

Nursing skills in providing care to women with signs of postpartum depression

Competências do enfermeiro na assistência de enfermagem à mulher com indicativo de depressão pós-parto

Competencias del enfermero en la asistencia de enfermería a mujeres con indicios de depresión pós-parto

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Abstract

Objective: This study aims to evaluate the evidence regarding the competencies of primary health care nurses in providing care to women exhibiting indications of postpartum depression (PPD).

Method: Integrative literature review of 11 articles published between 2013 and 2023 on the MEDLINE via PubMed®, PsycINFO, CINAHL, Web of Science, BIREME, EMBASE and SCOPUS databases. Thematic content analysis, based on Laurence Bardin's framework, was employed for data analysis and discussion. **Results:** Five categories emerged from the analysis: psychosocial interventions, group facilitation and counseling, the ability to identify depressive symptoms, knowledge and skills related to postpartum depression, and the referral of women to other healthcare professionals. **Conclusion:** despite the competencies raised, nurses still have gaps on the subject, and training these professionals is crucial; this has an impact on quality nursing care, contributing to a better quality of life for women and a reduction in maternal mental suffering.

Descriptors: Nurses; Primary Health Care; Depression, Postpartum; Professional Competence.

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Resumo

Objetivo: Avaliar as evidências sobre as competências do enfermeiro da atenção primária à saúde para a assistência de enfermagem à mulher com indicativo de depressão pós-parto. **Método:** Revisão integrativa da literatura realizada com 11 artigos publicados entre 2013 e 2023, nas bases MEDLINE via PubMed®, PsycINFO, CINAHL, Web of Science, BIREME, EMBASE e SCOPUS. Para a análise e discussão, utilizou-se a análise de conteúdo temática, de Laurence Bardin. **Resultados:** Levantaram-se cinco categorias: intervenções psicossociais; realização de grupos e aconselhamentos; capacidade de detectar sintomas depressivos; conhecimento e habilidade sobre a temática depressão pós-parto; e referir à mulher a outros profissionais. **Conclusão:** apesar das competências levantadas, os enfermeiros ainda apresentam lacunas quanto à temática, sendo crucial a capacitação desses profissionais; o que impacta em uma assistência de enfermagem de qualidade, contribuindo para melhor qualidade de vida das mulheres e para a redução do sofrimento mental materno.

Descriptores: Enfermeiras e Enfermeiros; Atenção Primária à Saúde; Depressão Pós-Parto; Competência Profissional.

Resumen

Objetivo: Evaluar las evidencias sobre las competencias del enfermero de atención primaria en salud para la asistencia de enfermería a mujeres con indicios de depresión posparto. **Método:** Una revisión bibliográfica integradora de 11 artículos publicados entre 2013 y 2023 en las bases de datos MEDLINE vía PubMed®, PsycINFO, CINAHL, Web of Science, BIREME, EMBASE y SCOPUS. Para el análisis y la discusión, se utilizó el análisis de contenido temático propuesto por Laurence Bardin. **Resultados:** Se identificaron cinco categorías: intervenciones psicosociales; realización de grupos y asesoramiento; capacidad para detectar síntomas depresivos; conocimientos y habilidades sobre el tema de la depresión posparto; y derivación de la mujer a otros profesionales. **Conclusión:** A pesar de las competencias planteadas, las enfermeras siguen teniendo lagunas sobre el tema, y la formación de estas profesionales es crucial; esto repercute en la calidad de los cuidados de enfermería, contribuyendo a una mejor calidad de vida de las mujeres y a una reducción del sufrimiento mental materno.

Descriptores: Enfermeras y Enfermeros; Atención Primaria de Salud; Depresión Posparto; Competencia Profesional.

INTRODUCTION

Postpartum depression (PPD) is represented by a state of deep sadness that can affect a woman up to six weeks after giving birth, presenting symptoms of melancholy, lack of motivation, lack of interest in dealing with life's routines and despair.^{1,2}

According to the World Health Organization (WHO), 20% of women will

experience mental health problems during pregnancy or within a year of giving birth, meaning one in five women may develop the condition. This affects not only maternal well-being but also the baby's development, as mothers experiencing this condition may reduce contact with their child and refuse to feed them.^{3,4} A study carried out by researchers at the Oswaldo Cruz Foundation



(FIOCRUZ) concluded that approximately 26% of Brazilian mothers have mental disorders, representing a public health problem.⁵

The diagnosis of PPD is purely clinical, based on the symptoms and their duration.¹ Its cause is not yet well defined, but there are women more vulnerable to developing this condition, especially those who are exposed to risk factors, such as: teenage pregnancy, difficulties in previous births, poverty, discrimination, poor nutrition, low education, pre-existing health problems, lack of social support, domestic violence, unplanned pregnancy, difficulties in getting pregnant, substance use and abuse.⁶ Therefore, greater attention is required from health professionals when providing care to this population.

