

DOI: <https://doi.org/10.36489/nursing.2020v23i271p4999-5012>

Perception of nurses on diagnosis and follow-up of women with post-department depression

ABSTRACT | Objective: To analyze nurses' perceptions about the diagnosis and monitoring of postpartum depression in Divinópolis-MG. Method: Qualitative, descriptive study, carried out in the period of September 2018 through a semi-structured and referential Minayo script, with a sample of nine nurses from the Family Health Strategy. Results: Nurses do not have pre-defined literary support to follow if they encounter women in postpartum depression, and these are directed to the psychologist or psychiatrist. In the units, there is no training for professionals related to the theme, negatively impacting the service, making it fragmented. There is no advice from the municipality to assist nursing professionals in dealing with these women. Mechanisms related to active search are used in most units of the study. Conclusion: Municipal advice directly related to the topic is extremely important, since it contributes to comprehensive care that goes according to the guidelines of the Unified Health System.

Keywords: Primary health care; Depression; Nursing; Postpartum period; Public health.

RESUMEN | Objetivo: analizar las percepciones de las enfermeras sobre el diagnóstico y seguimiento de la depresión posparto en Divinópolis-MG. Método: Estudio cualitativo, descriptivo, realizado en el período de septiembre de 2018 a través de un guión de Minayo semiestructurado y referencial, con una muestra de nueve enfermeras de la Estrategia de Salud Familiar. Resultados: Las enfermeras no tienen un apoyo literario predefinido a seguir si se encuentran con mujeres en depresión posparto, y estas están dirigidas al psicólogo o psiquiatra. En las unidades, no hay capacitación para profesionales relacionados con el tema, lo que impacta negativamente en el servicio y lo fragmenta. No hay consejos del municipio para ayudar a los profesionales de enfermería a tratar con estas mujeres. Los mecanismos relacionados con la búsqueda activa se utilizan en la mayoría de las unidades del estudio. Conclusión: El asesoramiento municipal directamente relacionado con el tema es extremadamente importante, ya que contribuye a una atención integral que se ajusta a las pautas del Sistema Único de Salud.

Palabras claves: Atención primaria de salud; Depresión; Enfermería; Período posparto; Salud pública.

RESUMO | Objetivo: Analisar as percepções de enfermeiros sobre diagnóstico e acompanhamento da depressão pós-parto em Divinópolis-MG. Método: Estudo qualitativo, descritivo, realizado no período de setembro de 2018 através de roteiro semiestructurado e referencial Minayo, com amostra de nove enfermeiros da Estratégia de saúde da família. Resultados: Os enfermeiros não possuem suporte literário pré-definido para seguir caso deparem com mulheres em depressão pós-parto, sendo essas direcionadas para o psicólogo ou psiquiatra. Nas unidades não existem capacitação para os profissionais relacionados à temática, impactando negativamente nos atendimentos, tornando-o fragmentado. Não há um assessoramento por parte do município para auxiliar os profissionais de enfermagem a lidarem com essas mulheres. São utilizados mecanismos relacionados a busca ativa na maioria das unidades do estudo. Conclusão: É de suma importância o assessoramento municipal diretamente relacionado a temática, uma vez que contribui para um atendimento integral que vai de acordo com as diretrizes do Sistema Único de Saúde.

Palavras-chaves: Atenção primária à saúde; Depressão; Enfermagem; Período pós-parto; Saúde pública.

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Received on: 07/23/2020

Approved on: 08/19/2020

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INTRODUCTION

Primary Health Care (PHC) was created to serve as a gateway to the services of the Unified Health System (SUS). One study points out that 80% of the cases of secondary

and tertiary care could have been avoided, if the user had gone to PHC. The management of this level of complexity must incorporate disease prevention, health promotion and rehabilitation in any of its classifications, seeking comprehensive care for the user, improving satisfaction, and bonding with the individual seeking the service. ⁽¹⁾ A multidisciplinary team is necessary to achieve comprehensive care, the search for partial attention to the advice of the population should be continuous. ⁽²⁾

Among the challenges of primary care is postpartum depression (PPD), which can affect maternal health until the second year of the baby, and is linked to PHC, since its diagnosis, monitoring and discharge. ⁽³⁾ When talking about nursing functions about PPD, professional knowledge about the pathology and management of the unit is minimally expected. The FHS, if well organized, is able to actively search for these women for prevention and effective follow-up, once detected early and followed up by the multidisciplinary team, greater complications, such as deaths, can be avoided. ⁽⁴⁾

