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APPROACH TO THE MATERNAL PSYCHOLOGICAL CONDITION IN PRENATAL, PUERPERIUM AND CHILDCARE CONSULTATIONS

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ABSTRACT

This is a descriptive-exploratory study with a qualitative approach that aimed to analyze the mother's perception of the approach to her psychological condition in prenatal, puerperium and childcare consultations. Between January and April 2023, postpartum women hospitalized in a public-private maternity hospital who had had at least one previous experience of motherhood prior to the current one were randomly selected. The number of 20 interviewees was determined through the theoretical saturation sampling technique, in line with the pre-defined objectives, considering that it is a qualitative approach. The material was obtained through interviews and analyzed through Bardin's content analysis technique, in the light of Moraes' theoretical framework on perinatal psychology and psychopathology. The analytical categories that emerged from the discourses were called: maternal emotional state; impairment of aspects of daily life; medical approach to the maternal emotional state, and the importance of the approach to peripartum depression. The results showed that: emotional changes during pregnancy and postpartum are frequent, causing transformations in family, professional and social relationships; The mother's emotional state is rarely addressed in consultations, and postpartum women consider this approach important. It is proposed to educational institutions a more humanistic training and a greater insertion of the theme to medical students. It is also

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important to expand the dialogue with society on the subject, which is still surrounded by prejudice.

Keywords: Prenatal care. Peripartum Depression. Postpartum Depression. Peripartum Period.

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INTRODUCTION

Pregnancy and the period that follows childbirth are moments of profound bodily, physical-chemical, emotional and social transformations in a woman's life. Such conditions favor the occurrence of maternal psychiatric disorders. In contrast to this fact, the fields of psychiatry and obstetrics are just beginning to identify the complexity of the various mechanisms by which psyche and body interact, determining the gynecological and psychological function of women (Kaplan; Sadok; Grebb, 2017).

Postpartum mood disorder can be divided into three stages, ordered by the severity of the symptoms, namely: *the baby blues*, postpartum depression, and puerperal psychosis. The *baby blues* is a syndrome that includes signs and symptoms such as: depressed mood, anxiety, crying easily, irritability, inappetence and insomnia. The baby blues occur in 50 to 80% of mothers, in general, the symptoms are considered mild and disappear spontaneously in two weeks (Sriraman; Pham; Kumar, 2017). About a quarter of puerperal women who have baby blues evolve to depression (Kaplan; Sadok; Grebb, 2017).

Peripartum depression is a serious and prevalent illness that is considered a public health problem; it is the most commonly childbirth-related medical complication, and yet it is underdiagnosed worldwide. This condition, when not adequately treated, has important social and family consequences, affecting not only the postpartum woman, but also the relationship with her partner and her baby (Balseiro, 2018). As for the mother/baby bond, especially with regard to the affective aspect, it has negative effects on the social, affective, and cognitive development of the child, in addition to prolonged sequelae in childhood and adolescence (Ministry of Health, 2022).

Studies show that postpartum depression is a latent problem and that it is an increasingly broad field to be explored by professionals who provide primary care to puerperal women and their fetus, who could detect this condition early, promoting appropriate intervention, thus avoiding its worsening (Arrais; Araújo, 2017). For this reason, it is necessary to give equal importance to women's mental and physical health, providing them with well-being during pregnancy and after childbirth (Steen; Francisco, 2019).

Therefore, the objective of this study is to analyze the mother's perception of the approach to her psychological condition in prenatal, puerperium and childcare consultations.

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METHODOLOGY

This is a descriptive-exploratory study with a qualitative approach, based on primary data, carried out between January and March 2023. It occurred in a public-private maternity hospital, located in Campo Grande - MS, which provides care to patients of the Unified Health System (SUS) as well as to private patients or those with medical insurance; It concentrates around 50% of births in the city, performing an average of approximately 700 deliveries/month.

