



The romanticization of motherhood and social vulnerability factors in the onset of postpartum depression

A romantização da maternidade e os fatores de vulnerabilidade social no desenvolvimento da depressão pós-parto

La romantización de la maternidad y los factores de vulnerabilidad social en el desarrollo de la depresión posparto

 Gilson Gomes Coelho¹,  Andressa Nunes da Silva²,  Rafaella Fontes Milhomem Bueno²

Received: 04/04/2024 Accepted: 11/10/2024 Published: 13/11/2024

Abstract:

Objective: to understand the relationship between the romanticization of motherhood and the influence of social vulnerability factors on the onset of postpartum depression disorder. **Methods:** a narrative review conducted between April and May of 2022, covering the period from 2010 to 2022, through Google Scholar, Scielo Electronic Library, Electronic Journals in Psychology, Dissertations, Electronic Annals, electronic magazines and newspapers, with the descriptors: “*Depressão pós-parto*” (Postpartum depression), “*Maternidades*” (Maternity) and “*Vulnerabilidade social*” (Social vulnerability). **Results:** 15 studies were listed, most from Psychology and Nursing, and two thematic areas emerged: *The impact of the romanticization of motherhood on the onset of postpartum depression*; and *The influence of social vulnerability variables on the manifestation of the disorder*. **Conclusion:** both the romanticization of motherhood and social vulnerability factors contribute to the development of postpartum depression, so that the social support offered by the family, especially the partner, and the professionals who follow the patient during this moment, acts as a protective factor.

Keywords: Depression, postpartum; Hospitals, maternity; Social vulnerability.

Resumo:

Objetivo: compreender a relação existente entre a romantização da maternidade e a influência dos fatores de vulnerabilidade social no desenvolvimento do transtorno de depressão pós-parto. **Método:** revisão narrativa realizada durante os meses de abril e maio de 2022, considerando o período de 2010 a 2022, por meio do Google Acadêmico, Biblioteca Eletrônica Scielo, Periódicos Eletrônico em Psicologia, Dissertações, Anais Eletrônicos, revistas e jornais eletrônicos, com os descritores: “*Depressão pós-parto*”, “*Maternidades*” e “*Vulnerabilidade social*”. **Resultados:** 15 produções foram elencadas, a maioria da Psicologia e Enfermagem, e duas áreas temáticas foram construídas: *O impacto da romantização da maternidade no desenvolvimento da depressão pós-parto*; e *A influência das variáveis de vulnerabilidade social para a manifestação do transtorno*. **Conclusão:** a romantização da maternidade contribui para o desenvolvimento da depressão pós-parto, assim como os fatores de vulnerabilidade social também influenciam, de modo que o suporte social oferecido pela família, especialmente do companheiro, e dos profissionais que acompanham esse momento age como um fator de proteção.

Palavras-chave: Depressão pós-parto; Maternidades; Vulnerabilidade social.

Resumen:

Objetivo: conocer la relación entre la romantización de la maternidad y la influencia de los factores de vulnerabilidad social en el desarrollo de la depresión posparto. **Método:** revisión narrativa realizada durante los meses de Abril y Mayo de 2022, considerando el período de 2010 a 2022, a través de Google Académico, Biblioteca Electrónica Scielo, Revistas Electrónicas en Psicología, Disertaciones, Anales Electrónicos, revistas y periódicos electrónicos, con los descriptores: “*Depressão pós-parto*” (Depresión Posparto), “*Maternidade*” (Maternidad) y “*Vulnerabilidade Social*” (Vulnerabilidad Social). **Resultados:** se listaron 15 artículos, la mayoría de Psicología y Enfermería, y se construyeron dos áreas temáticas: *El impacto de la romantización de la maternidad en el desarrollo de la depresión posparto*; y *La influencia de las variables de vulnerabilidad social en la manifestación del trastorno*. **Conclusión:** la romantización de la maternidad contribuye al desarrollo de la depresión posparto, al igual que los factores de vulnerabilidad social, de modo que el apoyo social ofrecido por la familia, especialmente la pareja, y los profesionales que acompañan este momento, actúa como factor protector.