Because PPD is difficult to diagnose, it is often underdiagnosed by healthcare professionals. Early detection of the disease is essential for optimal and timely treatment to prevent more serious outcomes. There are tools available in the literature that aid in early detection by tracking signs and symptoms, the most widely used being the Edinburgh Postpartum Depression Scale (EDPS).⁷

Maternal mental health problems are treatable if identified early. The literature

highlights the important role of primary care nurses in early detection of the disease, as they are the professionals with the greatest connection to women and their families during pregnancy and childbirth.⁸⁻¹⁰ However, moderate knowledge and skill in relation to the subject is still a reality in this category of professionals.^{11,12} This can negatively impact the quality of nursing care offered to women and their families, which can delay early diagnosis and treatment, potentially leading to serious outcomes for both the woman's and the child's health.

Therefore, nursing training is necessary to improve early detection of the disease, facilitating appropriate referrals and nursing actions based on scientific knowledge; based on quality, humanized care, in order to provide better emotional well-being for women.

Based on this, this review aims to evaluate the evidence on the competencies of primary health care nurses for nursing care for women with signs of postpartum depression.

METHOD

This is an integrative literature review¹³, prepared according to the following steps: elaboration of the guiding research question according to the theme raised; organization of the inclusion and exclusion



criteria; definition of the descriptors (based on the Health Sciences Descriptors (DeCS) and Mesh term); search and classification of studies; full evaluation of the included articles; interpretation of the main results; and presentation of the review.

The search was carried out from August 2023 to September 2023; to develop the research question, the PICO strategy was used where P - Nurses / Primary health care; I - Postpartum depression; and C - No comparison; and O - Professional competence; having the following guiding question: What skills are necessary for the primary health care nurse to provide nursing care to women with signs of postpartum depression?

We searched for articles in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed®, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, BIREME, EMBASE, and SCOPUS. The following descriptors were used: "Nurses AND Primary Health Care AND Postpartum Depression AND Professional Competence"; and "Nurses AND Primary health care AND Postnatal Depression OR Postpartum Depression AND Professional competence".

Free articles available in full, in Portuguese and English, published between 2013 and 2023, were included. Duplicate articles, opinion studies, theses, dissertations, manuals, abstracts presented at events, and proceedings were excluded. The Zotero® tool was used¹⁴ for the exclusion of duplicate studies.

To select the studies, criteria established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement¹⁵ were used, as shown in Figure 1. The evaluation of eligible studies was carried out by two independent researchers to ensure the level of evidence and their quality.

