ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 09, Issue, 07, pp. 28767-28771, July, 2019

RESEARCH ARTICLE OPEN ACCESS

UTILIZATION OF THE SCALE OF DEPRESSION POST CHILDBIRTH OF THE EDINBURGH IN A MATERNITY WARD OF A COUNTY PARAIBA

[1]Eliane de Fátima dos Santos Barbosa, [2]Ronny Anderson de Oliveira Cruz, [3]Amanda Soares, *[4]Thaynara Ferreira Filgueiras, [5]Michelle Alves de Carvalho and [6]Simone Helena dos Santos Oliveira

[1]Nurse, Graduated from the University Center of João Pessoa - UNIPE. João Pessoa, PB, Brazil.
[2,4,5]Nurse, Master in Nursing. Professor at the University Center of João Pessoa – UNIPE, João Pessoa, PB, Brazil
[3]Master in Public Health, Professor at the University Center of João Pessoa - UNIPE, João Pessoa, PB, Brazil
[6]Nurse. PhD in Nursing, Professor of the Federal University of Paraiba. João Pessoa, PB, Brazil

ARTICLE INFO

Article History:
Received 20th April, 2019
Received in revised form
03rd May, 2019
Accepted 17th June, 2019
Published online 28th July, 2019

Key Words:
Obstetric Nursing,
Baby blues,
Women's Health.

Corresponding author:
Thaynara Ferreira Filgueiras

ABSTRACT

Objective: To verify the risk for Postpartum Depression from the use of the Edimburgh Scale in an obstetric service in a municipality of Paraíba. Method: field research, descriptive, with quantitative approach. The research was carried out in the joint housing sector and the sample comprised of 136 puerperal women over the age of 18 who were hospitalized in the service in March and April 2019. The Edinburgh Scale was used for data collection. Brazilian version. The data were analyzed through the statistical package Statistical Package for the Social Sciences, version 21, and discussed in the light of scientific literature. Results: 95 (69,9%) of the postpartum women were between 18 and 29 years of age, 72 (52.9%) were in a stable union, 64 (47,1%) had primary education and 94 (69,1%) were domestic. Regarding the obstetric data, 58 (42,6%) were multi-stage, 105 (77,2%) had no abortion, 98 (72,1%) started prenatal care early. Of the women interviewed, 107 (78,7%) scored from 0 to 9, which indicates low risk for Postpartum Depression. Final considerations: Through the use of the Edinburgh Postpartum Depression Scale, it was possible to evaluate the risk as well as to alert the nurses' need for preparation so that they can approach the puerperae and identify early the risks for the development of this disease.

Citation: Eliane de Fátima dos Santos Barbosa, Ronny Anderson de Oliveira Cruz, Amanda Soares, *et al.* 2019. "Utilization of the scale of depression post childbirth of the edinburgh in a maternity ward of a county paraiba", *International Journal of Development Research*, 09, (07), 28767-28771.

INTRODUCTION

Mental Disorders (TM) are a public health problem. According to the World Health Organization, some 450 million people suffer from some TM, accounting for 8,8% of mortality and 16,6% of disability among diseases in low- and middle-income countries. In this context, previous publications have shown that women present higher prevalences in relation to men, mainly in relation to depressive, anxiety and somatoform disorders. Gestation and the puerperium are recognized as risk factors for the development and exacerbation of mental health problems, with similar prevalences of TM in both pregnancy and postpartum (Costa *et al*., 2018). Postpartum Depression (PPD) is considered a high prevalence TM characterized by several emotional, cognitive, behavioral and physical changes. Among the symptoms that show the PPD are: irritability to baby crying, anxiety, easy crying, discouragement, feeling of incapacity to care for the newborn, among others.