Palabras clave: Depresión posparto; Maternidades; Vulnerabilidad social.

Corresponding Author: Gilson Gomes Coelho – gilson.gomes@ufms.br

INTRODUCTION

Postpartum depression (PPD) is a condition characterized by profound sadness, leading to both physical and emotional changes in women during the postpartum period, that is, when the woman's body is still in the process of returning to its normal biological state, or even after it has occurred¹.

Postpartum depression can be divided into three different levels, namely: a. maternal sadness – the mother has sudden mood swings, such as feeling very happy and then very sad; b. postpartum depression – can occur for a few days to months after the birth of any baby, not just the first; c. postpartum psychosis: the woman may lose touch with reality, often having auditory hallucinations¹.

Furthermore, PPD may lead to a reduction in interest in daily activities, weight changes, insomnia, fatigue, feelings of uselessness, suicidal thoughts, exhaustion, unhappiness, feelings of guilt, worthlessness, anxiety and maternal unpreparedness. PPD can also influence the bond between mother and baby and the child's future behavior².

In addition to this distinction, there is also a distinction between postpartum depression and the sadness felt in the period after childbirth, known as Baby Blues, since both can be detrimental to the woman, causing a depressed mood, and they can be confused with one another. However, the Baby Blues lasts for a specific period, usually two weeks after childbirth, and its cause is known, as it comes from hormonal changes that occur during this period. It does not require treatment to cure either, as the feeling stops manifesting spontaneously³. PPD, on the other hand, does not have a specific period to manifest itself, and can develop due to several causes.

To diagnose depression, the symptoms must be present for at least two weeks. They are: depressed mood, almost daily; decreased interest or pleasure in most activities; unplanned weight loss, considered to be 5% of body weight; changes in sleep patterns; agitation and/or slowing of physical, speech or thought processes; almost daily fatigue and tiredness; inappropriate feelings of guilt and worthlessness; decreased concentration and indecision; suicidal ideation with or without attempts and frequent thoughts about death².

What about the romanticization of motherhood and its connection to female vulnerability? First, it's important to note the factors that influence that contribute to this romanticization. Such as gender norms, that is, the media, advertisements, cinema, cartoons and magazines that construct, maintain and reaffirm processes of identity formation, acting not only in gender construction, but also in the determination of desires, such as the desire to get married for women, given that these feelings are not natural but rather culturally configured⁴.

Marriage and motherhood are also social constructs that have evolved over time, motherhood has been seen as one of the primary roles of marriage, and from the 17th century onwards, the naturalization of maternal instinct can be seen, and in the 18th century, the naturalization of this maternal feeling can be observed, with little space to address the difficulties arising from motherhood⁴.

In the 20th century, the term “scientific motherhood” emerged, which underpins the social ideal that mothers are primarily responsible for the formation of the character and personality of their children, and the ideological association of the words “love” and “maternal” began to be used. And, later, from 1920 onwards, the ideal of motherhood began to be widely conveyed in various advertisements, in addition to reinforcing the ideal of instinctive love of the mother for the child. Thus, the role of the mother, typically fulfilled by women who give birth, gains recognition and social importance, accepting the maxim that a truly good mother should sacrifice herself for the sake of her children and husband, and through this she would achieve true happiness. In this case, it is considered a monstrous crime for a woman to focus on herself and not willing meet the desires of others⁴.

Thus, we can see how the romanticization of motherhood is connected to the historical and widely propagated notion of female vulnerability to serve purposes that are not individual, but cultural and social. Women are affected by this factor as part of a social construct, especially if they do not necessarily feel the desire to be a mother, or if they do not experience the ‘unconditional love’ or ‘maternal instinct’ that society often promotes. As a result, they may feel guilty or defective, burdened by these expectations⁴. Added to this is the reduction in sexual interest, social withdrawal, crying spells and changes in circadian rhythms⁵.

Understanding the psychosocial issues that permeate motherhood and the constructions related to this theme is necessary, especially in some groups, since studies highlight the prevalence of symptoms in mixed-raced mothers with low education and income⁶. Furthermore, factors such as alcohol consumption, unwanted pregnancy, violence, among other aspects, such as educational and economic factors, are inherently related to postpartum depression⁷.