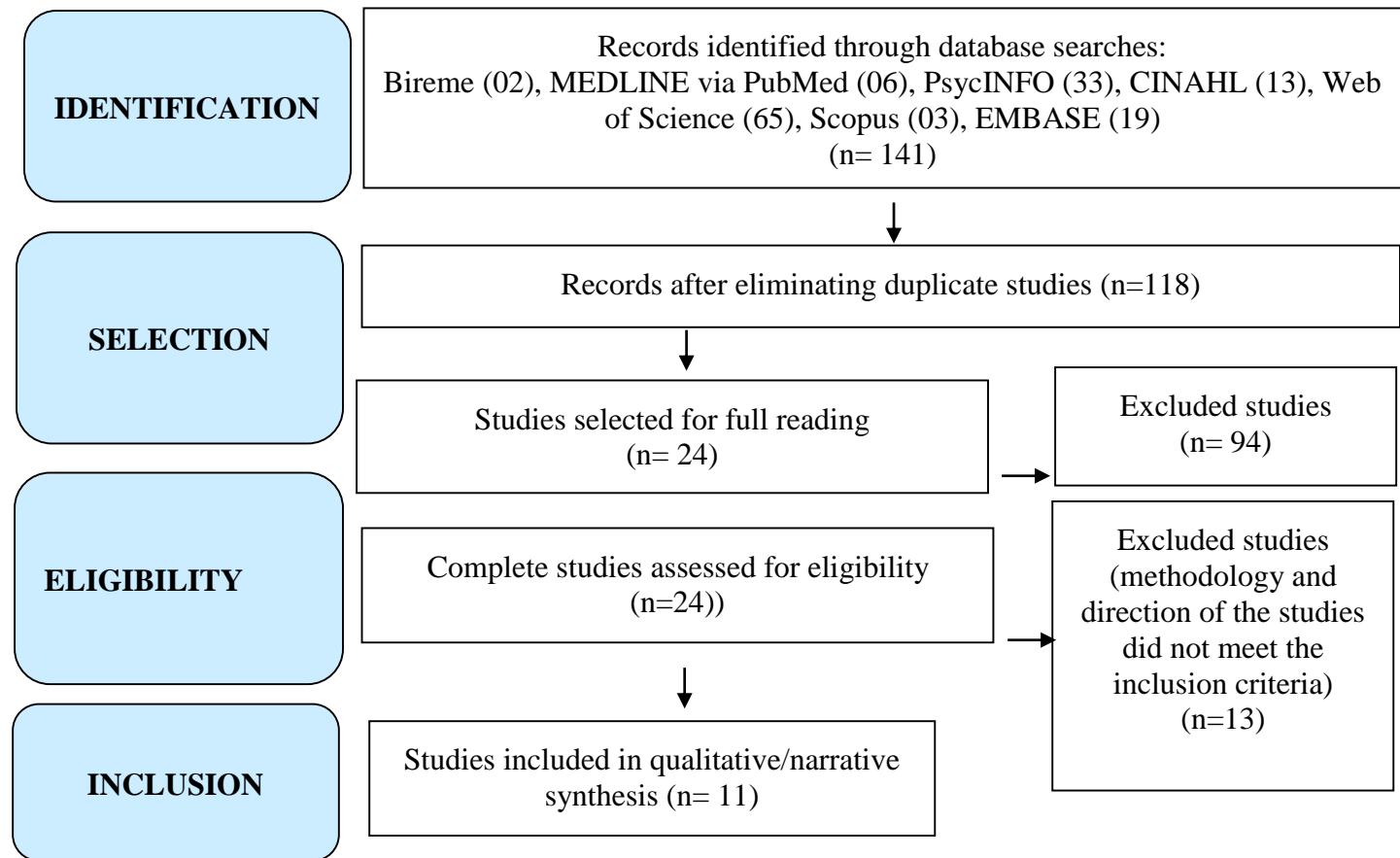
For data extraction, an adapted synoptic table¹⁶ was used, where important information was obtained regarding the authors, year of publication, country, name and impact factor of the journal, competence of the nurse, objective of the study, and conclusion.

Laurence Bardin's¹⁷ thematic content analysis was used to analyze and discuss the articles. This analysis allows for the identification, categorization, and interpretation of the main units of meaning present in the texts, as well as enabling a more comprehensive understanding of the findings. Therefore, the articles were grouped into five



categories: psychosocial interventions; group and counseling practices; ability to detect depressive symptoms; knowledge and skill

about the topic of postpartum depression; and refer the woman to other professionals, when necessary.



Source: Adapted from Page et al. (2021).

Figure 1– Diagram based on PRISMA regarding the article search and selection stages.

RESULTS

The sample consisted of 11 articles; of which 100% (n = 11) came from international productions in the English language¹⁸⁻²⁸; of which 27.3% (n = 3) were produced in Australia^{18,25,26}, 27.3% (n = 3) in

Ireland^{19,20,22}, 27.3% (n = 3) in the United States^{21,23,24}, 9.05% (n = 1) in Turkey²⁸, and 9.05% (n = 1) in Canada.²⁷

Regarding the type of study design, 36.4% (n=4) are randomized clinical trials^{25,26,27,28}, 18.1% (n=2) descriptive studies^{19,23}, 9.1% (n=1) scoping review²⁴,

9.1% (n=1) systematic review²², 9.1% (n=1) quasi-experimental before-and-after study¹⁸, 9.1% (n=1) case study²¹ and 9.1% (n=1) exploratory study.²⁰ Articles presented 18.2% (n=2) of a qualitative approach^{18,22}, 45.4% (n=5) a quantitative approach^{19,23,25,26,27}, and 36.4% (n=4) a qualitative-quantitative approach.^{20,21,24,28}