Postpartum women hospitalized in rooming-in, through SUS or health insurance, who had had at least one previous experience of motherhood prior to that one, were randomly selected by means of a simple draw. The following were excluded from the study: puerperal women who had some condition that made it impossible to understand the Free and Informed Consent Form, puerperal indigenous women living in villages, and puerperal women under 18 years of age.

Data collection was carried out through interviews, for which a semi-structured script was used. In order to improve it, a pre-test was carried out with three puerperal women, who underwent a childcare consultation with the author, with an average duration of seven minutes. The quantitative sample was determined by saturation, through the understanding of the study phenomenon, in line with the pre-defined objectives. There were 20 interviewees in total. The theoretical saturation sampling technique consists of closing the sample size with the subjects who were interviewed up to that moment, when there is repetitiveness of information in the interviews (Minayo, 2017).

The discourses of the interviews carried out were transcribed and submitted to the content analysis technique recommended by Bardin (2016) and in the light of the theoretical framework on perinatal psychology and psychopathology by Moraes (2021). The technique consists of a set of communication analysis techniques, in which systematic and objective procedures are used to describe the content of the messages in 3 phases, namely: 1. Pre-analysis; 2. The exploitation of the material; and, finally, 3. The treatment of results: inference and interpretation (Bardin, 2016). The discourses of the puerperal women were identified with the letter "P", followed by numbers from 1 to 20, according to the participant.

The project that gave rise to this study was sent to the Ethics Committee for Research with Human Beings and was approved under opinion number 5,657,303.

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RESULTS AND DISCUSSION

CHARACTERIZATION OF PUERPERAL WOMEN

The main findings of the study reveal a diverse sociodemographic profile among the postpartum women interviewed, with a higher frequency of young people between 26 and 29 years old (35%) and a majority with a complete high school education level (45%). In terms of gestational context, 75% of the participants had at least two pregnancies and 80% did not report previous miscarriages. The main occupation was identified as "housewife" in 35% of the cases, with most of the interviewees in a stable union or married (80%).

Regarding income, 45% had a per capita income of less than one minimum wage, and 50% had planned pregnancies, while 45% indicated unplanned but unwanted pregnancies and 5% unplanned and unwanted gestational complications were reported in 60% of the interviewees, and 55% stated that they were the main breadwinners of the family.

Regarding the history of depression, 15% of the postpartum women reported a personal history, while 60% indicated a family history of depression, predominantly associated with the maternal figure (20%). In addition, all the interviewees mentioned having experienced emotional changes during pregnancy and 90% stated that these changes compromised some aspect of their family, social or emotional life.

A worrying fact identified was the lack of approach to the maternal psychological condition during medical consultations, with 75% of the interviewees indicating its absence.

ANALYSIS OF THE PERCEPTIONS OF PUERPERAL WOMEN IN RELATION TO THE APPROACH TO THEIR PSYCHOLOGICAL CONDITION IN PRENATAL, PUERPERIUM AND CHILDCARE CONSULTATIONS

The analysis of the empirical material, resulting from the interviews, made it possible to identify nuclei of meaning related to the perceptions of the puerperal women, regarding their psychological condition and their approach in prenatal, puerperium and childcare consultations. Based on the chosen theoretical framework on perinatal psychology and psychopathology by Moraes (2021), the nuclei were grouped into four analytical categories, namely: the maternal emotional state; the impairment of aspects of daily life with the advent of motherhood; the medical approach to the maternal emotional state, and the importance of the peripartum depression approach.

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Table 1. Synthesis of the categories and nuclei of meaning regarding the approach to their psychological condition in prenatal, puerperium and childcare consultations.