The woman begins to blame herself for things that are outside the expected standard, feels anxious and worried for no apparent reason, in addition to feeling very busy about the house and the baby. This shows the need for better governmental advice on women who have recently given birth, because in addition to the losses that already exist in these women, their children also enter risk factors when it comes to: nutrition, development and growth, emotional, and diarrheal diseases. ⁽⁵⁾

The symptoms are vegetative, cognitive and psychomotor, such as changes in mood, appetite, sleep, irritability, crying attacks, lack of concentration and energy, fatigue and lack of interest in activities that I used to enjoy. Thoughts of suicide and guilt may also occur from the first weeks after delivery, as at any time during the child's first year of life. ⁽⁶⁾ The symptoms are vegetative, cognitive and

psychomotor, such as changes in mood, appetite, sleep, irritability, crying attacks, lack of concentration and energy, fatigue and lack of interest in activities that I used to enjoy. Thoughts of suicide and guilt may also occur from the first weeks after delivery, as at any time during the child's first year of life. ⁽⁷⁻⁸⁾



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A good marital and family relationship is considered a protective factor, as it helps to increase self-esteem, in addition to the woman having family support and being more psychologically valued. On the contrary, poor marital relationships, low family income and psychiatric disorders in the past, have a major influence on the onset of postpartum depression. ⁽⁹⁾

When it comes to PPD, it is estimated that between 10 and 15% of women suffer from depressive symptoms during pregnancy and that this pathology has been neglected, giving greater value to psychotic moments because of the need for hospitalization as a result of urgency. It is necessary to have a holistic look at the mother and the newborn (NB) so that appropriate referrals can be made. ⁽⁶⁾

In the world scenario, depression is the fifth cause of morbidity and mortality, with the female sex being the most affected. In this case, primary care has an essential function for prevention, as it is configured as a gateway to SUS. ⁽⁴⁾

Nursing already has its functions theoretically predefined, which are based on the management of the multidisciplinary team and PHC, the active search for women who are absent during follow-up, in addition to knowledge about the described pathology. ⁽⁴⁾ The expected PPD is very clear, and among the duties of nurses that are found in law 1498/86, which comes to say about nursing care for pregnant women, parturients and puerperal women, what is not known is whether this really comes to be carried out in practice, but there is no public policy directed directly to the PPD. ⁽¹⁰⁾

Since there is a shortage of specific PPD research, this research seeks how primary care nurses in a city in the Midwest of Minas Gerais deal with the day-to-day experience between diagnosis and monitoring of women with postpartum depression. The research aimed to analyze the perception of nurses about the diagnosis, monitoring, treatment and

discharge of women with PPD in the city of Divinópolis-MG.

METHODS

Study of qualitative approach and descriptive character. In this type of study, the researcher needs to be involved in all stages of construction of the work to be developed, in order to seek the understanding of experiences lived by people who fall within the proposed theme, based on the analysis of their statements, as well as the logical diversity of their responses, so that this narrative can be contextualized in a precise and explicit way, in a coherent way, in which the study is of important relevance for society.⁽¹¹⁾

The research was carried out in the city of Divinópolis-MG, with the nurses who make up the Family Health Strategy Teams (FHS) in this city. The data were collected in FHS's, in the period of September 2018. The ESF's were defined through random drawings in a total of ten.

The visit took place on different days, where the script was left in some units for them to respond according to their availability, it was collected after being answered, others were recorded at the time of the scheduled interview. The information was obtained and the theoretical saturation method was used, in which the inclusion of new participants was suspended when it reached nine interviewees, as the data collection showed redundancy or repetition in the researcher's assessment.

Researchers were presented with a free and informed consent form by the researchers, assuring them of all their rights over the research, such as: their confidentiality, privacy, image protection, as well as their dignity and autonomy to remain in search or not. The participants were fully informed about the objective of the research and exempt from any risk and possible discomfort, caused during it. Likewise, they will benefit from the final result, and may bring great advances to their performance in the community.

The data of six nurses were answered

in writing, three were recorded, one did not return the survey, therefore it does not contain clippings of "enf 6", the questions were answered according to the best way that the nurse found; recorded or written. This script contains data related to: knowledge about the postpartum depression theme, such as: how is the flow of care for women with PPD, if the service is in accordance with the principle of integrity of SUS, if the treatment is humanized and quality, the negative and positive points at the municipal level regarding PPD, how the training of professionals is carried out, the importance of the family in the treatment of PPD, if treatment is abandoned as the active search is carried out and if woman and her family in the unit. And individual professional data, such as: age, work unit, time of academic training, time of work in the public health area. Right after the end of the interviews, the data were transcribed in full, and the nurses were identified by the acronyms NUR. 1 (nurse 1...); Nurse. 2 (nurse 2) and so on, until the number of theoretical data saturation is reached.