Table 1– Synoptic table of studies included in the textual analysis obtained from electronic databases, 2023

| Author, year of publication and country | Name and Journal Impact Factor | Nurse Skills (Categories) | Objective | Conclusion |
|---|--|-----------------------------|--|---|
| Cusack et al, 2016 ²⁰ Ireland | Journal of Psychiatric and Mental Health Nursing 2.72 | Psychosocial interventions. | To explore the role of the psychiatric/mental health nurse and identify the skills, competencies, and supports needed to adopt recovery-oriented policies in practice. | Effective implementation of the recovery approach requires a multitude of strategies and narrative threads within a general medical assessment. A broader range of specialized services provided by nurses, including psychosocial interventions and health promotion, is essential for quality care and improved outcomes for service users in primary care. |
| Dennis et al, 2019 ²⁷ Canada | The British Journal of Psychiatry 10,671 | Psychosocial interventions. | To examine the effectiveness of telephone interpersonal psychotherapy by a nurse in postpartum depression. | Equitable and timely access to effective psychotherapy is clinically important for the entire family. Compared to standard postpartum depression treatment, nurse- |



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| | | | | delivered telephone-based interpersonal psychotherapy significantly improved postpartum depression, anxiety, and partner relationship quality at 12 and 24 weeks after randomization, with sustained between-group differences in anxiety and partner relationship quality at 36 months. |
| Booth et al, 2018 ²¹ United States | Nursing Clinics of North America 1,617 | Holding groups and counseling. Ability to detect depressive symptoms. Refer the woman to other professionals when necessary. | To provide evidence-based best practices for early recognition and support for universal screening for postpartum depression in adolescents. Furthermore, suggestions for integrating behavioral screening into practice and recommendations for interprofessional collaboration are discussed. | Validated instruments are successful in well-child and obstetric settings; however, they are currently not well integrated into many care settings. Adolescents are particularly at high risk for PPD and associated complications; therefore, adolescent mothers should be screened for postpartum depression at every healthcare interaction throughout the first year after pregnancy. |
| Boran et al, 2023 ²⁸ Türkiye | British Medical Journal Psychiatry 11,806 | Holding groups and counseling. Knowledge and skills on the topic in order to provide nursing care. | Pilot this adapted group intervention to assess its feasibility prior to a future definitive randomized controlled trial and large-scale | We conclude that this preventive intervention based on the Healthy Thinking Program is feasible and acceptable to stakeholders and justifies a definitive randomized trial to evaluate its effectiveness and cost- |



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|--|--------------------------------------|--|---|--|
| | | | implementation. | effectiveness in different settings. |
| Noonan et al,2016 ²² Ireland | Journal of Advanced Nursing 3,057 | Holding groups and counseling. Refer the woman to other professionals when necessary. | To report the findings of a systematic review and metasynthesis of qualitative studies exploring the perceptions and experiences of public health nurses in identifying and managing women with perinatal mental health problems. | Public health nurses use a variety of methods to identify women with perinatal mental health issues. However, several support structures are necessary to optimize management, including access to appropriate referral pathways, support groups, and relationship continuity. |



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|---|---|--------------------------------|---|--|
| Rowe et al, 2017 ¹⁸ Australia | Health Promotion International 2.7 | Holding groups and counseling. | Analyze environmental and situational contexts and change processes. Build a model to assess potential costs and outcomes of the intervention. | The Guidance provides a useful framework for conceptualizing and reporting the development and evaluation of What Were We Thinking, an evidence-informed, complex mental health primary prevention intervention. |
| Sawyer et al, 2019 ²⁶ Australia | Journal of Medical Internet Research 5,428 | Holding groups and counseling. | To test the effectiveness of a 4-month online nurse-led group-based intervention administered when infants were 2 to 6 months old, compared with outcomes from standard care. | Mothers reported that the intervention was helpful, and the app was described as easy to use. |



