: <http://dx.doi.org/10.5380/ce.v25i0.69308>.


<sup>1</sup>Nurse. Master student in Nursing. Florianópolis City Hall. Alfenas, MG, Brazil. 

<sup>2</sup>Nurse. PhD in Nursing. Nursing Professor at the Libertas Integradas College, University of the State of Minas Gerais. Passos, MG, Brazil. 

<sup>3</sup>Nurse. Master in Nursing. Nursing at Professor at the Libertas Integradas College, University of the State of Minas Gerais, and at the Atenas College. Passos, MG, Brazil. 

<sup>4</sup>Physician. Santa Casa de Misericórdia of Passos. Passos, MG, Brazil. 

<sup>5</sup>Nurse. PhD in Nursing. Nursing Professor at the Libertas Integradas College, and at the Atenas College. Passos, MG, Brazil. 

<sup>6</sup>Nurse. PhD student in Nursing. Professor at the Atenas College. Passos, MG, Brazil. 

## DEPRESSÃO EM GESTANTES ATENDIDAS NA ATENÇÃO PRIMÁRIA À SAÚDE

### RESUMO

*Objetivo:* identificar a presença de depressão em gestantes acompanhadas pelo programa de pré-natal na Atenção Primária à Saúde.

*Método:* estudo descritivo, exploratório, de abordagem quanti-qualitativa, realizado em duas etapas: aplicação do Inventário de Depressão de Beck e entrevista semiestruturada. Os dados foram analisados a partir de estatística descritiva simples e análise de conteúdo.

*Resultados:* a aplicação do Inventário de Depressão de Beck mostrou que, das 67 gestantes entrevistadas, 22 (33%) apresentaram quadros depressivos, 14 (64%) com depressão leve a moderada, e duas (9%) apresentaram depressão grave. Das entrevistas emergiram dois temas: Vivência do período gestacional e Consulta de enfermagem e abordagem de saúde mental no pré-natal.

*Conclusão:* o estudo evidenciou que a depressão na gestação é frequente. A consulta de enfermagem no pré-natal pode ser uma oportunidade para a detecção, diagnóstico precoce e melhoria na assistência à gestante.

**DESCRITORES:** Transtorno Depressivo; Gravidez; Enfermagem; Atenção Primária à Saúde; Saúde Mental.

## LA DEPRESIÓN EN MUJERES EMBARAZADAS ATENDIDAS EN SERVICIOS DE ATENCIÓN PRIMARIA DE LA SALUD

### RESUMEN:

*Objetivo:* identificar la presencia de depresión en mujeres embarazadas atendidas por el programa de seguimiento prenatal de la Atención Primaria de la Salud.

*Método:* estudio descriptivo, exploratorio y de enfoque cuanti-cualitativo, realizado en dos etapas: aplicación del Inventario de Depresión de Beck y entrevista semiestruturada. Los datos se analizaron a partir de estadística descriptiva simple y análisis de contenido.

*Resultados:* al aplicarse el Inventario de Depresión de Beck se demostró que, de las 67 mujeres embarazadas entrevistadas, 22 (33%) presentaban cuadros depresivos, 14 (64%) con depresión leve a moderada, y dos (9%) con depresión grave. Surgieron dos temas en las entrevistas: Tránsito del período gestacional, y Consulta de enfermería y abordaje de salud mental en el seguimiento prenatal.

*Conclusión:* en el estudio se demostró que la depresión es frecuente en mujeres embarazadas. La consulta de enfermería durante el seguimiento prenatal puede ser una oportunidad para la detección, el diagnóstico temprano y la mejoría de los cuadros depresivos durante la atención a la mujer embarazada.

**DESCRIPTORES:** Trastorno Depresivo; Embarazo; Enfermería; Atención Primaria de la Salud; Salud Mental.

## INTRODUCTION

The gestational period is part of the natural process of human development and needs to be carefully evaluated. It involves countless physical, hormonal, psychic, and social insertion changes, which can directly reflect on women's mental health<sup>(1,2)</sup>.

The presence of depression during pregnancy contradicts a widespread popular belief that this is a time of joy for all women<sup>(3)</sup>. However, humor disorders during pregnancy place women at risk of developing postpartum depression (PPD)<sup>(3)</sup>. Many pregnant women feel sad or anxious in this period, instead of being joyful, because it can be a period marked by many humor disorders, especially depression, a pathological process that affects tranquility, diet, sleep, causes slowness, discouragement, concentration difficulty, and often the presence of guilt and development of suicidal attitudes can be observed<sup>(2,4)</sup>.