These symptoms may occur in the second or third week of the puerperium (Félix et al., 2013). There are some factors that may be aggravating such as the emotional and psychic changes in the manifestations of PPD such as: previous depression, socioeconomic condition, marital conflicts, low maternal age, unwanted pregnancy, among others. Early detection of the diagnosis of PPD is of paramount importance, thus reducing the damage caused to the mother-child binomial, as well as to the family (Lima et al., 2016). According to the American Psychiatric Association, 50% of the episodes of depression occurring in the puerperium developed early in pregnancy. For this reason, the "postpartum onset" specifier for depressive and bipolar disorders was replaced with "with peripartum onset". The symptoms are similar to the depressive disorders existing in other periods of life, besides being able to affect the relation and the quality of the interaction between the mother-child dyad. Significant factors contributing to the onset of postnatal depression include prenatal depression, anxiety, previous

psychiatric history, conflicting marital relationship, stressful events, negative attitude toward pregnancy, and lack of social support (Silveira et al., 2018). Complications from depression include increased risk of suicide as well as self-inflicted injuries that are among the leading causes of death and disability in women during the pregnancy-puerperal cycle. When correlating prevalence in developing countries, there has been a strong correlation with socio-cultural values, especially gender inequality. Suicidal ideation or thoughts of death have a prevalence of 9,0% in the general population and range from 2,7% to 12,0% in pregnant women (Fonseca-Machado et al., 2015). Given this scenario, it is fundamental that health professionals, especially nurses who are in the context of direct care of women throughout the gestational and postpartum period, are aware of the PPD and are able to identify factors or conditions that can aggravate the health of the same, and thus helps them in the beginning of the symptoms and directs them to an adequate care. However, there are difficulties in the early diagnosis of PPD, its symptoms differ little from other pictures of depression (Lima et al., 2016).

There are a variety of scales that can be used to track depression, as validated for each country. They separately evaluate stress, violence and social support separately. However, there are two specific scales for PPD that are self-administered, short, and easy to interpret: the Pos- session Depression Screening Scale (PDSS) and the Edinburgh Post-Partum Depression Scale (EPDS). Among these scales the most used is the EPDS, due to its perception of symptoms and specificity, introduced and validated in Brazil (Sousa, 2017; Lima et al., 2016; Meira et al., 2015). Given the importance of early identification of PPD by EPDS as well as its applicability in an adequate manner, there is a need for the nursing professionals to be qualified and qualified to apply it, besides promoting the adequate care and direction of the puerperium corresponding to therapy and prevention satisfactorily. Thus the research is relevant since it can evidence the prevalence of women with postpartum depression, as well as determine the associated risk factors for their development, so that health services can implement measures or strategies that promote quality and integral care to the pupeas in front of their needs. Therefore, this study presented as a guiding question: What is the risk profile of postpartum women presenting with PPD from the Edinburgh scale? The purpose of this study was to verify the risk for PPD from the use of the Edinburgh Scale in an obstetric service of a general medium-sized hospital in a municipality of Paraíba.

MATERIALS AND METHODS

It is a field research, descriptive, with a quantitative approach. The research was carried out in the obstetrics service in the area dedicated to the joint housing that specifically has beds destined to the binomial mother and baby, of a general hospital of average size located in the municipality of Santa Rita, metropolitan region of João Pessoa in the state of Paraíba, Brazil . The respective service is public and served on average 03 deliveries / day in 2018 accounting for 1,456 deliveries, among vaginal and surgical deliveries. The population was composed of puerperal women over 18 years of age who were admitted to the joint accommodation service in March and April 2019, during which time the collection was performed. The random and probabilistic sample guaranteed the right to all women to be selected. The convenience was also used to meet the criteria of the researcher, such as time compatibility and easier access. For this purpose, the formula for calculating the finite population sample was used, with a confidence level of 95%, sampling error of 5%, maximum percentage of 75% (Prodanov and Freitas, 2013). It was taken as a basis for the calculation of the year 2018, which pointed out as a significant sample a quantitative of 227 women, noting that considering the inclusion criteria women over 18 years of age that permeate 60% of the women's age profile, the sample minimally significantly increased to 136 women. Thus, the inclusion criteria were: women over 18 years of age, to meet from the second day of postpartum hospitalization and to accept to participate in the study by signing the informed consent form. As exclusion criteria: postpartum women with fetal loss, or who were under psychological or psychiatric treatment or follow-up. Prior to the collection, a brief explanation about the research objectives of the study participant was made, in order to achieve greater acceptance. Once they were willing to contribute to the study, the participant signed the ICF and began to apply the questionnaires. After collection, the data were analyzed through simple descriptive statistics (frequency and percentage) and measures of central tendency (mean or median according to the need). The data were presented in the form of graphs and tables, tabulated and analyzed through the statistical package Statistical Package for the Social Sciences, Version 21, by means of simple frequency, all being discussed in the light of the relevant literature and other works published in the area. The research obeyed all the ethical norms governed by Resolution 466/2012 of the National Health Council (Brazil, 2012). It was approved by the Research Ethics Committee of the University Center of João Pessoa, with the CAAE opinion number: 04401518.1.0000.5176.