Thus, the present study aims to understand the relationship between romanticization of motherhood and the influence of social vulnerability factors on the development of postpartum depression disorder.

METHODS

This is a narrative review of postpartum depression (PPD), which seeks to interpret its interrelationship with socioeconomic factors. A narrative review summarizes findings from various studies on a specific topic to provide a broader understanding.⁸

Initially, three main areas of research were identified regarding the factors that influence PPD: the social roles of women, the romanticization of motherhood, and the impact of social vulnerabilities. The following criteria were used to select studies: scientific research; published between 2010 and 2022; relevant to the chosen topics; and written in Portuguese. Materials unrelated to the defined topics or that deviated from the main focus were excluded. Studies outside the specified time period were also discarded. The methodological quality of the selected studies was also assessed.

The research took place between April and May of 2022, online, in the following databases: Scielo Electronic Library, Google Scholar, Electronic Journals in Psychology, electronic magazines and newspapers, in which the following descriptors were used: “*Depressão pós-parto*” (Postpartum depression), “*Maternidades*” (Maternity) and “*Vulnerabilidade social*” (Social vulnerability).

After selecting the materials, a chart was created to organize the data. The results were then interpreted and presented.

RESULTS

Initially, 21 studies were selected, of which 15 were considered. Most publications were from the years 2018 and 2017, as shown in Table 1. The vast majority come from the social and health areas, such as Psychology and Nursing.

Two thematic areas were constructed from the productions considered: *The impact of the romanticization of motherhood on the onset of postpartum depression*; and *The influence of social vulnerability variables on the manifestation of the disorder*.

Chart 1: Productions considered on vulnerabilities in postpartum depression. Tocantins, Brazil, 2022.

AUTHORS	TITLES	YEAR
Santos, MLC; Reis, JF; Silva, RP; Santos, DF; Leite, FMC ⁶	Symptoms of postpartum depression and their association with socioeconomic characteristics and social support	2022
Santos DF, Silva RDP, Tavares FL, Primo CC, Maciel PMA, Souza RSD, Leite FMC ⁷	Prevalence of postpartum depressive symptoms and their association with violence: a cross-sectional study, Cariacica, Espírito Santo, 2017*	2021
Micheletti AHA ⁵	Factors associated with postpartum depression	2021
Ratti GS, Dias S, Hey AP ²	Signs and Symptoms of Postpartum Depression	2020
Dias TA, Mendes SC, Gomes SC ⁹	Romantized motherhood: expectations of female social role post-conception	2020
César RCB, Loures AF, Andrade BBS ¹⁰	The romanticization of motherhood and the blaming of women	2019
Zanello VA ⁴	Mental health, gender and devices: culture and subjectivation processes	2018
Carvalho JP, Schiavon AA, Sacco AM ¹¹	The romanticization of motherhood: A form of gender oppression	2018
Farinha AJQ, Comin FS ¹²	Relations between non-maternity and female sexuality: an integrative review of the scientific literature	2018
Pesce LR ¹³	The B side of motherhood: a qualitative study based on blogs)	2018
Cronemberger LF, Franch M ¹⁴	Postpartum depression and the social role of the mother: Experiences and representations about the puerperal phase	2017
Hartmann JM, Sassi RAM, Cesar JA ¹⁵	Postpartum depression: prevalence and associated factors	2017
Azevedo RA ¹⁶	"I love my child, but I hate being a mother" Reflections on ambivalence in contemporary motherhood	2017
Matão MEL, Miranda DB de, Campos PHF, Oliveira LN de, Martins VR ¹⁷	Experience of family in the experience of postpartum depression	2011

DISCUSSION

The impact of the romanticization of motherhood on the onset of postpartum depression

Since their emergence, both motherhood (the biological connection between mother and child) and mothering (the emotional bond between them) have evolved according to historical periods and cultural contexts.¹². In general, both motherhood and mothering are deeply linked not only by the social environment, but also by the economic and political interests of each era.

