

The Perception of Postpartum Women About Postpartum Depression: A Narrative Review

A Percepção de Puérperas Acerca da Depressão Pós-parto: Uma Revisão Narrativa

La Percepción de las Mujeres Puérperas Sobre la Depresión Posparto: Una Revisión Narrativa

RESUMO

Objetivo: compreender a percepção de mulheres acometidas pela depressão pós-parto em relação ao processo de adoecimento mental. **Material e Métodos:** Estudo de revisão narrativa, o qual permite reunir e discutir informações disponíveis na literatura científica, sem a necessidade de seguir protocolos rígidos de busca e seleção. A análise contempla desde manifestações leves, como o baby blues, até quadros mais graves de depressão. **Resultado:** Os resultados mostram que a depressão pós-parto é um transtorno mental de origem multifatorial, que afeta mulheres no período gestacional e após o parto. A detecção precoce é essencial para prevenir complicações, sendo o apoio da família a principal rede de suporte. Ademais diversas mulheres enfrentam dificuldades para reconhecer alterações emocionais e expressar seus sentimentos, o que compromete a procura por ajuda. Essa dificuldade contribui para o agravamento do quadro. **Conclusão:** Conclui-se que compreender essas percepções é essencial para promover ações de cuidado à saúde mental materna.

DESCRIPTORIOS: Depressão pós-Parto; Gestação; Mulheres; Saúde mental.

ABSTRACT

Objective: To understand the perceptions of women suffering from postpartum depression regarding the process of mental illness. **Material and Methods:** This was a narrative review study, which allows for the collection and discussion of information available in the scientific literature, without the need to follow strict search and selection protocols. The analysis encompasses symptoms ranging from mild symptoms, such as the baby blues, to more severe forms of depression. **Results:** The results show that postpartum depression is a multifactorial mental disorder that affects women during pregnancy and after childbirth. Early detection is essential to prevent complications, and family support is the primary support network. Furthermore, many women face difficulties recognizing emotional changes and expressing their feelings, which hinders their ability to seek help. This difficulty contributes to worsening the condition. **Conclusion:** Understanding these perceptions is essential to promoting maternal mental health care.

DESCRIPTORS: Postpartum Depression; Pregnancy; Women; Mental Health.

RESUMEN

Objetivo: Comprender las percepciones de las mujeres que sufren depresión posparto respecto al proceso de enfermedad mental. **Material y métodos:** Se trata de un estudio de revisión narrativa, que permite la recopilación y discusión de información disponible en la literatura científica, sin necesidad de seguir protocolos estrictos de búsqueda y selección. El análisis abarca síntomas que van desde leves, como la tristeza posparto, hasta formas más severas de depresión. **Resultados:** Los resultados muestran que la depresión posparto es un trastorno mental multifactorial que afecta a las mujeres durante el embarazo y después del parto. La detección temprana es esencial para prevenir complicaciones, y el apoyo familiar es la principal red de apoyo. Además, muchas mujeres enfrentan dificultades para reconocer los cambios emocionales y expresar sus sentimientos, lo que dificulta su capacidad de buscar ayuda. Esta dificultad contribuye al empeoramiento de la condición. **Conclusión:** Comprender estas percepciones es esencial para promover la atención a la salud mental materna.

DESCRIPTORIOS: Depresión posparto; Gestação; Mujeres; Salud mental.

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Literature Review

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INTRODUCTION

Pregnancy and childbirth are significant events in a woman's life, bringing intense changes and adding responsibilities. During the postpartum period, a risk of postpartum depression (PPD) arises, triggering a series of mental health problems. Adequate attention and support for emotional health during this period are essential for the well-being of both mother and baby, highlighting the importance of early identification and appropriate treatment of PPD. [1]

In the postpartum period, there are abrupt changes in the levels of standard hormones; this woman goes from a pattern of progesterone production to a pattern of estrogen production. This hormonal change can cause sadness, crying, and anxiety, symptoms that are related to the drop in the hormones serotonin, endorphin, and adrenaline. [2]

Postpartum depression (PPD) is a significant public health issue, with clinical symptoms typically appearing within the first four weeks postpartum and peaking in the following six months. The most common signs include persistent discouragement, guilt, sleep disturbances, suicidal thoughts, fear of harming the baby, changes in appetite and libido, decreased mental functioning, and obsessive thoughts. [3]

After the birth of a baby, mothers typically face a reality that may differ from what they imagined, in terms of expectations, changes, and challenges. In this scenario, the postpartum woman seeks to balance her new maternal tasks with adjustments to her domestic routine, financial, emotional, and social life. This phase includes significant hormonal, physical, and psychological transformations, requiring adaptation and support to cope with this period. [4]