The research reached theoretical saturation when nine questionnaires were collected (in which the inclusion of new participants is suspended when the data collection starts to show redundancy or repetition in the researcher's assessment.⁽¹²⁾ The age of the interviewees varies between 30 and 46 years of age and between 1 year and 8 months to 13 years of service provision to public health. After organizing the speeches and analyzing them, for a better understanding of the data, it was necessary to subdivide the research into two thematic categories: general care management and comprehensive care.

It was defined as inclusion criteria for the research: Being a nurse, linked to the FHS and accepting to participate in the research, and as exclusion criteria: Being on vacation or leave at the time of the study or not wanting to participate in the study.

The referential used was that of Minayo, which is subdivided into stages,

namely: ordering, which takes place by the organization of the collected material, transcription and organization of the collected statements, classification of the material and comparison of the collected statements as it really is, bringing relevance to the work based on scientific foundations and the analysis itself.⁽¹¹⁾ The present study followed the resolution CNS/CONEP 466 of December 12th, 2012, which approves the guidelines and standards for research involving human beings, approved with CAAE number: 92058418.8.0000.5115.

RESULTS

For better analysis and understanding, the data were divided into two categories:

Primary care management

FHS's nursing professionals are left with no pre-defined literary support to follow if they encounter a woman with postpartum depression (NO).

Although it does not contain a drawn flowchart, it is notable that the path taken in the units is standard: it starts with welcoming, nursing consultation with the woman and the child's childcare, all of which refer to the psychologist, the doctor who prescribes medication, or to a psychiatrist, in a secondary referral (NO):

Any professional on the team can welcome [...] (Clinical or obstetrician) from the unit itself or from Sersan (secondary level) (nur. 1). Answered / welcomed [...] we referred to a psychology service (nur. 2)

There is no defined flow in the unit [...] can be identified through the nursing consultation [...] probably this woman will need medication (nur. 3)

In the nursing consultation I identify that a woman may have depression (nur.4)

Forwarding for evaluation (nur.5)
The puerperal/nursing mother,

seen at the unit is welcomed for the first postpartum care, the patient who presents depression is referred to the unit psychologist (nur. 8).

There is no defined flow in the unit. The pregnant woman who arrives at the unit with symptoms is perceived by the CHA during a visit and referred for nursing consultations and, if necessary, to a psychologist if necessary (nur. 9).

There is no flow designed here in my unit, and I am also unaware of this flow in the municipality [...] any change in the mother's emotion, we try to integrate other professionals (nur. 10)

It is noticed the lack of communication between the municipal management and the FHS, which is described through the lack of training of professionals, and a difficulty in accessing the health service when a counter reference, or secondary service (NO) is needed.

Lack of qualification of many professionals to diagnose [...] difficulty in accessing care in other sectors at the secondary level (nur. 1).

There is still a lot of awareness of professionals to act identifying the postpartum evolution [...] (nur. 3)

We do not have this counter-reference (nur. 4)

Communication between related services [...] lack of standardization (nur. 5)

Less approximation of technical reference for women's health (nur. 7)

Lack of training (nur. 8)

Delay in scheduling in other units (nur. 9)

In this unit, it was never commented, at the level of strategy, training and qualification I do not know [...] they could talk more about it (nur. 10)

On the same subject, but approached in a positive way, there were several divergences between the conclusions of the professionals. It is understood that the municipality lacks the strategy to the point that, according to the clippings, the positive point pointed out is the presence of the nurse professional directly connected with the woman who needs the service, contrary to the aim sought, it was only reinforced a negative side (NO).

Reasonable number of professionals to assist users (nur. 1)

There are very good professionals (nur. 3)

I don't think there is any positive point about continuing [...] education, for nothing [...] in the six years that I have been in the city hall, I have never had any training in this [...] They don't give any support (nur. 4)

I don't think there is any positive point about continuing [...] education, for nothing [...] in the six years that I have been in the city hall, I have never had any training in this [...] They don't give any support (nur. 5)

There's none (nur. 9)

Presence of the nurse who is directly with this woman [...] to maintain, in each unit, the capacity of the professional nurse (nur. 10)

Despite several flaws in the system, the teams' commitment is present in the units, these are based on the welcoming, and the need to show the woman the concern with her, having at least even a professional who can refer (NO).