Initially, the European family structure was shaped by the economic needs of families, which led to arranged marriages that prioritized financial stability over emotional bonds between spouses, and parents and children. Therefore, women, as well as children, played roles

of little or no relevance, both in family dynamics and in society, since the family provider, that is, the man, was then the figure of authority to which everyone should submit¹².

In this scenario, neither motherhood nor mothering were valued or even exercised by women who had children. They generally transferred the execution of this activity to women with less economic power, such as peasant women. Wet nurses breastfed newborns and, by the age of eight, children were considered miniature adults and began to take on domestic responsibilities.¹²

Since the Middle Ages, this abandonment by the mother of the child had been common, with high rates of infanticide⁹. However, the rise of capitalism and the bourgeoisie brought new perspectives on these relationships, as new sociological, political, and economic demands emerged. It was during this period that social roles began to be better defined; thus, the woman became responsible for the home and the man for the financial support¹².

The new economic model also changed how women were perceived and how they interacted with their husbands and children. At this time, simply being available to meet the basic needs necessary for the survival of the newborn was no longer enough. Now, the mother was required to develop an emotional bond with the child. Thus, motherhood became one of the characteristics valued in the process of motherhood¹².

The female figure became directly related to motherhood and motherhood, which were inseparable from each other. It was from this association that the myth of the maternal instinct emerged, in which, because they were capable of giving birth, women were definitely the most capable of raising children⁹. The belief that motherhood is innate to women, and that it involves an unconditional, immeasurable love for their children, is closely tied to the idealized image of the perfect mother.¹⁴ From this context, the pressure imposed by society is consolidated, in which the female figure is then necessarily obliged to be a mother, not only to fulfill the social roles attributed to each gender, but also to meet the demands of the new economic model, that is, capitalism, which now rules society. This imposition significantly influences the development of postpartum depression, given that the new mother was expected to have innate ability and unconditional love, since, according to the socially established ideal, both pregnancy and the birth of a child are always accompanied by great happiness¹³.

Motherhood became a central part of female identity and was seen as the greatest blessing and fulfillment in a woman's life. A fantasy of what it means to be a mother was then created. These idealizations, along with societal expectations and labels, shaped the role women were expected to play: that of a mother.¹⁶ The fact that women are given the role of greater or full responsibility for children and household chores can trigger feelings of anguish,

frustration, among others, caused by the overload of these duties⁹. Therefore, “being a woman” is directly related to motherhood and causes the normalization of the mistaken feeling that motherhood represents an ideal symbol of female fulfillment¹⁴. This creates a romanticization of being a woman and a mother.

One effect of romanticizing motherhood is the overlooking of its challenges, as it perpetuates the idea that being a mother is natural and instinctive for women. As a result, this idealization dismisses the struggles women face in performing this mandatory role. Furthermore, social pressure manifests as gender-based oppression¹¹:

This social pressure on women goes beyond all the culturally introduced idealization of motherhood, and can be identified as a symbol of social control over women's bodies and actions, which represents an expressive form of gender oppression^{15:6}.

In 1762, when he published *Émile*, Rousseau criticized mothers of the time for outsourcing child-rearing to wet nurses and failing to fulfill their maternal roles. After that, motherhood began to be valued and women who performed it, giving up their will to live for the sake of their children and family, were esteemed and respected by society¹¹. Thus, the woman-mother undergoes a form of mourning when she must give up part of her life to care for her child, who will now occupy a significant part of her world. For this reason, motherhood includes a mourning of the self; and a constant demand to give up her subjectivity to care for another person⁹.

Women only began participating in public life in the 19th century, although those who exercised their rights in this space were socially frowned upon. The Second World War left no other alternative than for women to take on the work activities that were previously assigned to men, since men were away fighting in the war. After the war, however, women were expected to return to their traditional roles¹⁴. In this case, they were forced by society to give up their independence and freedom, giving up themselves, to once again take care of the family.