Depression in the gestational period is part of a cluster of perinatal mental illnesses and is currently seen as a serious public health problem, as it can have harmful consequences for both women and the unborn child<sup>(5,6)</sup>. In this context, the work of the nurse and of the team is an essential foundation for pregnant women to be fully assisted and to be able to conceive their children safely since the nurse creates a bond with the pregnant women, is able to identify interurrences and monitor the pregnant women in situations of risk, besides helping them in pieces of doubt, fears, and anxiety arising from the gestational period itself<sup>(7)</sup>.

Prenatal care often represents the pregnant woman's first contact with the health service and it must be systematized in order to meet the woman's real needs through technical-scientific knowledge and adequate resources<sup>(8,9)</sup>. Therefore, the objective of this study were to identify the presence of depression in pregnant women accompanied by the Primary Health Care (PHC) prenatal program in a city in the inland of Minas Gerais, to characterize these pregnant women according to sociodemographic, gestational, and mental health variables, and to know the experience of the gestational period in those with a depressive condition based on the Beck Depression Inventory (BDI).

## METHOD

An exploratory and descriptive study was carried out, with a mixed quantitative-qualitative approach in the same research.

All the pregnant women who were attending prenatal care at the PHC in a city in the inland of Minas Gerais during the research period were invited to participate in the study and, for the selection criterion, it was determined being a pregnant woman at or above twelve weeks of gestational age.

Data collection took place in January and February 2016, in two stages. In the first stage, a targeted interview with questions about sociodemographic variables was conducted at the pregnant woman's residence, where the original BDI was applied to identify depressive cases.

The BDI was translated in Brazil by Gorenstei and Andrade in 1998 and is one of the most recognized instruments for assessing the intensity of depression in psychiatric patients and also for detecting a possible depressive scenario in the general population<sup>(10)</sup>. It corresponds to a 21-item scale and measures the latent trait of depressive symptoms' intensity. The final score is achieved by adding up the 21 items that make up the scale, resulting in the following standardization: no depression or minimum depression: final scores below 11 points; mild to moderate depression: final scores between 12 and 19 points; moderate to severe depression: final scores between 20 and 35 points; and severe

depression: final scores between 36 and 63 points<sup>(11)</sup>.

The second stage of the research was carried out with pregnant women who obtained positive results for depressive conditions, i.e. over 11 points after the application of the BDI, with a semi-structured interview that was developed by the authors, at the pregnant woman's home, and lasting a maximum of 30 minutes.

Simple statistical descriptive analysis was used to process the data originated from the targeted interview and the BDI and, for the descriptive material resulting from the semi-structured interview, content analysis in the thematic analysis mode.

The research was approved by the research ethics committee under opinion No. 1,451,694.

## RESULTS

There were 71 pregnant women (100%), all of whom met the criteria established for selection. 67 pregnant women (94%) participated in the research, one did not accept to participate in the study (1.5%), one was not found in her residence after several attempts (1.5%), and two did not live at the informed address (3%).

According to the results of the BDI, of the 67 pregnant women interviewed, 22 presented depressive symptoms. Their age varied from 19 to 41 years old, with 10 of them between 21 and 30 (45%), and 10 between 31 and 40 (45%). Considering their schooling level, nine women did not complete high school. As for marital status, 12 of the participants were in a stable union (55%).

Regarding religion, 13 were Catholics (59%) and, of those who had a religion, nine practiced it (41%). Concerning employment, 17 were unemployed at the moment (77%), and 15 of the women declared that their partners had a job (68%). As for the practice of leisure activities, 13 of them did not do it (59%). As regards smoking, five were smokers (23%). About the use of alcohol, two pregnant women reported that they used it occasionally (9%). The data are presented in Table 1.