Analytics Categories	Nuclei of Meaning
The maternal emotional state	• Emotional changes and maternal feelings. • Family and/or social support network. • Negative gestational experiences interfering with the mother's emotional state. • The concern with breastfeeding. • Financial issues and the mother's emotional state.
The impairment of aspects of daily life.	• The routine of the house. • The routine of working outside the home. • The family relationship. • Social life.
The medical approach to the maternal emotional state.	• The lack of medical approach. • The focus on the baby. • Holistic approach to the mother/baby binomial.
The importance of approaching peripartum depression.	• The importance of maternal prior knowledge for early diagnosis. • The medical consultation as a space to express emotions. • Social prejudice in relation to peripartum depression.

The mother's emotional state

In this analytical category, the nuclei of meaning related to the maternal emotional state were gathered, since all the interviewed puerperal women manifested some change in their emotional state during pregnancy and/or puerperium.

According to Moraes (2021), the social, family, physical, intrapsychic and relational circumstances in which pregnancy occurs can be related to the various emotional reactions on the part of the mother or both parents.

The nuclei of meaning that made up this category were: emotional alterations and maternal feelings; family and/or social support network; negative gestational experiences interfering with the mother's emotional state; concern with breastfeeding and, financial issues and the mother's emotional state.

Regarding emotional changes and maternal feelings during and after pregnancy, emotional changes and description of maternal feelings such as insecurity, fear, anguish and sadness appeared in all the discourses.

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As mentioned, reports of emotional changes, during and after pregnancy, appeared in all the discourses. Such emotional alterations were identified through the description of maternal feelings during the interviews:

> "Yes, during pregnancy, at times, I was more sensitive. We get more sensitive, more crying, like that, but I think that was all there was to it." P10
> "Oh more anxious, right? Fear, fear, of not being able to cope, of not being able to cope." P13
> "(...) I had many ups and downs too, happy months, many sad ones (...)" P14

The discourses demonstrate that, already in the gestational period, the woman begins to present moments of emotional lability.

Theme Filha (2021) points out that the gestational period is marked by major transformations, not only in the physical and hormonal aspects, but also in the cultural and psychological aspects. This set of modifications provides a variety of emotional oscillations: at the same time that the pregnant woman presents joy, euphoria, negative feelings such as fears, anxieties, insecurity, and doubts may coexist (Moraes, 2021).

In the postpartum period, the discourses were also marked by changes in the emotional state of the postpartum women, with feelings of loneliness and sadness.

> "In the first child, in the postpartum, everything is very intense. The emotional change, a feeling of sadness, of anguish. When my husband went back to work, it was very clear, like, for me, a feeling of loneliness. (...) That was what I remember the most; It feels like you're alone." P1
> "I felt a lot of sadness. I thought I was going to be super happy, and in my first pregnancy, I was sad. (...) At the very end of the pregnancy I felt sadness, the second pregnancy I felt sadness at the end, and the first daughter, only after childbirth. P3

In the immediate puerperium, the first two months after childbirth, women have to face biological adjustments, such as hormonal changes, changes in the body balance axis, vaginal bleeding, pain resulting from cesarean delivery or episiotomy, and problems in the beginning of breastfeeding (Moraes, 2021).

The puerperium period is often considered the most challenging phase of motherhood, because, considering all the biological adjustments that are happening, the mother still needs to balance with the needs of the newborn (Maldonado, 2013).

The discourses show that, not only during pregnancy, but also in the postpartum period, the psychological state is very vulnerable, emphasizing the importance of

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continuous attention by health professionals to women throughout their pregnancy and also in the period that follows childbirth.

The emotional changes related to the feeling of responsibility of being a mother and insecurity in taking care of her baby emerged in the excerpt:

> "I was very emotional the first time I saw my first baby. Then after, I was a little more worried about things (...) After the birth, I was also worried, how he was, if he was okay, if he was getting the little things right and everything." P6

In the first pregnancy, in addition to all that has been mentioned above, the woman still needs to build her maternal identity, facing important relational changes, such as the passage from the role of daughter to that of mother and the change from a dyadic relationship with the partner to a relationship that includes the child (Maldonado, 2017).