RESULTS AND DISCUSSION

According to the data collected, it was possible to observe that 95 (69.9%) were between 18 and 29 years of age, 72 (52,9%) were in a stable union and, in relation to schooling, 64 (47,1%) had elementary education, 63 (46,3%) high school and 9 (6,6%) higher education. Of these women, 94 (69,1%) were domestic, occupation with greater representation according to Table 1. Regarding obstetric data, 58 (42,6%) were multi-stage and 92 (67,6%) were multiparous. Of these women, 105 (77,2%) did not have an abortion, 25 (18,4%) had an abortion and 6 (4,4%) had a normal abortion, that is, three or more. The prenatal consultations were performed by a majority of 133 (97,8%), and in the number of 6 or more consultations 103 (75,7%) attended.

Among these women, 98 (72,1%) started prenatal care in an early age (up to 13 weeks), 35 (25,7%) had late onset and 3 (2,2%) were ignored according to Table 2. Of the women interviewed, 107 (78.7%) scored from 0 to 9, this result indicates some symptoms of short-term distress, 14 (10.3%) had a score of 10 to 12, indicate more intense distress symptoms, being necessary to monitor regularly, 15 (11,%) obtained a score equal to or above 12, thus requiring a specific and in-depth evaluation according to Table 3. No tocante aos escores obtidos na questão 10 da Escala, indicaram que 13 (9,6%) das puérperas tiveram respostas positivas conforma a Tabela 4, o que sinaliza uma avaliação criteriosa já que este iten se refere as situações de autoextermínio. The fact that the EPDS was applied in the mid-term postpartum may have been influenced by some relevant points such as the delicate period that women experience at the time of the interview, since they

Table 1. Socio-demographic data of study participants (N = 136), João Pessoa, PB, Brazil, 2019

Variables	N	%
Age		
18 a 29 years	95	69,9
30 or more	41	30,1
Marital status		
Single	26	19,1
Married	38	27,9
Stabli union	72	52,9
Schooling		
Elementary school	64	47,1
High school	63	46,3
Higher education	9	6,6
Profession		
Domestic	94	69,1
Student	7	5,1
Farmer	12	8,8
Other	23	16,9

Table 2. Obstetric data of study participants (N = 136), João Pessoa, PB, Brazil, 2019

Variables	n	%
Gestations		
Primigravid	37	27,2
Secundigravid	41	30,1
Multitasks	58	42,6
Parturition		
Primipara	44	32,4
Multipara	92	67,6
Abortions		
No abortion	105	77,2
An aborto	25	18,4
Common Habitual	6	4,4
Prenatal consultations		
Yes	133	97,8
Not	3	2,2
Number of the prenatal consultations		
< 6 consultations	30	22,1
> 6 consultations	103	75,7
Ignored	3	2,2
Month that started prenatal consultations		
Precocious	98	72,1
Late	35	25,7
Ignored	3	2,2

Table 3. Total score from the Edinburgh Postpartum Depression Scale (N = 136), João Pessoa, PB, Brazil, 2019

Variables	n	%
0 a 9	107	78,7
10 a 12	14	10,3
Equal or above 12	15	11,0

Source: Research data, 2019.