| | | | | |
|---|---|---|---|---|
| Logsdon et al, 2018 ²³ United States | The American Journal of Maternal/Child Nursing 1,753 | Ability to detect depressive symptoms. Refer the woman to other professionals when necessary | To assess postpartum women's acceptability of postpartum depression screening and community resource education provided by hospital-based perinatal nurses. A secondary objective was to determine the additional PPD screening women received from community providers in the first few weeks after delivery. | New mothers viewed depression screening and information about community resources as a positive part of their care. Communication between hospitalized patients and community caregivers needs to be improved so that new mothers can benefit from ongoing depression screening, evaluation, and treatment. |
| McCarter et al, 2022 ²⁴ United States | Journal of Gynecologic & Neonatal Nursing 2,042 | Ability to detect depressive symptoms. | To determine what is known about postpartum education provided by nurses to women prior to hospital discharge after birth and whether current nursing practices are effective in preparing women to identify warning signs of complications, perform self-care (physical and emotional), prepare for raising a newborn, and | Few outcomes focused on maternal or child health have been measured beyond breastfeeding duration. Nursing care and nurse expertise are not easily quantified or measured. |



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| | | | establish infant feeding. | |
| Fisher et al, 2016 ²⁵ Australia | British Medical Journal Open 3,007 | Knowledge and skills on the topic in order to provide nursing care. | To determine whether What Were We Thinking, a gender-informed psychoeducational program for couples and babies, can prevent common postpartum mental disorders among primiparous women 6 months after delivery. | What Were We Thinking is readily integrated into primary care, allows for the inclusion of fathers, and directly addresses modifiable risks for common postpartum mental disorders. The comprehensive intervention appears promising for preventing common postpartum mental disorders, optimizing family functioning, and as the first component of a stepped-up approach to mental health. |

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| Higgins; Downes; Carroll; Gill; Monahan, 2017 ¹⁹ Ireland | Journal of Clinical Nursing 3,036 | Knowledge and skills on the topic in order to provide nursing care. | To explore the engagement, competence and educational needs of public health nurses in relation to perinatal mental health care in Ireland. | Public health nurses lack the knowledge and skills necessary to provide comprehensive perinatal mental health care to women. New research needs to go beyond postpartum depression and address other mental health issues that can affect women during this period. |
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DISCUSSION

Around 10 to 13% of women develop some mental disorder in the postpartum period, with this incidence being even more significant among adolescents, as symptoms are often neglected.¹⁸ Therefore, developing professional skills to deal with the situation is essential.

In the case of nursing professionals, this study highlighted the following as the main competencies required for nursing care for women with signs of postpartum depression: carrying out psychosocial interventions, group activities, and counseling; the ability to detect depressive symptoms early;

knowledge and skills on the topic to manage the patient; and knowing how to refer women with mental distress to other professionals when necessary. However, there is a gap in knowledge, skills, and attitudes when it comes to maternal mental health; this implies the need for training these professionals to develop these competencies in order to provide qualified nursing care that impacts the woman's quality of life and well-being, and the reduction of maternal mental distress.

When addressing nurses' competencies in care delivery, it is imperative to consider a holistic approach to care. This perspective aims to facilitate collaboration and effective



partnership with caregivers and families. To achieve this goal, it is essential to implement appropriate strategies, rely on the support of a multidisciplinary team, and allow nurses to play a more prominent role in various areas. Furthermore, psychosocial interventions play a significant role, and it is crucial that nurses possess substantial knowledge to develop and implement best care practices.²⁰

From this perspective, studies have presented online tools that address psychosocial interventions and can be used by nurses, such as the "eMums Plus" app, where professionals provide guidance on baby care and professional support for mothers with depressive symptoms. Women recognize that the intervention provided by professionals is very helpful and the app is easy to use.²⁶ The same happens with the use of the telephone to carry out such interventions, due to its flexibility, privacy, easy access (breaking geographical barriers), and the lack of stigmatization in relation to maternal mental suffering and anxiety, enabling improvements in the women's condition.²⁷

Study¹⁸ highlights that the most effective approach to complex maternal mental health is primary prevention. However, this depends on changes both at the individual level of the postpartum woman and

in the practices of health professionals and health systems. The study also advocates for promoting parental participation in support and care, resolving family conflicts, and creating support groups and counseling programs.¹⁸

Another study²⁸ presents an online adaptation of the Thinking Healthy Program proposed by the WHO. This program provided interventions by nurses who used principles of cognitive behavioral therapy to provide guidance, psychoeducation, problem-solving strategies, and support to a group of women during prenatal care. This intervention was also well-received by the participants. Furthermore, studies show the importance of pregnancy groups, as in these groups, professionals can identify women's real needs and expectations regarding pregnancy and the postpartum period, thus enabling them to plan care more effectively and achieve better results.²⁹

Finally, it is observed that nurses play an important role in the early detection of postpartum depression. This finding is also emphasized in two other studies^{18,21} that highlight the importance of early detection and the implementation of counseling groups for these mothers.