The reports mentioned above are close to the *baby blues;* In the following discourses, reports emerge that suggest the occurrence of more severe symptoms than those that usually occur in the *baby blues*:

> “(...) I feel despair, I get alone, then I start to have strange thoughts, then I just start crying, that sadness hits me, I feel alone. (...) I just cried, I didn't eat, I didn't sleep, I didn't want to know anything else, I wanted to be just there, hidden inside, without anyone seeing me, without anyone going there to talk, like I didn't want that there, I just felt sadness, I can't explain it, but it was a very deep sadness, it hurt like that, inside me. It's even more so when I heard the voices, then I became even more desperate, it seemed that, I don't know, there was something there, talking." P7
> "Wow! I wanted to cry all the time, doctor. During pregnancy no. It was in the postpartum period that I suffered a lot. (...) Very stressed mind, that's it." P15

Approximately 25% of patients who present signs and symptoms of the baby blues evolve to postpartum depression, whose symptoms are more intense, compromising the mother's ability to self-care and care for her baby (Kaplan; Sadok; Grebb, 2017; Ministry of Health, 2022).

In this sense, it is essential that women and their families are guided about the baby blues and about the possibility of progression to a more serious condition, that of depression. Thus, when depressive symptoms occur, mothers would be able to recognize them and seek professional help.

Regarding the family and/or social support network, all the mothers interviewed reported having had some kind of support and the correlation between emotional changes and family and/or social support was present in the discourses.

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In the reports below, the figure of the partner, the child's father, appears as a fundamental figure of support for the puerperal woman:

> "(...) He knew it was for the moment, so he would sit down, talk, calm me down and everything would be fine." P5
> "No, sometimes I was very nervous, but not to the point of being alone. I always had support from my husband." P18

The partner is a fundamental figure for emotional support in perinatal care and his active participation provides less anguish to the mother; their support is critical for the treatment and recovery of a peripartum depression (Ministry of Health, 2013).

Considering this fact, it is important to encourage the father's participation in prenatal consultations and in all the preparation for the arrival of his child, in order to provide a greater bond with the baby, even during pregnancy.

The importance of the support of other family members was also remarkable: "So, I didn't have so much, because my mother-in-law was by my side, she helped me a lot." P12

Almeida *et al*. (2022) certify that in the postpartum period, the family tends to become the main support network for the mother; When the family positions itself as a possible provider of security and affection, it becomes a protective factor against postpartum depression.

Outside the family nucleus, the religious environment and friends emerge as a source of support for the postpartum woman:

> "(...) the church, too, provided the support that helped us a lot to see God's care for our family and the zeal, it strengthened us a lot. (...) That's where our friends were very important, the church, the commitment of us to try a little harder. Of course, we have our limits, we often take a leap of overcoming because we have support and that helps us a lot." P16

Social support, from friends, neighbors, the community, can act, encouraging self-care and providing moments of leisure. Such support given during the pregnancy-puerperal period is considered a determining protective factor in maternal mental health (Almeida *et al*., 2022).

In this way, the presence of the family and/or social support network, in addition to providing a sense of security, helps the mother in the process of understanding and knowing how to deal with the emotional changes that occur during pregnancy/childbirth/puerperium.

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Negative gestational experiences interfere with the mother's emotional state, leading to the emergence of feelings such as nervousness, sadness, and fear in relation to abortion, prematurity, and other complications related to motherhood:

> "I had no hope of him arriving, of him even... When I was about four months old, I didn't have any hope that he would be born alive, because until he was six months old, she told me that it was considered an abortion, so until I was six months old I was nervous, I cried a lot too, scared." P2
> "I felt a lot of sadness, because I thought I was going to spend everything I had gone through with the other daughter. It was prematurity, because she got very sick, she got very sick, we couldn't, like, you know, keep her stable, she always got it every week, flu, something. She was hospitalized in the ICU." P11

Stressful and traumatic experiences during pregnancy can lead to the development of pathologies such as anxiety, depression, and even psychosis (Moraes, 2021). These negative experiences can include: early pregnancy, unplanned and/or unaccepted pregnancy, previous abortions, prematurity, poor care in previous delivery, clinical complications during pregnancy, among others (Arrais; Araújo, 2017).