Tabela 4. Total de escore da questão 10 "a ideia de fazer mal a mim mesma passou por minha cabeça" (N= 136), João Pessoa, PB, Brazil, 2019

Variáveis	n	%
Sim	13	9,6
Não	123	90,4

Source: Research data, 2019.

are more emotionally sensitive, as well as related to the presence report of periods of depression, a fact that was reported by some puerperae during the application of the collection. The depressive symptoms identified in the EPDS refer to the seven days before the application of the scale and the first days of life of the baby, which in the present study was applied on the second day of puerperium.

Adopting the cutoff point ≥12, among these 15 (11%) punished for this punctuation. This result is compatible with the national average (7,2% to 42,8%) (Monteiro et al., 2018). In other studies, the prevalence ranged from 7,8% to 40%, and this divergence may be related to the cut-off point used in the EPDS (≥ 10, ≥ 11, ≥ 12), as well as cultural and socioeconomic factors where the research was (Bosch et al., 1996), and the results obtained in the present study (Monteiro et al., 2004). It was noted in question 10, "The idea of doing harm to myself went through my head" of the EPDS, that 9,6% of the puerperas had positive results, it is mentioned that any positive answer in this item 10 (1, 2, 3), needs to have a more in-depth assessment, since it is related to the risk of self-extermination, thus ensuring the safety of the mother and her child. Concerning the sociodemographic data, it was observed that the highest occurrence of symptoms for PPD was present in the puerperae who were between 18 and 29 years old (69,9%). According to Boska et al., (2016) this age range portrays the period in which women in general, are in fertile time with greater chances of pregnancy. Marital status is an important factor in the incidence of PPD, it is highlighted in this study that 52,9% of the women lived in a stable union. According to Soares et al. (2015) it is important to investigate the situation of marital relations and not exclusively the presence of a partner. In the puerperium the woman needs support, care, is the period in which she becomes more sensitive and emotionally vulnerable with risks for PPD. Being that a healthy marital relationship can provide emotional support by protecting the puerperal woman from PPD.

As for education, 47,1% of the puerperal women had primary education, where in some speeches, they reported that they left school to care for their children. Only 6,6% attended higher education. For Morais et al., (2015) the lower the schooling of the mother, the higher the prevalence of PPD. Regarding this influence, the authors reported that the lack of higher education explained the effect of social inequality and was a powerful predictor of general mortality in the United States. Regarding the occupation exercised by the majority of the puerperal women, 69.1% declared themselves to be housewives, since they feel responsible for taking care of their children and the family in general, a situation that contributes as a risk factor for postpartum depression. Regarding obstetric data related to gestations, 42,6% of puerperas had three or more pregnancies, a risk factor for PPD, evidenced by stress and overload in the family, when the woman already has other children. Among these women, 67,6% had abdominal or cesarean delivery, while those who had vaginal or normal delivery were 32,4%. According to Poles et al., (2018), depressive symptoms in postpartum women submitted to cesarean section may be related to surgical trauma, or problems that led to the indication of surgery, such as pelvic pain, gastrointestinal dysfunction, among others. factors are capable of affecting the maternal psychological state. The World Health Organization (WHO) states that only 15% of deliveries would need to be operative. For most cases, normal delivery is the safest and healthiest way to have children, and should be through a humanized, safe and quality care (Brazil, 2011). In Brazil, data from 2016 show that 55,6% of deliveries in the country were cesareans, the second highest rate in the world, surpassed only by the Dominican Republic, with 56% (Chad, 2018). Regarding the data related to abortion, there was not a significant difference for PPD, since 77,2% of the interviewees stated that they had never aborted. The same association regarding PPD occurred for prenatal consultations,