It is important to emphasize that many women going through this process often do not realize they are ill, since the postpartum period itself generates physical and mental overload, sleep deprivation, and lack of physiological needs. This exhaustion, combined with other factors, can trigger a pathological process; however, this woman may not realize that she is experiencing depression. [5]

Baby blues, or postpartum blues, is a physiological condition caused by abrupt hormonal changes during the postpartum period that can last up to two weeks. It is characterized by a transient mood disturbance, including emotional fluctuations, sadness, irritability, mental confusion, and frequent crying. It is a common and temporary condition that affects many women after childbirth, and support and un-

derstanding are important during this period of emotional adjustment. However, 30 to 75% of postpartum women are considered underdiagnosed, and this condition can become chronic and evolve into a depressive state, making it difficult for the woman experiencing it to perceive. [6]

Postpartum depression (PPD), on the other hand, is a more serious and long-lasting condition affecting women after childbirth. It results from a combination of hormonal, emotional, and social factors, requiring attention and professional monitoring to avoid consequences for both the mother and the healthy development of the baby. [4]

Given the above, it is evident that it is important to understand the perception of women affected by postpartum depression regarding mental illness, seeking to identify behaviors and feelings based on their own experiences and whether they recognize the signs and stages of the illness process. Such understanding is fundamental to expanding knowledge on the subject, since the study aims to fill gaps in the national literature and provide support for future research, as well as contribute to the development of strategic actions aimed at prevention and comprehensive care for maternal mental health.

MATERIALS AND METHODS

TYPE OF RESEARCH

This is a narrative review, a type of study that aims to gather, describe, and discuss information available in the literature on a given topic, without necessarily following a rigid protocol for searching and selecting sources. This methodology is especially useful when seeking to explore complex topics, those that are still poorly systematized, or those that involve different theoretical and practical approaches.^[7]

In the present study, narrative review was chosen as the method to understand and discuss women's perceptions of clinical manifestations in the postpartum period, considering everything from mild symptoms of baby blues to more severe cases of postpartum depression. In addition, narrative review allows for a more interpretive and reflective approach, essential for deepening the understanding of the subjectivity of maternal experiences and the challenges faced in this context.

The searches were conducted from January to March 2025 in the databases Google Scholar, CAPES Periodicals Portal, Virtual Health Library (VHL), Latin American and Caribbean Center for Information in Health Sciences, and Scientific Electronic Library Online (SciELO), respecting the time frame between the years 2020 and 2025. The Health Sciences Descriptors used for the search were: Postpartum Depression; Puerperium; Mental Health; Baby Blues. In addition, cross-referencing was performed using Boolean operators AND and OR.

The inclusion criteria included publications that addressed topics related to the perception of postpartum women affected by Postpartum Depression (PPD) regarding the mental illness process. In addition, studies that discussed the main clinical characteristics of PPD were selected, as well as those that described the feelings, experienc-

es, and life experiences of women who faced mental illness during the postpartum period.

Another criterion adopted was the selection of articles published in Portuguese and made available in open and free access. This choice aimed to facilitate access to the full content of the studies, ensuring a more complete analysis of the data and guaranteeing that the materials were accessible for later consultation, both by researchers and by health professionals interested in the topic.

Selected articles were included, initially, according to the established inclusion and exclusion criteria, then

the titles and summaries of the works were read, in order to verify if they fit the objectives of this work and finally, the full text was read, defining the relevance to the topic.

RESULTS AND DISCUSSION

As a result of the database search, 807 publications were found that met the established criteria, and after reading the abstracts, 20 studies were selected for full-text reading, and from these, 16 publications were selected to compose this study.

TABLE 1 - Characterization of the analyzed articles, according to title, author, year, methodology, objective, and database.

Article Title	Author(s) year	Methodology	Objectives	Database
The Mother–Baby Relationship in PPD	Soares <i>et al.</i> , 2022	Qualitative Descriptive Research	Analyze the factors that contribute to the onset of postpartum depression (PPD).	Google Scholar
Family Interactions in a Context of PPD	Marques; Oliveira; Silva; 2021	Exploratory, Descriptive, and Qualitative Study	Analyze women's perceptions regarding family interactions.	Google Scholar
A Whirlwind of Emotions: Women–Mothers' Perceptions of the Postpartum Period	Greco <i>et al.</i> , 2022	Qualitative Descriptive Study	Analyze the perceptions of women—mothers.	Google Scholar
Feelings Experienced by Postpartum Women	Meirelles; Alevato; Antônio; 2022	Qualitative Descriptive Research	Identify the perceived feelings.	Google Scholar
Risk Factors Associated with PPD	Cerilo-Filho <i>et al.</i> , 2023	Integrative Literature Review	Understand the risk factors associated with PPD.	Scientific Electronic Library Online (SciELO)
And Postpartum Psychosis	Izoton <i>et al.</i> , 2022	Literature Review	Identify the basic concepts related to PPD.	Virtual Health Library (VHL)
Triggering Factors and Symptoms Associated with PPD	Martins <i>et al.</i> , 2024	Integrative Review Research	Evaluate the triggering factors and symptoms.	Google Scholar