It is important, therefore, to identify, in advance, the occurrence of such experiences in order to provide the psychological support necessary for the maintenance of the mental health of the pregnant woman/puerperal woman.

Concern with breastfeeding was expressed in the discourses as a factor related to the emotional state in the immediate postpartum period, as well as fear with the general care of the baby:

> "Then after I had her, I cried, because she didn't latch on properly, but after a while she got better, she took it properly, then I was calm and she was calm too." P5
> "Because it was the first pregnancy, doubts about breastfeeding, bathing, it was scary, afraid of not being able to handle it." P15

The images disseminated in the media, which show breastfeeding as an easy and natural act, are not always true (Moraes, 2021). Almeida, Luz and Ued (2014), in their research, revealed that, in general, health professionals have also considered the practice of breastfeeding as exclusively instinctive and biological.

Thus, many times, when the mother faces some difficulty in the process, she feels guilty and incompetent (Moraes, 2021). It is imperative, therefore, that during prenatal care, the health professional demystifies breastfeeding as a process that is always simple,

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painless and pleasurable from the beginning. The mother should be aware that difficulties may occur and that they can potentially be overcome.

Financial issues and the mother's emotional state predispose to negative emotional changes during pregnancy and the postpartum period: "yes, there were times when it fell down, but there were external factors that influenced it, right? Like financial issues, financial worries too (...)." P14

Most diseases are related to the social determinants of health, which encompass social and economic issues (Stringhini *et al.*, 2017). The presence of financial difficulties is reported as a predisposing factor for postpartum depression in several studies and by several authors, including: Lima *et al*., 2023; Santos *et al*., 2022; Terrone *et al.*, 2023).

Therefore, the holistic view of the patient during the consultation, which includes knowledge of her socioeconomic conditions, is, therefore, extremely necessary.

Impairment of aspects of daily life

In this analytical category, the nuclei of meaning related to the impairment of aspects of daily life with the advent of motherhood were gathered.

Motherhood is a process in which the woman has to deal with many relational transformations, such as: learning to live with another being within herself; move from the place of daughter to that of mother, and live with the change of a relationship with her partner, her family, and her work (Moraes, 2021).

The nuclei of meaning that made up this category were: the routine of the house; the routine of working outside the home; family relations and social life.

The feelings arising from the changes with the routine of the house, from the birth of the children, appear in the discourses with manifestations of exhaustion, impotence and sadness:

> "I think that both in the care of my first child, and at home, it affected, it affected a lot. I couldn't sleep, because of him, so it was very difficult. At home, in routines with himself, too. I think I enjoyed the beginning of my first child very little because of this exhaustion, these feelings." P1
> "Sometimes I couldn't make a meal, it made me crave, then I already felt, my God, I have to do it, because there's no other person to do it for me, then sometimes I wanted to do something and I felt pain, sometimes you're not ready for you to do things, right? But you have to do it and, sometimes, I couldn't do it, so I cried, then I was sad, (...) There were days when my seven-year-old made food, I was there at the door covering my nose and showing him how he had to do it and he did." P7

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With the advent of motherhood, it is necessary to redefine the roles that women played, arising the need for adaptations in their lives. In addition to the psychosocial changes, the puerperal woman will begin the process of getting to know her baby, caring for it, having to reorganize her routine, considering the presence of the new member (Behar, 2018).