97,8% of the women underwent prenatal care, were present in six or more consultations, 75,7%. They started an early prenatal (up to 13 weeks), 72,1% of the women interviewed. It is important to note that the EPDS is a screening tool for the risk factors of PPD, based on the prevalence of depressive symptomatology. Therefore, it is extremely important that the health team, especially nursing, can recognize the presence of depressive symptoms and factors that still associate it in the maternity, so that it can act in preventive actions regarding postpartum depression, as well as directing the puerpera to specialized clinical care

Final considerations: Postpartum depression causes serious damage not only to the puerperal woman, but also to her child and family members. Because they feel incapable of caring for their children and are emotionally vulnerable, early detection of PPD becomes of paramount importance. In the present study, risk factors were identified through the use of the Edinburgh Scale, which is an initial screening instrument, has proven good perception of the symptoms and specificity for this condition, being easy to apply, especially to the nursing area during follow-up. post childbirth. As a limitation of the study, we highlight the sample that was restricted to postpartum women in the mid-term delivery and it was not possible to carry out a longitudinal study that could accompany these women in the first months of postpartum. This investigation would verify whether symptoms persisted or decreased and which factors interfere with their existence and continuity. Therefore, it is of paramount importance to carry out further studies on this theme, as well as the follow-up of women from preconception, from prenatal to puerperium, developing strategies and health actions based on integral care, continuity of care and promotion of Cheers.

REFERENCES

Biscegli TS., Silva GS., Romualdo PF., Oliveira MS., Silva BR., Solim F. 2017. Depressão pós-parto e tipo de parto: perfil de mulheres atendidas em um hospital escola. Cuidarte. Enferm. [Internet] 11(1),59-65. Available from: http://www.webfipa.net/facfipa/ner/sumarios/cuidarte/2017v1/8%20Artigo%20Depress%C3%A3o%20p%C3%B3s-parto%20e%20tipo%20de%20parto.pdf

Boska GA., Wisniewski D., Lentsck MH. 2016. Sintomas depressivos no período puerperal: identificação pela escala de depressão pós-parto de edinburgh. J Nurs Health. [Internet] 1(1),38-50. Avaialble from: http://dx.doi.org/10.15210/jonah.v6i1.5525

Brasil. Ministério da Saúde. Resolução nº 466, de 12 de dezembro de 2012. Dispõe sobre pesquisas com seres humanos. Diário oficial da união, Brasília, 2012. Available from: http://conselho.saude.gov. br/resolucoes/ 2012/ Reso466.pdf

Brasil. Ministério da Saúde; UNICEF. 2011. Guia dos Direitos da Gestante e do Bebê. 1. ed. São Paulo, Available from: http://www.sgc.goias.gov.br/upload/links/arq_818_guia_direitos_gestante-bebe.pdf . Acesso em: 13 de mai. 2019.

Chade J. 2018. Com novas recomendações, OMS tenta frear explosão de cesáseas. O Estado de São Paulo, São Paulo, 15 de fev. 2018. Caderno de notícias/geral, p. 5. Available from: https://saude.estadao.com.br/noticias/geral,com-novas-recomendacoes-omstenta-frear-explosao-de-cesareas,70002190283

Costa DO., Souza FIS., Pedroso GC., Strufaldi MWL. 2018. Transtornos mentais na gravidez e condições do recém-nascido: estudo longitudinal com gestantes assistidas na atenção básica. Ciênc. saúde colet. [Internet] 23(3),691-700. Available from: https://doi.org/10.1590/1413-81232018233.277

Félix TA., Ferreira AGN., Siqueira DÁvila, Nascimento KV, Neto FRGX, Mira QLM. 2013. Atuação da enfermagem frente à depressão pós-parto nas consultas de puericultura. Enfermeria Global. [Internet] 29,420-35. Available from: http://scielo.isciii.es/pdf/eg/v12n29/pt_enfermeria1.pdf

Ferreira C, Silva V, Guerra C, Silva AI, Rosário R (2018). Depressão pós-parto: detecção precoce e fatores associados. Acta Obstet Ginecol Port. [Internet] 12(4),262-7. Available from: http://www.scielo.mec.pt/ scielo.php?script= sci_arttext&pid=S1646-58302 0180004 00003