The reality often differs from society's idealized view of motherhood, and this romanticization plays a key role in the development of postpartum depression, since, in addition to the internalization of the feeling of having to find it acceptable to give up oneself to live for another (in this case, the child), there is also the feeling of inadequacy generated in women who do not want to be mothers, or guilt, for those who do not want to give up their careers in order to bear and raise a child¹².

The consequences are varied. A woman with postpartum depression may express through the disorder her shock and disappointment at not feeling the intense emotions and happiness expected by a society¹¹ that sees motherhood as part of the essence and identity of women⁹.

The romanticized ideals of motherhood generate guilt in women who do not conform with society's expectations of that role. Therefore, when there is no full and lasting love, disappointment may develop regarding the birth of the child. Thus, there is the possibility of a scenario in which the woman may not feel love for the child, however, the care for this new life may be encouraged by other norms¹³.

The role of the man in this relationship is important, since the romanticization imposed on the woman determines how she should feel about motherhood, which should be seen, above all, as the greatest representation of fulfillment for the woman. Thus, there is a disregard for the subjectivities and oppressions experienced by women, in which they are forced to give up everything and dedicate themselves solely to the process of being a mother and everything that involves it, especially their children. These demands, however, are not made of the child's fathers⁹.

The emotional relationship between the expectant mother and the child's father is crucial. The support the father provides during this vulnerable time is key to reducing the constant demands that the woman places on herself and sharing with her the burden of generating and caring for another life, making both responsible for assuming this commitment, which is configured as a social factor that can prevent the development of postpartum depression.

The lack of emotional support from a partner is a key social factor influencing the development of postpartum depression. A 2011 cohort study of pregnant women in the city of Pelotas (RS, Brazil) who were treated through the Unified Health System (*Sistema Único de Saúde* - SUS) and assessed using the Edinburgh Postnatal Depression Scale (EPDS) found that emotional support was a crucial factor, as women who did not feel supported during pregnancy, whether by their partner, family and/or friends, had at least twice the risk of developing PPD¹⁵.

The influence of social vulnerability variables on the manifestation of the disorder

Several factors can trigger the onset of postpartum depression symptoms, including getting pregnant at a very young age, not having a partner, smoking before pregnancy, drinking alcohol and having had a history of miscarriage, experiencing violence during pregnancy, having had a cesarean section, having a family history of depression and lower education¹⁷.

Financial vulnerability, such as having a lower socioeconomic status or not living with a partner, significantly increases the risk of developing PPD, in addition to the lack of social support, such as young and single mothers, mainly between 13 and 24 years of age, who have little or no social and/or emotional support and insufficient emotional development during pregnancy¹⁵.

A woman with PPD needs social support, as it directly helps her cope with both the depression and the challenges she faces¹⁷. Thus, the lack of physical and emotional support can stem from the belief that women should be able to handle all aspects of motherhood on their own¹³.

Social support is a protective factor against PPD and can also be combined with therapeutic techniques to improve the patient's condition. Another study showed that the greater the perception of social support among women in the postpartum period, the lower the risk of depressive symptoms¹⁵.

Without adequate treatment, postpartum depression can last for months or even years and may develop into a chronic condition, in addition to, of course, damaging the maternal bond between mother and child. As the child grows, they may develop issues with sleep, eating, and behavior, since the early years of life are crucial for development, and the way in which it progresses will influence their development as a whole².

Only a qualified health professional can diagnose a woman with postpartum depression and refer her to qualified professionals who can help with treatment. Psychotherapy is crucial during this time, as counseling can help women manage the emotional conflict they experience, thus overcoming the guilt and pressure imposed on them. Therapy can also prevent the condition from worsening. Cognitive Behavioral Therapy (CBT) is one of the most commonly recommended treatments for this disorder and is particularly effective².

CONCLUSION

The romanticization of motherhood significantly contributes to the development of PPD, just as social vulnerability factors also influence it, so that the social support offered by the family, especially the partner, and by the professionals who follow this moment acts as a protective factor.

The training of professionals involved in this delicate period of generating another life is important, because the sooner the signs and symptoms are recognized, the more effective the treatment will be, thus mitigating the harm to the woman, the baby and the family.