With pregnancy and/or postpartum, the routine of working outside the home has undergone changes with an impact on women's daily life and work, as follows:

> "I was more anxious associated with work, as I work in a pharmacy, I worked standing up and it's a lot of rush, so sometimes I wasn't feeling well, it was much more complicated." P8
> "At my job they fired me because I was pregnant, I'm suing them, I also cried a lot, because I wanted to continue working. And now I'm a little emotional too. I conquered everything." P18

As well as the necessary adaptations to the routine at home, adaptations related to the work of the pregnant/puerperal woman outside the home environment are also essential (Behar, 2018), since the increasing inclusion of women in the world of work leads to an increase in anxieties regarding the ability to reconcile motherhood and professional life (Moraes, 2021).

The family relationship, especially with the partner, undergoes transformations with the mix of feelings that emerge in the period of pregnancy and the puerperium:

> "Yes, I think it did, because as I was always sad... So, especially in the family, my relationship with my husband, I was always stressed, like, nervous, sad." P3
> "(...) I got very angry with my husband, we went to talk after four months of pregnancy." P11

Motherhood also brings changes in the family context, especially in the couple's relationship. The partner, as he is, most of the time, the person closest to the pregnant woman and, because he is the one who impregnated her, tends to be the target of most of this irritation (Marques *et al*., 2019).

To better deal with this situation, the couple can seek resources in the health network and in the social support network, with family, friends, church, among others.

The influences on social life, brought about by pregnancy/puerperium, emerged in the following discourses:

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> "Yes, for a moment it affects, because we end up not being willing to maintain a social rhythm of friendships, we try to focus on being a little more reserved, but we took this care to have this balance of not hiding, to the point of not being able to solve it, to the point of not being able to leave the house, of sinking into sadness, into this impotence." P16
> "A little yes, because I moved away from my work, from people, I wanted to be alone, just in my corner. I stressed out very quickly, too. It affected everything." P19

In the face of biopsychosocial changes, women often perceive themselves as vulnerable; this vulnerability, which appears as feelings of loss that motherhood apparently brings, of control over one's own life (Behar, 2018).

Considering the above, it is evident that motherhood, from the beginning of pregnancy, brings, to varying degrees, the impairment of aspects of the woman's daily life. In order for this to bring less negative impacts to the mother, it is suggested to build groups or communities of pregnant/puerperal women for an exchange of feelings and experiences of all kinds.

The medical approach to the maternal emotional state

In this analytical category, the nuclei of meaning related to the medical approach to the maternal emotional state were gathered.

Health professionals stand out as providers of support to the mother and her baby during pregnancy, childbirth and postpartum. The consultation is a propitious moment for listening, dialogue and reflection on the experiences and challenges of motherhood (Arrais, Mourão and Fragalle, 2014).

The nuclei of meaning that made up this category show: the lack of a medical approach; the focus on the baby and a holistic approach to the mother/baby binomial.

The lack of a medical approach to the mother's emotional state in routine consultations could be observed in the interviewees' statements: "No, yes, no, no one asked me anything." P3, "So, in terms of depression, no, I was treated well, but in the emotional part, no. It was all very busy." P16

The biomedical model, which emerged in the nineteenth century, is still predominant today, although there are efforts, especially in medical graduation, to transform this model into a more humanistic biopsychosocial model. Caring represents an attitude towards the patient, not only of responsibility, but also of concern and empathetic involvement. Many patients, in this biologicist model, still rooted in our reality, are treated in a reductionist way (Almeida; Boiler; Gomes, 2022).

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Berglund (2020) in a study points out that perinatal disorders are still neglected and this impacts suicides and children unattended by sick mothers.

The focus on the baby during medical consultations, whether prenatal, puerperium or childcare, appears in the following statements:

> "There has never been this approach. It was just for the baby, everything in relation to him, to myself, no, no." P2
> "(...) When you're pregnant, they only target the baby and when it's born too, so the mother is forgotten, I was very forgetful, I felt abandoned." P3

Today, medicine is subdivided into specialties and, in this way, it can be thought that this fragmentation may also have contributed to the physician starting to see the patient only through the aspect of the clinical condition that he has, not paying attention to the whole, not considering the patient as an indivisible biopsychosocial being (Marques *et al*., 2019).