Table 1 – Distribution of the pregnant women with a depressive condition, according to the sociodemographic variables. Minas Gerais, Brazil, 2016 (continues)

Variables	n	%
Age		
14-20 years old	1	5
21-30 years old	10	45
31-40 years old	10	45
41 years old	1	5
Schooling		
Incomplete Elementary School	9	41
Complete Elementary School	4	18
Incomplete High School	4	18
Complete High School	5	23

Marital status		
Married	6	27
Stable union	12	55
Single	4	18
Religion		
Catholic	13	59
Evangelical	4	18
Spiritist	2	9
No religion	3	14
Practices (religion)		
Yes	9	41
No	10	45
No religion	3	14
The participant is working at the moment		
Yes	5	23
No	17	77
The partner is working at the moment		
Yes	15	68
No	4	18
Does not have a partner	3	14
Participates in leisure activities		
Yes	9	41
No	13	59
Smoker		
Yes	5	23
No	17	77
Uses alcoholic drinks		
No	20	91
Occasionally	2	9

Taking into account pregnancy planning, nine pregnant women reported that their pregnancies were not planned (41%). As for the desire to get pregnant, only one pregnant woman claimed not wanting it (5%). As regards gestational age, 11 were between 27 and 39 weeks of gestation (50%). As for the number of pregnancies, six pregnant women were in the fourth one (27%). Regarding the number of children living with the pregnant woman, 11 lived with one child (50%). The data are presented in Table 2.

Table 2 – Distribution of the pregnant women according to the pregnancy-related variables. Minas Gerais, Brazil, 2016

<b>Variables</b>	<b>n</b>	<b>%</b>
Planned pregnancy		
Yes	13	59
No	9	41
Desired pregnancy		
Yes	21	95
No	1	5
Gestational age		
12-13 weeks	3	14
14-26 weeks	8	36
27-39 weeks	11	50
Number of pregnancies		
G1	2	9
G2	5	23
G3	5	23
G4	6	27
G5	4	18
Number of children living with the participant		
None	5	23
01 child	11	50
02 children	5	23
04 children	1	4

In relation to the presence of a mental problem, six pregnant women reported that they had or had already had mental problems (27%). Regarding the presence of any case of psychiatric illness in the family, 12 pregnant women (55%) answered yes. As for the use of medications to treat mental/emotional problems, five pregnant women used them (23%), and another three (14%) were undergoing psychiatric treatment. As for the follow-up with a psychologist, seven pregnant women reported that they have already had follow-up (32%). These data are represented in Table 3.

Table 3 – Distribution of the pregnant women with a depressive condition, according to the mental health-related variables. Minas Gerais, Brazil, 2016 (continues)

<b>Variables</b>	<b>n</b>	<b>%</b>
Has or already had mental problems		
Yes	6	27

No	16	73
Did not specify	1	5
If so, what mental problem		
Depression	4	17
Bipolar Disorder	1	5
Did not specify	1	5
Has some case of psychiatric illness in the family		
Yes	12	55
No	10	45
Is undergoing treatment with the use of medications for mental/emotional problems		
Yes	5	23
No	17	77
Underwent or is undergoing treatment with psychiatrist appointments		
Yes	3	14
No	19	86
Was or is followed-up by a psychologist		
Yes	7	32
No	15	68

In relation to the classification of the depressive conditions presented by the 22 pregnant women (100%) according to the BDI, 14 (64%) with mild to moderate depression predominated, according to Table 4.

Table 4 – Distribution of the pregnant women as per the depression classification according to the BDI results. Minas Gerais, Brazil, 2016

Variables		n	%
Mild to moderate depression	12-19 points	14	64
Moderate to severe depression	20-35 points	6	27
Severe depression	36-63 points	2	9

Two topics emerged from the interviews with the pregnant women who presented a depressive condition: Gestational period experience, and Nursing consultation and prenatal mental health approach.

## Topic 1 – Gestational period experience

Situational crises appear in the speech of the pregnant women who report marital conflicts, breakup, unemployment, lack of support, betrayal, and disappointment as difficult moments and intense psychic suffering faced during pregnancy, as can be seen in the speech below:

*"I feel very disturbed, you know... there are so many things... I acknowledged it in a not so good time... my marriage was really over, then I discovered I was pregnant... I have no support... I'm asking a lot... it's not asking for the baby's father to return, because a child does not keep the father around... but at least to help with something, since he sees the situation... unemployed... I can't work because it's a risky pregnancy... and he doesn't care, you know... and then you start thinking ahead... will I make it..." (G1)*

*"I'm having very some difficult days... then these last three months are being complicated, it's difficult to be pregnant... it's delightful when you plan, isn't it... somethings that I didn't expect have happened, then it was difficult for me, some things have happened... you know, "can I say it?" [speak freely] betrayal issues... then for me it was complicated... I got very disoriented... Oh my gosh... raising two children is difficult, isn't it... That made me feel like this then and even now I still feel that way..." (G2)*