Regarding health education for postpartum mothers, it is clear that the topic



of "maternal mental health" is still little explored by nurses; these professionals are often influenced by the mothers themselves during guidance. As in a study²⁴ that showed that women direct guidance to newborn care, breastfeeding, and physical aspects of the woman (such as improving pain resulting from a cesarean section). However, the research briefly indicates that nurses report that recognizing symptoms and identifying mood disorders are also necessary in the educational process.²⁴

Furthermore, another study²³ takes a different approach. While it believes that early screening of women with postpartum depression is necessary, it infers that this will only be effective if they receive follow-up care at a community health unit. It also emphasizes that nurses working in maternity wards play an important role in screening and educating mothers about postpartum depression; this work encourages women to seek out health units and continue treatment after hospital discharge.

It is well known that many women with maternal mental distress lack easy access to health services for professional guidance, especially those living in rural areas. To alleviate this problem, the creation of online counseling strategies becomes a solution to reach these mothers. Regarding prevention

and early detection strategies, authors²⁵ present a tool that can be instrumental in this diagnostic process. They discuss the use of a psychoeducational program called "What Were We Thinking" (WWWT). This program features an educational structure composed of carefully structured and easy-to-understand learning activities. It includes elements such as group discussions, individual tasks completed with printed materials, followed by couple discussions, as well as practice in problem-solving and negotiation skills. In the study, this tool was rated as highly relevant, understandable, and useful by over 85% of participants.

Another study¹⁹ adds that public health nurses occupy a crucial position in supporting women's mental health and improving bonding and care outcomes for the mother-baby pair. However, to provide high-quality care in this area, it is essential that professionals are well-prepared and possess adequate knowledge and skills. Furthermore, the authors emphasize that it is essential for nurses to broaden their focus beyond postpartum depression to also encompass issues related to trauma, psychosis, and other mental health problems that can affect women during the perinatal period.

In addition to the aforementioned topics, research²² reports barriers to



implementing these measures, including challenges such as the scarcity of available referral pathways and frequent delays in making these referrals. Therefore, studies^{21,23} suggest, as an intervention, the creation of evidence-based protocols for nurses' work in caring for women with this condition, and advocate providing a list of health facilities to which nurses can refer women with signs of the disease for follow-up when necessary.

Therefore, this study highlights important competencies, evidenced in the literature that can enhance the performance of nursing professionals in their health units when providing nursing care to women with signs of postpartum depression. However, when we speak of competencies, we encompass professional knowledge, skills, and attitudes. However, the studies found presented disease screening/identification strategies and nursing interventions (knowledge and skills), which demonstrate a lack of development and strengthening of attitudes such as empathy and welcoming with qualified listening, which are essential for postpartum care.

Therefore, there is a need for professional training strategies that consolidate the integration between the three pillars in the development of skills, thus

favoring comprehensive, effective and humanized care for women.

CONCLUSION

The literature presents the following as the main competencies of nurses for nursing care for women with signs of postpartum depression: psychosocial interventions; group and counseling; ability to detect depressive symptoms; knowledge and skills on the subject in order to provide nursing care; and refer the woman to other professionals when necessary.

However, gaps in nurses' competencies related to PPD are noted, which can undermine the effectiveness of nursing interventions. This implies the need for training and continuing education for these professionals to develop these capabilities, enabling them to provide qualified nursing care to ensure a better quality of life and well-being for women, and reduce maternal mental distress.

The review's limitations include the scarcity of specific studies focused on nurse training on the topic, which implies the need for new intervention studies on PPD to support new, effective strategies for professional qualification and improved care. Furthermore, no studies were found that addressed nurses' attitudes when dealing with



maternal mental distress, requiring further investigation in future research. Another aspect highlighted was that all studies addressed realities from foreign countries, where the strategy used to search for studies in databases did not find studies addressing situations in Brazil. This represents another area for further research in Latin American databases, such as LILACS and BDENF.

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