According to Moraes (2021), many women with peripartum depression are not diagnosed because health professionals disregard their approach or do not know how to properly assess depressive symptoms.

The current national curriculum guidelines for undergraduate medical courses (Ministry of Education, 2014), in chapter 3, provide that the contents must include, among other aspects: "the understanding of the social, cultural, behavioral, psychological, ecological, ethical and legal determinants, at the individual and collective levels, of the health-disease process", and also, "the diagnosis, prognosis and therapeutic conduct in diseases that affect human beings in all phases of the biological cycle, considering the criteria of prevalence, lethality, potential for prevention and pedagogical importance".

Considering the dialogues related to all the nuclei of meaning, brought so far, and considering the low approach to the maternal psychological condition evidenced in this study (only 25% of the cases), it is inferred that, although the problem of the maternal psychological condition and peripartum depression is implicitly included in the curricular guidelines that guide medical education, It is possible that schools are not yet giving due attention to the formation of the practice of a holistic approach instead of a traditional, fragmented practice, detached from the preventive aspects and focused only on the biological.

The Primary Care Notebook - Low-Risk Prenatal Care (Ministry of Health, 2013), the latest publication, refers to the theme under study, pointing out what is fundamental for the

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diagnosis and treatment of postpartum depression; however, it does not consider the approach to psychological changes during pregnancy; Furthermore, the Ministry of Health, in the material produced "Primary Care Protocols – Women's Health" (Ministry of Health, 2016) does not present a protocol for screening, diagnosis and treatment of peripartum depression and does not refer to it.

Considering the above, a protocol would be necessary and perhaps it is time for the Ministry of Health to create it.

The discourses below demonstrate the occurrence and importance of the holistic approach of the mother/baby binomial:

> "So, I remember, very well, that the only person I felt, who really looked at me, was the pediatrician. I don't forget that, in the first appointment, the first thing she asked, the first question she asked, was how I was, if I was getting to sleep, if I was getting rest, how I was feeling." P1
> "A lot, the family doctor also asked, the health nurse also asked, yes, we even kept a group inside the basic health unit, with support, too, for the mothers and after the stress. It's really cool, how they involve us in the prenatal world, really how it has to be done, right? It is also important to generate acceptance. It's pretty cool." P14

Being empathetic means putting yourself in the place of others, without making a value judgment, welcoming the suffering and problems of the other, in order to understand it. By performing an empathetic approach during the consultation, the doctor will carry out his work in a way that positively affects his patient, facilitating the diagnosis of his illnesses (Krznaric, 2014).

In this sense, the establishment of a good bond between the pregnant/puerperal woman and the health professional can contribute to alleviate the woman's anguish, thus also favoring the generation of a better mother-baby bond. Thus, a singular approach is fundamental, which considers the patient as the center of care.

The importance of addressing peripartum depression

In this analytical category, the nuclei of meaning related to the importance of the approach to peripartum depression were gathered, considering that the knowledge of perinatal psychology by all professionals involved with the care of pregnant women, parturients and puerperal women is extremely important for an adequate reception of them and their families, in all circumstances, providing dialogue for an early diagnosis of peripartum depression and, finally, the referrals necessary for its treatment (Moraes, 2021).

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The nuclei of meaning that made up this category address: the importance of maternal prior knowledge for early diagnosis; the medical consultation as a space to express emotions, and the social prejudice in relation to peripartum depression.

The importance of maternal prior knowledge for early diagnosis appears in the following statements:

> "Yes, because it can happen to arrive in a serious state, of depression, so I think everyone has to be aware that it can happen and that they need to ask for help." P1
> "I think that when you make the approach, you give her the possibility to express and, who knows, you can offer help, or do, who knows, a treatment, even to not let it evolve. So, I think it would be very interesting for everyone if there was this approach." P10

Early recognition of the symptoms of depression is crucial for seeking treatment. The sooner depression is diagnosed and treated, the lower the risk of complications and the better the recovery (Rocha; Albuquerque, 2023).