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Retrospective Experience of Pregnancy in Women with PPD	Schwochow; Frizzo; 2020	Qualitative Analysis	Retrospectively assess the pregnancy experience.	Virtual Health Library (VHL)
Clinical Characteristics and Risk Factors of PPD	Santos <i>et al.</i> , 2022	Literature Review	Analyze the clinical characteristics and risk factors for PPD.	Google Scholar
Risk Factors That Trigger PPD	Conrado <i>et al.</i> , 2023	Integrative Review	Analyze the main risk factors that influence the development of PPD.	Google Scholar
Women's Autobiographical Narratives About PPD on YouTube®	Silva <i>et al.</i> , 2022	Qualitative Study	Identify women's autobiographical narratives about PPD.	Google Scholar
Maternal Depression in the Postpartum Period: Understanding Biopsychosocial Factors	Eloi; Muner; 2024	Qualitative Study	Investigate the biopsychosocial factors that contribute to PPD.	Google Scholar
PPD: Reports from Mothers Affected in the Municipality of Chapecó-SC	Pellenz <i>et al.</i> , 2023	Inductive Scientific Method as Descriptive	Assess the impacts that PPD causes in mothers' lives at the family level.	Google Scholar
Mother-Baby Relationship in the Context of PPD	Greinert <i>et al.</i> , 2018	Qualitative Study	Analyze depressive symptoms in women during the postpartum period.	Google Scholar
I'm a Mother— Now What? Experiences of the Postpartum Period	Campos; Carneiro; 2021	Qualitative Research	Investigate how women experience the postpartum period today.	Google Scholar
Social Research on the Management of Postpartum Women with PPD at Nossa Senhora de Lourdes Maternity Hospital	Torres; 2024	Scientific Social Research: Qualitative and Quantitative	Present management aspects of PPD in the maternity setting.	Google Scholar

Source: Maciel, 2025

THE POSTPARTUM PERIOD, THE SUPPORT NETWORK, AND MENTAL ILLNESS

The postpartum period is a very challenging stage in a woman's life. A postpartum woman is a woman who has just given birth and, during this period, faces a phase of heightened vulnerability due to significant physiological changes and hormonal

imbalance. These transformations make the body more susceptible to complications such as hemorrhage and infections. In addition to physical problems, women may experience psychological issues such as sadness, confusion, emotional disorders, and postpartum depression (PPD).^[8]

The postpartum period is a sensitive phase that can cause a great deal of stress for many women. Several

factors, such as biological, psychological, social, and cultural issues, can lead to the emergence of psychiatric problems during this period. Among the social and emotional factors that can cause these problems are lack of support from family or friends, an unplanned pregnancy, affective disorders, difficulties related to conception and breastfeeding, experience of loss, birth of babies with anomalies, prematurity, marital status (single or divorced), and the pregnancy of a baby of the opposite sex to that planned.^[9]

During pregnancy, childbirth, and the postpartum period, women face various uncertainties and expectations. Although it is a natural process, it is a time that can bring pain, suffering, anguish, and fear. This combination of emotions can lead some women to develop mental disorders, such as postpartum depression (PPD).^[10] Symptoms may include mood swings, persistent sadness, discouragement, loss of appetite, reduced sleep, and decreased libido. Comprehensive monitoring of the mother is crucial, considering that the pregnancy and postpartum period causes physiological changes that affect her body. These hormonal transformations impact her emotional state, generating insecurities and anxiety about her ability to be a mother and care for the newborn.^[11]

Postpartum depression manifests as apathy, sadness, and suicidal ideation. Its onset is associated with factors such as young age, domestic violence, unplanned pregnancy, and lack of family support. It is considered a serious condition, affecting women during a vulnerable period and representing a considerable challenge for those involved. Early detection is crucial to avoid complications.^[12]

The family is a woman's first support network and plays a fundamental role, especially when mental health is compromised. Family support helps promote security, confidence,



and acceptance, essential aspects for women to face challenges with more balance and preparedness. In the family environment, true relationships are strengthened and solutions to problems are found. ^[13] A support network is fundamental in providing solid emotional support, valuable guidance, and a sense of community connection; this helps alleviate the impact of postpartum disorders by offering a safe and understanding environment. ^[14]