Fonseca-Machado MO., Alves LC., Haas VJ., Monteiro JCS., Gomes-Sponholz F. 2015. Sob a sombra da maternidade: gravidez, ideação suicida e violência por parceiro íntimo. Rev Panam Salud Publica. [Internet] 37(4/5),258–64. Available from: http://iris.paho.org/ xmlui/bitstream/ handle/123456789/8376/v37n4-5a11.pdf;sequence=1

Hartmann JM., Sassi RAM., Cesar JÁ. 2017. Depressão entre puérperas: prevalência e fatores associados. Cad. Saúde Pública. [Internet] 33(9), e00094016. Available from: https://www.scielosp.org/article/csp/2017.v33n9/e00094016/pt/

Lima NCL., Ravelli APX., Messias LSF., Skupien SV. 2016. Depressão pós-parto baseada na Escala de Edimburgo. Revista Conexao UEPG. [Internet] 12(2),268-77. Available from: http://www.revistas2. uepg.br/index. php/conexao/ article/viewFile/8557/5287

Meira BM., Pereira PAS., Silveira MFA., Gualda DMR., Júnior HPOS. 2015. Desafio para profissionais da Atenção Primaria no cuidado à mulher com Depressão Pós-Parto. Texto contexto - Enferm. [Internet] 24(3),706-712. Available from: http://dx.doi.org/10.1590/0104-0707201500049-14

Monteiro KA., Godoi BN., Toledo OR., David FL., Avelino MM., Moraes EV. 2018. Evidências de sintomatologia depressiva no pós-parto imediato. R bras ci Saúde. [Internet] 24(4),379-88. Available from: .http://www. periodicos.ufpb.br/index.php/rbcs/article/viewFile/33808-12/20319.

Morais MLS., Fonseca LAM., David V.F., Viegas LM., Otta E. 2015. Fatores psicossociais e sociodemográficos associados à depressão pós-parto: um estudo em hospitais público e privado da cidade de São Paulo, Brasil. Estudos de Psicologia, {Internet] 20(1),40-49. Available from: http://www.scielo.br/pdf/epsic/v20n1/1413-294X-epsic-20-01-0040.pdf

Poles, MM., Carvalheira APP., Carvalhaes MABL., Parada CMGL. 2018. Sintomas depressivos maternos no puerpério imediato: fatores associados. Acta paul. enferm. [Internet] 31(4), 351-358. Available from: http://dx.doi.org/10.1590/1982-0194201800050

Prodanov CC., Freitas EC. 2013. Metodologia do trabalho científico: métodos e técnicas de pesquisa e do trabalho acadêmico. 2 ed. Novo Hamburgo: Feevale. Available from: http://www.feevale.br/Comum/midias/8807f05a-14d0-4d5b-b1ad-1538f3aef538/E-book%20Metodologia%20do%20Trabalho%20Cientifico.pdf

Silveira MS., Gurgel RQ., Barreto ÍDC., Trindade LMDF. 2018. Postpartum depression in women who survived severe maternal morbidity. Cad. Saúde Colet. [Internet]

26(4),378-383. Available from: http://www.scielo.br/pdf/cadsc/v26n4/1414-462X-cadsc-1414-462X201800040020.pdf

Soares YKC., Gonçalves NPC., Carvalho CMS. 2015. Avaliação da depressão pós-parto: prevalência e fatores associados. R. Interd. [Internet] 8(4),40-46. Available from: https://revistainterdisciplinar. uninovafapi.edu.br/ index.php/revinter/article/view/520

Sousa BIRML 2017. Rastreamento Precoce da Depressão Pós-Parto: uma revisão integrativa. Trabalho de Conclusão de Curso (Bacharelado em Enfermagem) – Universidade de Brasília, Faculdade de ciências da Saúde, Brasília, Brasil.

****