The excerpts point to the medical consultation as a space to express emotions and the importance of this openness by the medical professional:

> "Then, I think that if maybe the doctor asked, maybe people would have more help, to treat themselves, to explain, because many times you go, talk to people, people already come to say that it's freshness, that this is nothing, then we don't know who to count on and who to talk to." P7
> "The mother loses an identity of herself there, so I think it is also important to have this social and also professional support, because then it involves the pregnant woman, involves the child, who is with you, and works much more on acceptance, which is happening, because it is a process of change." P14

Moraes (2021), masterfully reports, in his book Perinatal Psychology and Psychopathology, the importance of the medical consultation being a space for the mother to express her emotions:

> "The opening of a space in which the silence of emotions, of the subjective and imaginary dimension of and about the patients (mother/father/baby), not only increases the possibility of recognizing psychic life, but also decreases the risks of perinatal symptoms and disorders in babies and their mothers." (Moraes, 2021, p. 25)

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Social prejudice in relation to peripartum depression emerged in only one discourse in a remarkable way, since the participant had already presented previous episodes of depression and puerperal psychosis and, due to this and other issues, such as the lack of approach by doctors, her diagnosis was made late. "I think that the person will think it's freshness, that not many people say, "ah, that's freshness", and it's not freshness!" P7

Despite the high occurrence of cases of depression, prejudice on the part of society still has repercussions on the difficulty of making the diagnosis and the delay in seeking help (Silva; Carvalho, 2017).

The lack of information on the part of the patient and the absence of validation of her psychic suffering contributes to the delay or non-diagnosis, making it impossible to access early and adequate treatment (Baptista; Zanon, 2017).

Since, despite the high rates of occurrence of depression in the population as a whole, taboos and stigmas regarding the disease are still very frequent. In peripartum depression, it is perceived that the prejudice is even greater, not only by society, but also by the mother herself who feels ashamed for being depressed at a time when, at first, she should feel happy and fulfilled. In this context, the medical consultation is highlighted as a privileged locus and the opportune moment for the professional to provide guidance on mood disorders related to peripartum, as well as to ascertain the mother's emotional state; finally, with early diagnosis and treatment of peripartum depression, avoiding a worse evolution of the condition.

FINAL CONSIDERATIONS

Peripartum depression is a frequent, severe and underdiagnosed condition, which, at the same time, brings numerous negative consequences to the mother, the baby and the family nucleus.

The findings lead us to a relevant and alarming result on the approach to postpartum depression in prenatal, puerperium and childcare consultations, as it is observed that, in the vast majority of consultations, this approach does not occur, despite the unanimous emotional changes in the discourses brought by the interviewed puerperal women. The results also demonstrate that such emotional changes cause important transformations in the family, professional and social relationships of women and that, although the maternal emotional state is rarely addressed in consultations, the puerperal women consider it extremely important that this approach be made at these times.

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Considering the foregoing and that there is no protocol of the Ministry of Health that deals with the screening, diagnosis and treatment of peripartum depression to date, it is proposed that such an instrument be established.

At the same time, considering that, although the current Curricular Guidelines for medical education implicitly list the adoption of a broad approach, which includes the psychological aspect in the health-disease process, the practice on the part of most physicians was not verified in this study. Therefore, it is suggested that higher education institutions and medical residency programs should include more peripartum depression among medical students and medical residents, providing them with better preparation for the approach and, consequently, for the early diagnosis and treatment of this disease.

During graduation, in addition to giving greater emphasis to mood disorders related to pregnancy and puerperium, a more humanistic training of medical professionals is considered of paramount importance, so that they are able to present a more empathetic posture in the doctor-patient relationship. In addition, it is important to expand the dialogue on the subject with society as a whole, because in a way, postpartum depression is still treated by many as a taboo and surrounded by stigmas and prejudices.

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