*"Finances... there's gas, bills accumulating, then you lie down worried... food, so... and more... I feel useless because my boy is only fifteen years old... he's working... he could be working so, of course, but not me staying home... I feel as if I'm putting all the responsibility of the house on a 15-year-old child... and this ends up making me feel more depressed, you know... sometimes it's hard to see him coming home so tired" (G3)*

## Topic 2 – Nursing consultation and prenatal mental health approach

According to the pregnant women interviewed, the nursing consultation happened when the prenatal chart was filled out and there was no follow-up by the nurse, who also did not address mental health. One of the pregnant women reported that she spoke about her depression with the community health agent:

*"Uh... no... we talked only once I think... I come there for blood pressure measurement... then they ask me if it's all ok" (G1)*

*"No, I didn't take courses [pregnant woman]... well, I have a lot to say" (G2)*

*"Nothing... I mean, she hasn't given me any guidance yet... the girls there did not ask me anything, because every time I go there, you know... I was going, well, frequently, they didn't say anything... there is nothing much... the only one who knows more of my depression is the health agent that comes here... but not the nurse." (G3)*

*"Uh... it's normal... no... because uh... she talked to me only on the first day I was there filling the follow-up chart... so... there is no talk... she never talked to me about this there, indeed." (G4)*

## DISCUSSION

A number of studies show that a stable relationship, religion, and leisure activities can work as mental health protective factors. In contrast, low schooling, unemployment, smoking, alcohol, and drug use are pointed out as factors that contribute to the emergence or aggravation of mental disorders.<sup>(3)</sup>

The presence of the paternal figure in the home or a stable marital situation contributes to the prevention of depression in the gestational period, and it was verified that in the study conducted only 27% of the pregnant women who presented depressive



conditions were married<sup>(12,13)</sup>. The presence of a partner can intervene in order to reduce the impacts related to the changes resulting from the gestational period, such as hormonal, psychic, family, or social insertion changes, which can directly reflect on mental health. In this context, the support of the spouse or partner reflects directly on how the woman accepts and experiences her pregnancy, as well as it relieves the complications arising from this period<sup>(12)</sup>. On the other hand, according to the statements of the pregnant women interviewed, the presence of conflicting marital relationships is verified. "A fragile marital relationship, marked by conflict, has a negative impact on pregnancy as it deteriorates the well-being of the pregnant woman"<sup>(12:9034)</sup>.

Religious practices can be associated with an important strategy to protect mental health. In this study, we found that 14% had no religion and that 45% did not practice any, so these pregnant women were without this psychological support<sup>(14)</sup>.

Still, as a protective factor, physical activity and leisure have a positive impact on the perception of the general health status and moods of the pregnant woman, and this suggests its importance for women's health also during this period of life. In this study, 59% of the pregnant women that had depressive conditions did not practice physical and/or leisure activities<sup>(15)</sup>.

The results of this study corroborate other studies carried out with pregnant women suggesting the association between adult age, low schooling level, and lower socioeconomic classification with vulnerability to developing depressive conditions during pregnancy<sup>(6,12,16)</sup>.

Low schooling is considered a risk factor for the health of pregnant women, since education broadens the possibilities of choice in life and makes it possible to acquire new knowledge, which can lead to better attitudes and healthier behaviors, causing a direct effect on the health of these women<sup>(17)</sup>.

In this study, it was found that 77% of the pregnant women and 18% of their partners were unemployed. A number of studies indicate that unemployment is considered one of the susceptible characteristics to the development of depression in the gestational period<sup>(16,18)</sup>. Occupation as a source of family income, especially during pregnancy, can reduce the worries and stress resulting from the expenses related to pregnancy and preparation for the birth of the baby, in addition to providing a feeling of tranquility for the pregnant woman<sup>(12)</sup>.

Smoking was associated with depression in a number of studies, corroborating with the data verified in this study that 23% of the pregnant women with depressive symptoms were smokers. The literature reveals that there is a strong relationship between tobacco use and the presence of mental disorders, including depression.<sup>(16,19)</sup> In this study, it was also verified that 9% of the pregnant women used alcohol occasionally. A number of studies show that alcohol use is related to the prevalence of emotional problems<sup>(14,19)</sup>.

A study has revealed that more than 36% of the interviewed women did not plan their current pregnancy and that one out of eight pregnant women whose pregnancy was not planned presented depression during pregnancy, corroborating the present study, in which 41% of the pregnant women did not plan their pregnancies<sup>(20)</sup>.