We refer directly to the psychologist (nur. 1)

Despite all the difficulties we have in the unit, we managed to accompany this woman (nur. 2)

The issue of reception is necessary to [...] listen to their demands (nur. 3)

We talk support [...] we are always with doors open to give support [...] to call the office, talk, answer and listen (nur. 4)

The patient is referred to the reference service (psychology) (nur. 8)

The woman is welcomed, accompanied by the team at the unit and at home (nur. 9)

Attending women as a whole [...] has the professional to welcome her here (nur.10)

In this, there is a highlight of a nurse's commitment, which is motivated to the point of suggesting the participation of professionals in creating a flow.

We should make a flow and present it to the municipality for further dissemination (nur. 9).

Despite the professionals' efforts to assist women, nurses were afraid when the subject was approached (NO).

Unfortunately, the unit is not prepared to deal with PPD and is not prepared for it (nur. 1)

The unit itself never took any action in this direction (nur. 2)

This is a really weak point [...] we are not prepared to deal with this [...] little discussed issue [...] lack of training and permanent education (nur. 3)

I don't even know if we're very prepared [...] the secretariat also doesn't give much support [...] it ends up being underreported (nur. 4)

We must address more about the topic (nur. 7)

Day-to-day guidance (nur. 8)

There is no training to prepare professionals [...] is related to the patient (nur.9)

Prepare the team to listen (nur. 10)

The FHS counts on the ACS professional, who has as one of its functions, to be the connection to the woman and the

unit, in this case when women are absent, it is the health agent's responsibility to make the active search. It is noticed that in addition to the ACS, telephone contact is also used to call absenteeism, although some units do not take advantage of the ACS (NO) service.

- No active search is performed (nur. 1)
- Telephone and when possible home visit (nur. 2)
- We try to make telephone contact [...] we try to go to the house (nur. 3)
- We asked ACS to be going to the patient's house to find out what happened, because the appointment was missing [...] so she would be back (nur. 4)
- ACS [...] goes to the patient house (nur. 5)
- We do an active home search through ACS, and the team visits according to demand (nur. 7)
- The active search is done (nur. 8)
- Carried out by the ACS (nur. 9)
- ACS [...] corporate phone (nur. 10)

Comprehensiveness of assistance

It is possible to see that the units oppose these concepts, the FHS's are not prepared for comprehensive care, they are unable to achieve this proposal, which may be related to the management model adopted, due to the low demand for PPD, or the lack of training, that is, this directly implies the user, who ends up having a fractional service (NO).

Although most units do not get a full service, there is a highlight of six, which shows that despite the lack of a predefined route to follow, they are able to provide more complete care to the puerperal woman, in relation to the others, but, still so they cannot fully achieve the concept of integrality.

- Unfortunately, in most cases, care is fragmented (Nur. 1)
- We discuss it (nur. 2)
- It is a fragmented care (Nur. 3)

- In case the woman needs a psychiatrist she ends up fractioning [...] there is no counter reference afterwards to see how her monitoring is going (Nurse. 4)
- Case discussion (nur. 5)
- They try to meet and fulfill all the demands (Nur. 8)
- Home care or in the unit [...] Meetings every 15 days, to discuss important cases (Nur. 7)
- The team has a discussion over the case (nur. 9)
- In addition to counter-referencing [...] these cases are being discussed (nur. 10)

User embracement is directly linked to the humanization process and can directly interfere in the treatment of the patient, once in a welcoming environment he will feel comfortable to expose his problems and concerns, which will result in a better resolution. In the interviewees' clippings, it can be seen that there is a great concern in making a good reception, seeking to create a bond with the patients, transmitting confidence, support and help (NO).

- We welcome each user in their demand through listening (Nur. 1)
- Humanized reception [...] of listening (Nur.2)
- Reception makes all the difference (Nur. 3)
- We always try to welcome [...] listening, supporting, giving importance to what the patient says (Nur. 4)
- Qualified auscultation [...] the client feels welcomed and respected (Nur. 5)
- More welcoming way: we use qualified listening (Nur. 7)
- The team is oriented about the reception (Nur. 8)
- A bond is created, good service and trust (Nur. 9)
- We seek to integrate in the creation of a bond (Nur. 10).

In addition to a team prepared to deal with PPD, it is of great importance that the family is included in the treatment of this woman, because according to the clippings, nurses see the family as having great value in the insertion and support in the treatment of the woman (NO).

- Family assistance in the treatment of PPD is essential, mainly from the partner [...] to the health team alone and the medications are difficult (Nur. 1)
- Structural base and support (Nur. 2)
- The family is the most important after the woman [...] often the family gets sick together [...] I need to be welcomed together with a woman (Nur. 3)
- Family is essential (Nur. 5)
- It is extremely important (Nur. 7)
- Family support helps in the acceptance process, and also in harm reduction (Nur. 8)
- The proper treatment of PPD is related ... Physical, mental integrity and family harmony (Nur. 9)
- The family that will provide support at home and even feed back to us professionals (Nur. 10)

One perceives the effort of the units to add the family to the woman's treatment, and when that family or a member of it starts to interact with the pathology intensively and that may need treatment, the unit shows its effort to continue treatment for the family (NO).