As limitations, the search for information on other bases is considered. However, the importance of expanding the debate about vulnerabilities in PPD and the weight of social roles on women is recognized. Therefore, it is essential to conduct continuous research and seek to improve the field of practices to consolidate a care model.

REFERENCES

1. Secretaria de Estado da Saúde (Goiás). Depressão pós-parto [Internet]. Goiânia: Secretaria de Estado da Saúde; 2019 [cited in 10 May 2022]. Available from: <https://goias.gov.br/saude/depressao-pos-parto/>
2. Ratti GS, Dias S, Hey AP. Sinais e sintomas da depressão pós parto. Brazilian Journal of Health Review [Internet]. 2020 [cited in 25 Apr 2022]; 14(5):15429-39. Available from: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/19048/15306>
3. Anjos J. Entenda a diferença entre Blues Baby e depressão pós-parto. Pais e Filhos [Internet]. 2018 [cited in 10 May 2022]. Available from: <https://paisefilhos.uol.com.br/gravidez/entenda-a-diferenca-entre-baby-blues-e-depressao-pos-parto/>
4. Zanello V. Saúde mental, gênero e dispositivos: cultura e processos de subjetivação. Curitiba: Appris; 2018. p. 46-135.
5. Micheletti AHA. Fatores associados à depressão pós-parto. Terra Cult. [Internet]. 2021 [cited in 27 Apr 2022]; 37(N Esp): 22-32. Available from: <http://periodicos.unifil.br/index.php/Revistateste/article/view/2351/1753>
6. Santos MLC, Reis JF, Silva RP, Santos DF, Leite FMC. Sintomas de depressão pós-parto e sua associação com as características socioeconômicas e de apoio social. Esc Anna Nery Rev Enferm. [Internet]. 2022 [cited in 1 May 2022]; 26:e20210265. Available from: <https://www.scielo.br/j/ean/a/wvn5x49ZqbgzhKGs4pqPnqb/?format=pdf&lang=pt>
7. Santos DF, Silva RDP, Tavares FL, Primo CC, Maciel PMA, Souza RSD, et al. Prevalência de sintomas depressivos pós-parto e sua associação com a violência: estudo transversal, Cariacica, Espírito Santo, 2017. Epidemiol Serv Saúde [Internet]. 2021 [cited in 1 May 2022]; 30(4):e20201064. Available from: <https://www.scielosp.org/pdf/ress/2021.v30n4/e20201064/pt>
8. Andrade MCR. O papel das revisões de literatura na produção e síntese do conhecimento científico em Psicologia. Gerais (Univ Fed Juiz Fora) [Internet]. 2021 [cited in 11 Oct 2024]; 14(N Esp):e23310. Available from: <https://pepsic.bvsalud.org/pdf/gerais/v14nspe/01.pdf>
9. Dias TA, Mendes SC, Gomes SC. Maternidade romantizada: expectativas e consequências do papel social de mãe. In: V Semana Universitária da URCA; XXIII Semana de Iniciação Científica [Internet]; 2020; Iguatu, CE: Universidade Regional do Cariri; 2020 [cited in 11 Oct 2024]. 5 p. Available from: http://siseventos.urca.br/assets/pdf/sub_trabalhos/251-796-5274-887.pdf
10. César RCB, Loures AF, Andrade BBS. A romantização da maternidade e a culpabilização da mulher. Revista Mosaico [Internet]. 2019 [cited in 27 Apr 2022]; 10(2):S68-75. Available from: <http://editora.universidadedevassouras.edu.br/index.php/RM/article/view/1956/1342>
11. Carvalho JP, Schiavon AA, Sacco AM. A romantização da maternidade: uma forma de opressão de gênero. In: SENACORPUS Seminário Corpus Possíveis no Brasil Profundo [Internet]; 2018;