Unwanted pregnancy is associated with risk factors and depressive symptoms in the prenatal period, according to a number of authors<sup>(19,21,22)</sup>. In this study, 5% of the pregnant women indicated they did not want to get pregnant.

Their gestational age varied from the 12th to the 39th weeks of pregnancy, but many of the pregnant women who presented a depressive state were between the 27<sup>th</sup> and 39<sup>th</sup> week (50%), which was also verified in studies by other authors, who mention that the 3rd gestational trimester is the moment when anxiety is intensified, due to the proximity of the delivery and the arrival of the baby, this being a difficult period for the pregnant woman<sup>(23)</sup>.

A study states that the group of primigravidas showed higher prevalence of depression

symptoms when compared to non-pregnant adolescents; however, in this study, only 9% of the pregnant women who presented depressive symptoms were primiparous and the stress of this phase can be associated with stressing events inherent to pregnancy, especially if it is the first pregnancy<sup>(24,25)</sup>.

According to the pregnant women interviewed, the nursing consultation happened when the prenatal chart was filled out and there was no follow-up by the nurse, who also did not address mental health. One of the pregnant women reported that she talked about her depression with the community health agent, with certain distancing of the nursing care from prenatal care being verified.

The main objective of prenatal care is to welcome the pregnant woman from the beginning of her pregnancy, a period experienced differently by each woman and marked by countless changes that can generate anguish, fears, insecurity, and curiosities about changes in the body. Guidance from quality prenatal care, whether in group or individual, needs to be appropriate and specific to each case, so as to enable a gestational process in a graceful and pleasurable manner, in order to reduce the levels of anxiety and fear commonly present in this period<sup>(26)</sup>.

The study presented as a limitation the little involvement of the nurse with the mental health issue, from the interviews with pregnant women with depressive symptoms. Thus, we believe that a research study carried out with nurses who work in the PHC and carry out prenatal consultations would be necessary for understanding the assistance provided in this phase.

## CONCLUSION

The results allowed concluding that depression in pregnancy is a reality and that prenatal care can be an opportunity for early detection and diagnosis of depression. Thus, from the very first contact with the pregnant woman, it is essential that the nurse has a welcoming and empathetic attitude towards the formation of the bond. Dialog can be considered as a link between professional and client and is essential for the pregnant woman to have the security to expose her feelings and afflictions coming from this period.

Planning the care to the pregnant woman in an integrated way is primordial for a qualified nursing consultation, with efficient listening, prioritizing dialog, and also conducting counseling. Not trivializing the feelings of the pregnant women and taking into account their life contexts is essential to get a rewarding feedback in the appropriate nursing care for the depressed client. With dialog established and with qualified listening, the nurse can carry out actions for the prevention and promotion of mental health.

In this sense, the adoption of actions such as those proposed by the psychological prenatal care may offer better quality for the prenatal care, since it has obtained positive results in the mental health care of the pregnant woman and her family, but still little diffused in the context of PHC.

The PHC nurse should implement psycho-educational actions with groups of pregnant women alongside the multi-professional team, addressing topics such as mental health, the anxiety of this period, feelings of ambivalence and other common feelings of this period, because working with the group has a positive impact and is also a moment of learning and empathy with the exchanges of other women's experiences.

Screening for depression during pregnancy by means of risk factors is necessary for the early detection and prevention of future illnesses such as PPD. The use of self-assessment scales to track the development of depression in prenatal care is also an action to be valued in the care provided to pregnant women.

Further research studies are suggested to substantiate the studied topic since, due to the severity of the subject addressed, there are many possibilities for actions by the nurse and the health team to improve the prenatal care that is offered in PHC.