FROM BABY BLUES TO POSTPARTUM DELAY: PERCEPTIONS OF MENTAL ILLNESS

Baby blues is a common emotional response in the first few days or up to two weeks after childbirth, affecting up to 80% of mothers. The main signs include mood swings, frequent crying, fatigue, difficulty sleeping, feelings of being overwhelmed, and low self-esteem. Despite experiencing these symptoms, mothers who go through baby blues do not reject their baby, and treatment can be carried out through emotional support. ^[15] A study highlights that baby blues is transient and a support network is crucial to alleviate symptoms and prevent progression to postpartum depression (PPD). For both conditions, social support from family and friends, in addition to psychiatric follow-up, is fundamental to ensuring the well-being of both mother and baby. The support network is of paramount importance and can significantly influence recovery and the prevention of more serious complications. ^[16]

Postpartum depression (PPD) is a mental disorder of multifactorial etiology that affects women during the pregnancy and postpartum period. It is common for women to experience symptoms such as mood swings, persistent sadness, discouragement, loss of appetite, decreased sleep and libido, and aversion to the baby, which

can last for weeks or months after childbirth. It is more severe and persistent than baby blues, which usually disappears within a few days. ^[17]

Women often find it very difficult to recognize mental illness, as they are already "accustomed" to physical and mental overload. Motherhood brings intense changes to women's lives, with additional responsibilities that can lead to physical and emotional exhaustion. Lack of support and pressure to fulfill multiple roles without adequate recognition exacerbate these difficulties, making it common for these women not to seek professional help until symptoms become so severe that they cannot maintain basic human needs such as adequate bathing, sleep, or nutrition. As a result, they understand that postpartum depression symptoms are merely reflections of their new lifestyle and not mental illness. ^[18]

It is important to investigate women's experiences during pregnancy and, especially, how they feel postpartum. Women often hesitate to discuss their symptoms of depression, frequently due to social pressures that expect new mothers to be cheerful after childbirth, which can result in guilt, remorse, discrimination, and embarrassment. This period involves significant psychological changes after the baby's birth, and the presence of a social support network is crucial to sustain these changes, ensuring an environment of emotional and psychological support. Understanding these experiences can help develop effective strategies to support these postpartum women during this critical time, promoting their well-being and that of their families. ^[19]

It is observed that, in general, postpartum women do not recognize the symptoms of postpartum depression (PPD), which prevents them from seeking help. Often, the fatigue associated with the challenges of motherhood is confused with the normal

exhaustion of the postpartum period. It is crucial to understand that this lack of recognition can lead to late diagnosis and, consequently, delayed treatment. This is a serious condition that affects not only the mother but also the baby and the family, making early identification and adequate support essential. ^[20]

The characteristic symptoms of postpartum depression (PPD), such as insomnia and loss of appetite, usually manifest in the first four weeks after delivery and are similar to those that occur after birth. This situation can lead both the new mother and those around her to consider these reactions normal or temporary, thus hindering an accurate diagnosis. Therefore, the postpartum woman may not recognize that she is experiencing PPD. ^[21]

A study observed that most participants became emotional when recalling their journeys of maternal acceptance, particularly when discussing their initial rejection and aggression towards the baby, as well as the feelings involved. Based on the collected data and observing the fragility in diagnosing postpartum depression (PPD), it is noted that changes in maternal behavior are frequently not perceived due to a lack of understanding of their condition, hindering the possibility of intervention. ^[22]

Another study showed that postpartum depression necessitates a good support network from a partner and friends, which can have a significant positive impact throughout pregnancy. Therefore, receiving emotional support, care, attention, and security during this period is essential to ensure a serene pregnancy and postpartum phase. ^[23]

CONCLUSION

It is known that women in the immediate postpartum period face a whirlwind of emotions in the first

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few days, associated with an intense overload of demands with the arrival of the baby. These demands can be so intense that they exceed what the new mother is able to endure, both physically and emotionally. This new mother experiences intense sleep deprivation, often struggles to eat or hydrate adequately, and cannot even practice self-care satisfactorily. This mix of emotions and overload can routinely lead to a depressed mood, a feeling she may become accustomed to without realizing its progression into a full-blown illness.

We then observed that many women face difficulties in self-assessing and recognizing psychological changes,

which prevents them from expressing their feelings, which can result in a delay or even the absence of seeking help, increasing the risk of developing PPD.

PPD affects many women in the postpartum period, and the signs and symptoms are not always perceived. Therefore, healthcare professionals, in general, have an important role in detecting clinical manifestations, in order to prevent suffering for mothers and greater consequences for the baby. It is recommended that healthcare professionals improve patient education, increasing awareness of PPD, postpartum blues and its symptoms, as well as the support resources available.

This includes emotional support, guidance on coping strategies, and connecting women to appropriate resources, such as counseling or support groups. Promoting self-care is also crucial to help new mothers cope with this phase during the gestational and postpartum period.

Therefore, it is believed that this study can contribute to the knowledge of healthcare professionals and family members of these women, with the goal of enabling timely intervention and providing appropriate care, thus preventing complications and consequences related to postpartum depression.

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