- Pelotas, RS: Universidade Federal de Pelotas; 2018 [cited in 11 Oct 2024]. 6 p. Available from: https://www.editorarealize.com.br/editora/ebooks/senacorpus/2018/TRABALHO_EV103_MD3_SA3_ID316_23022018113230.pdf
12. Farinha AJQ, Scorsolini-Comin F. Relações entre não maternidade e sexualidade feminina: revisão integrativa da literatura científica. *Rev Psicol IMED*. [Internet]. 2018 [cited in 11 Oct 2024]; 10(1):187-205. Available from: <https://seer.atitus.edu.br/index.php/revistapsico/article/download/2316/1781>
13. Pesce LR. O lado B da maternidade: um estudo qualitativo a partir de blogs [Internet]. [Dissertação]. Porto Alegre, RS: Universidade Federal do Rio Grande do Sul; 2018 [cited in 11 Oct 2024]. 81 p. Available from: <https://lume.ufrgs.br/bitstream/handle/10183/188169/001084641.pdf?sequence=1&isAllowed=y>
14. Cronemberger LF, Franch M. Depressão pós parto e o papel social da mãe: experiências e representações sobre a fase puerperal. In: 13º Congresso Mundos de Mulheres; Seminário Internacional Fazendo Gênero 11 [Internet]; 2017; Florianópolis, SC; Universidade Federal de Santa Catarina; 2017. 11 p. Available from: https://www.en.wwc2017.eventos.dype.com.br/resources/anais/1499463557_ARQUIVO_Depressao-pos-parto-e-o-papel-social-da-mae.pdf
15. Hartmann JM, Sassi RAM, Cesar JA. Depressão entre puérperas: prevalência e fatores associados. *Cad Saúde Pública* [Internet]. 2017 [cited in 28 Sep 2024]; 33(9):e00094016. Available from: <https://www.scielo.org/pdf/csp/2017.v33n9/e00094016/pt>
16. Azevedo RA. Amo meu filho, mas odeio ser mãe: reflexões sobre a ambivalência na maternidade contemporânea [Internet]. [Monografia]. Porto Alegre, RS: Universidade Federal do Rio Grande do Sul; 2017 [cited in 11 Oct 2024]. 33 p. Available from: <https://lume.ufrgs.br/bitstream/handle/10183/163940/001025591.pdf?sequence=1&isAllowed=y>
17. Matão MEL, Miranda DB, Campos PHF, Oliveira LN, Martins VR. Experiência de familiares na vivência da depressão pós-parto. *Rev Enferm Cent-Oeste Min*. [Internet]. 2011 [cited in 25 Jan 2024]; 1(3):283-93. Available from: <https://seer.ufsj.edu.br/recom/article/view/106/190>

Associated Publisher: Vania Del Arco Paschoal

Conflict of Interests: the authors declared there is no conflict of interests

Financing: none

Contributions:

Concept – Coelho GG, Silva NA, Bueno RFM,

Investigation - Coelho GG, Silva NA, Bueno RFM

Writing – first draft - Coelho GG, Silva NA, Bueno RFM

Writing – writing and revision - Coelho GG

How to cite this article (Vancouver)

Coelho GG, Silva AN, Bueno RFM. The romanticization of motherhood and social vulnerability factors in the onset of postpartum depression. *Rev Fam, Ciclos Vida Saúde Contexto Soc.* [Internet]. 2024 [cited in *insert day, month and year of access*]; 12(4):e7485. DOI: <https://doi.org/10.18554/refacs.v12i4.7485>

How to cite this article (ABNT)

COELHO, G. G.; SILVA, A. N.; BUENO, R. F. M. The romanticization of motherhood and social vulnerability factors in the onset of postpartum depression. **Revista Família, Ciclos de Vida e Saúde no Contexto Social**, Uberaba, MG, v. 12, n. 4, e7485, 2024. DOI: <https://doi.org/10.18554/refacs.v12i4.7485>. Access in: *insert day, month and year of access*.

How to cite this article (APA)

Coelho, G. G., Silva, A. N., & Bueno, R. F. M. (2024). The romanticization of motherhood and social vulnerability factors in the onset of postpartum depression. *Rev. Fam., Ciclos Vida Saúde Contexto Soc.*, 12(4), e7485. Retrieved in *insert day, month and year of access* from <https://doi.org/10.18554/refacs.v12i4.7485>



This is an open access article distributed under the terms of the Creative Commons License