## REFERENCES

1. Falcone VM, Mäder CV de N, Nascimento CFL, Santos JMM, Nóbrega FJ de. Atuação multiprofissional e a saúde mental de gestantes. Rev Saúde Públ. [Internet]. 2005 [accessed 02 fev 2016]; 39(4). Available from: <http://dx.doi.org/10.1590/S0034-89102005000400015>.
2. Camacho RS, Cantinelli FS, Ribeiro CS, Cantilino A, Gonsales BK, Braguittoni E, et al. Transtornos psiquiátricos na gestação e puerpério: classificação, diagnóstico a tratamento. Rev psiquiatr clín. [Internet]. 2006 [accessed 02 fev 2016]; 33(2). Available from: <http://dx.doi.org/10.1590/S0101-60832006000200009>.
3. Arrais A da R, Araújo TCCF de. Pré-Natal. Psicológico: perspectivas para atuação do psicólogo em Saúde Materna no Brasil. Rev. SBPH. [Internet]. 2016 [accessed 01 abr 2020];19(1). Available from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1516-08582016000100007](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582016000100007).
4. Zinga D, Phillips SD, Born L. Depressão pós-parto: sabemos os riscos, mas podemos preveni-la? Rev Bras Psiquiatr. [Internet]. 2005 [accessed 04 fev 2016]; 27(suppl.2). Available from: <http://dx.doi.org/10.1590/S1516-44462005000600005>.
5. Suppaseemanont, W. Depression in pregnancy: drug safety and nursing management. MCN Am J Matern Child Nurs [Internet]. 2006 [accessed 04 fev 2016] 31(1). Available from: <https://sci-hub.tw/10.1097/00005721-200601000-00004>.
6. Correia, ARP. Depressão na gravidez. [tese]. Portugal: Universidade do Porto; 2012.
7. Pessoa IN, Menezes ED de, Ferreira T de F, Dotto LMG, Bessa LF. Percepção de puérperas sobre assistência de enfermagem na gravidez. Cienc. Cuid. Saúde [Internet]. 2009 [accessed 12 fev 2016]; 8(2). Available from: <https://doi.org/10.4025/ciencucidsaude.v8i2.8204>.
8. Benute GRG, Nomura RMY, Jorge VMF, Nonnenmacher D, Fráguas Junior R, Lucia MCS de, et al. Risco de suicídio em gestantes de alto risco: um estudo exploratório. Rev Ass Med Bras. [Internet]. 2011 [accessed 12 fev 2016]; 57(5). Available from: <http://dx.doi.org/10.1590/S0104-42302011000500019>.
9. Barbosa LR, Melo MRA da C. Relações entre qualidade da assistência de enfermagem: revisão integrativa da literatura. Rev. Bras. Enferm. [Internet]. 2008 [accessed 15 fev 2016]; 61(2). Available from: <http://www.scielo.br/pdf/reben/v61n3/a15v61n3.pdf>.
10. Fawcett J. Invisible nursing research: thoughts about mixed methods research and nursing practice. Nurs Sci Q. [Internet] 2015 [accessed 03 mar 2016]; 28(2). Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25805392>.
11. Doorenbos AZ. Mixed methods in nursing research: an overview and practical examples. Kango Kenkyu [Internet]. 2014 [accessed 09 mar 2016]; 47(3). Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4287271/>.
12. Silva MM de J, Leite EPRC, Nogueira DA, Clapis MJ. Ansiedade e depressão na gravidez: caracterização de gestantes que realizaram pré-natal em unidades públicas de saúde. Rev Enferm UFPE [Internet]. 2015 [accessed 10 mar 2016]; 9(7). Available from: [https://www.researchgate.net/publication/319205629\\_ansiedade\\_e\\_depressao\\_na\\_gravidez\\_caracterizacao\\_de\\_gestantes\\_que\\_realizaram\\_pre-natal\\_em\\_unidades\\_publicas\\_de\\_saude](https://www.researchgate.net/publication/319205629_ansiedade_e_depressao_na_gravidez_caracterizacao_de_gestantes_que_realizaram_pre-natal_em_unidades_publicas_de_saude).
13. Vieira SM, Bock LF, Zocche DA, Pessota CU. Percepção das puérperas sobre a assistência prestada pela equipe de saúde no pré-natal. Texto contexto-enferm. [Internet]. 2011 [accessed 08 mar 2016]; 20. Available from: <http://dx.doi.org/10.1590/S0104-07072011000500032>.