- Strengthening the family network and in psychology therapy (Nur. 2)
- Welcoming the family together with the woman (Nur. 3)
- She also advises going through the psychologist (Nur. 4)
- Solicitamos ao serviço de psicologia (enf. 5)
- We gathered among the team's professionals and decided on a better strategy to approach the fa-

mily (Nur. 7)
Psychological counseling for the family (Nur. 8)
Monitoring of the family and the partner [...] psychological monitoring of the family (Nur. 9)
In the same way that this puerperal woman [...] can welcome this family member [...] sometimes we do not give the real importance that the family has (Nur.10)

DISCUSSION

Between one cut and another, it is possible to notice that the peak point of this research revolves around the lack of training of professionals regarding PPD, a problem that directly affects a possible diagnosis, which can generate underreporting of the pathology and the presence of a fraction of assistance, which totally damages the provision of services to women, who in turn need integral care.

It is noticed that there is a major flaw in the municipal system in advising units in relation to DPP. Since, the municipality has a primary role in following public health, making inter-municipal pacts, the application of public policies and, if necessary, part of the creation of these policies⁽¹³⁾ and this applies directly to postpartum depression, since it is a public health disease.⁽³⁾

The closest contact with the woman is through the nurse, as they are closer to the women from the beginning of pregnancy until the postpartum period. However, it is proven that these professionals face difficulties in identifying the problem, as well as there is no specific care aimed at the prevention of PPD in prenatal care and there is a lack of planning for the treatment of these women. In monitoring the puerperal woman through prenatal care, physiological aspects are more recommended and emotional aspects are neglected, which prevents possible prevention and planning for an appropriate treatment.⁽¹⁴⁾

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Active search is an expression widely used by health surveillance systems and is characterized by a way of searching for people in order to detect symptoms. Through this, it is possible to relate to the patient and understand all his interaction with the world around him. In this way, it also promotes knowing your mental state and that of your family, your well-being conditions, as well as examining whether there is more than one correlated pathology. In the PDD, the active search is a fundamental instrument, because due to the emotional state in which the puerperal woman is, she may feel discouraged to continue the treatment, being a reorientation extremely important at this moment.⁽¹⁵⁾

The nursing professional acts as a supervisor of primary health care, when motivated to plan care focused on care, he/she must pay attention to comprehensiveness in an individual sphere, focusing on the collective scope between the nursing team and health services. It is necessary to associate the different professional classes, referring and counter-referring users in order to follow up care in a care network.⁽¹⁶⁾

For the National Humanization Policy (Política Nacional De Humanização PNH), a fundamental element for humanization is the environment, characterized by a place where there is an effective relationship between the subjects, being a favorable instrument for the work procedure, ensuring the privacy and the identity of the human being. For this process to be carried out, it is essential that all these factors are carried out in a legal and moral ethical manner.⁽¹⁶⁾

Collective and family harmony goes through harmful transformations after the appearance of PPD and it becomes complex for women to express their emotions, since they see obstacles easily, becoming more difficult when there is a lack of understanding on the part of the spouse.⁽¹⁷⁾ The relationship with other children becomes fragmented, as

they are taken care of by different people, there are still feelings of disapproval and discrimination. ⁽¹⁸⁾ Thus, it is evident that the family is fundamental in the life of the woman who suffers from PPD, since the behavior and reactions that she performs in relation to her can refer satisfactorily or adversely in her clinical condition.

Among the limitations found for carrying out the study, it is highlighted the difficulty on the part of nurses to answer the questionnaire due to the high demand of the unit.

CONCLUSION

This work brings the importance of having management assistance in relation to public health, and emphasizes that even though they do not have support from the municipal level directly in this matter, the teams continuously strive to improve public health and, even if they are not prepared for a diagnosis and monitoring of women with PPD, the units are very welcoming. A comfortable and reliable environment is provided for patients, establishing a strong bond with women and family, a predominantly im-

portant public health context that not only in postpartum depression, is the basis of user confidence in the system that was created to serve the population.

The research has great academic value, as it enabled a better understanding of basic care related to women, which goes beyond the knowledge acquired through the curriculum. There is an explicit warning to the public health of Divinópolis, which needs to strictly seek an improvement in the women's health system related to PPD, thus contributing to comprehensive care that goes according to the guidelines of the Unified Health System. 🐦

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