14. Silva RA da, Ores L da C, Mondin TC, Rizzo RN, Moraes IG da S, Jasen K, et al. Transtornos mentais comuns e auto-estima na gestação: prevalência e fatores associados. Cad. Saúde Públ. [Internet]. 2010 [accessed 10 mar 2016]; 26(9). Available from: <http://dx.doi.org/10.1590/S0102-311X2010000900016>.
15. Nascimento SR da C, Amorim MHC, Primo CC, Castro DS de. Fatores de risco para o desenvolvimento de depressão na gestação. Rev bras pesqui saúde. [Internet]. 2009 [accessed 12 mar 2016]; 11(2). Available from: <https://pdfs.semanticscholar.org/651a/0eb80126a52035bc72ed0d718e7586b31b32.pdf>.
16. Thiengo DL, Santos JF de C, Mason VC, Abelha L, Lovisi GM. Associação entre apoio social e depressão durante a gestação: uma revisão sistemática. Cad Saúde Colet. [Internet]. 2011 [accessed 12 mar 2016]; 19(2). Available from: [http://www.cadernos.iesc.ufrj.br/cadernos/images/csc/2011\\_2/artigos/csc\\_v19n2\\_129-138.pdf](http://www.cadernos.iesc.ufrj.br/cadernos/images/csc/2011_2/artigos/csc_v19n2_129-138.pdf).
17. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Pré-natal e puerpério: atenção qualificada e humanizada. Manual Técnico. Brasília: Ministério da Saúde; 2006.
18. Sousa VF. A depressão no ciclo gravídico-puerperal de mulheres atendidas em um ambulatório de hospital geral [dissertação]. Ribeirão Preto (SP): Universidade de São Paulo; 2008.
19. Pereira PK, Lovisi GM, Lima LA, Legay LF. Complicações obstétricas, eventos estressantes, violência e depressão durante a gravidez em adolescentes atendidas em unidade básica de saúde. Rev psiquiatr clín. [Internet]. 2010 [accessed 08 mar 2016]; 37(5). Available from: <http://dx.doi.org/10.1590/S0101-60832010000500006>.
20. Valença CN, Germano RM. Prevenindo a depressão puerperal na estratégia saúde da família: ações do enfermeiro no pré-natal. Rev RENE. [Internet]. 2010 [accessed 08 mar 2016]; 11(2). Available from: <http://www.redalyc.org/pdf/3240/324027970015.pdf>.
21. Brito CN de O, Alves SV, Ludermir AB, Araújo TVB de. Depressão pós-parto entre mulheres com gravidez não pretendida. Rev Saúde Públ. [Internet]. 2015 [accessed 08 mar 2016]; 49(33). Available from: <http://dx.doi.org/10.1590/S0034-8910.2015049005257>.
22. Chachamovich E, Stefanello S, Botega N, Turecki G. Quais são os recentes achados clínicos sobre a associação entre depressão e suicídio? Rev Bras Psiquiatr. [Internet]. 2009 [accessed 12 mar 2016]; 31(supl.1). Available from: <http://dx.doi.org/10.1590/S1516-44462009000500004>.
23. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Caderno de atenção básica n° 32. Brasília: Ministério da Saúde; 2013.
24. Felix GMA, Gomes APR, França PS. Depressão no ciclo gravídico-puerperal. Comum. Ciênc. saúde. [Internet]. 2008 [accessed 08 mar 2016]; 19(1). Available from: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IscScript=iah/iah.xis&src=google&base=LILACS&lang=p&nextAction=lnk&exprSearch=498644&indexSearch=ID>.
25. Rodrigues OMPR, Schiavo R de A. Stress na gestação e no puerpério: uma correlação com a depressão pós-parto. Rev. Bras. Ginecol. Obstet. [Internet]. 2011 [accessed 10 mar 2016]; 33(9). Available from: [https://www.scielo.br/scielo.php?pid=S0100-72032011000900006&script=sci\\_abstract&tlng=p.t](https://www.scielo.br/scielo.php?pid=S0100-72032011000900006&script=sci_abstract&tlng=p.t).
26. Santos A de L, Radovanovic CAT, Marcon SS. Assistência pré-natal: satisfação e expectativas. Rev RENE. [Internet]. 2010 [accessed 08 mar 2016]; 11. Available from: <https://www.redalyc.org/articulo.oa?id=324027973007>.

Received: 22/09/2019  
Finalized: 24/06/2020

Associate editor: Tatiane Herreira Trigueiro

**Corresponding author:**

Iácara Santos Barbosa Oliveira

Faculdade Libertas Integradas

Av. Wenceslau Braz, 1018 - 37950-000 - São Sebastião do Paraíso, MG, Brasil

E-mail: iacara.oliveira@yahoo.com.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 - BABS, MGR

Drafting the work or revising it critically for important intellectual content - WAGR, ISBO, NFBL

Final approval of the version to be published - WAGR, ISBO, NFBL, VLQS

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 - VLQS



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).