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Review Article

Nursing care for pregnant women with depression: An integrative literature review

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Objective: to investigate and analyze the evidence available in the scientific literature on Nursing care for pregnant women with depression. **Methodology:** an integrative literature review that followed the recommendations set forth in the PRISMA statement. Guiding question based on the PICO strategy. Searches were performed from January 1st, 2010 to January 1st, 2020, in the following databases: MEDLINE via PubMed, SCOPUS, LILACS, PsycINFO and CINAHL, using the "pregnancy", "depression" and "nursing care" descriptors. **Results:** seven of 1,398 studies identified were included in the integrative review. Regarding the year of publication, the articles selected for the final sample were published from 2011 to 2017, all in different countries. Regarding Nursing care in relation to depression during pregnancy, three thematic categories emerged, namely: care for the prevention and reduction of depressive symptoms; care interventions; and use of theories and models as grounds for intervention in Nursing care. **Conclusion:** knowledge and identification of Nursing care for pregnant women with depression is crucial to qualify prenatal care and promote mental health.

Descriptors: Nursing; Pregnancy; Depression; Nursing Care; Health Personnel.

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O cuidado de enfermagem à gestante com depressão: revisão integrativa da literatura

Objetivo: investigar e analisar as evidências disponíveis na literatura científica sobre o cuidado de enfermagem à gestante com depressão. **Metodologia:** revisão integrativa da literatura que seguiu as recomendações da declaração PRISMA. Questão norteadora fundamentada na estratégia PICO. As buscas foram realizadas nas bases de dados MEDLINE via PubMed, SCOPUS, LILACS, PsycINFO e CINAHL, utilizando os descritores gravidez, depressão e cuidado de enfermagem, no período de 01 de janeiro de 2010 a 01 de janeiro de 2020. **Resultados:** dos 1398 estudos identificados, sete foram incluídos na revisão integrativa. Com relação ao ano de publicação, os artigos selecionados para a amostra final foram publicados de 2011 a 2017, sendo todos de diferentes países. Em relação ao cuidado de enfermagem frente à depressão na gravidez, emergiram três categorias temáticas: cuidado para a prevenção e diminuição dos sintomas depressivos, intervenções para o cuidado e uso de teorias e modelos como estrutura da intervenção no cuidado de enfermagem. **Conclusão:** o conhecimento e identificação do cuidado de enfermagem à gestante com depressão é crucial para a qualificação da assistência pré-natal e a promoção da saúde mental.

Descritores: Enfermagem; Gravidez; Depressão; Cuidados de Enfermagem; Pessoal de Saúde.

Atención de enfermería a la mujer embarazada con depresión: revisión integradora de la literatura

Objetivo: investigar y analizar la evidencia disponible en la literatura científica sobre la atención de enfermería a la gestante con depresión. **Metodología:** revisión integradora de la literatura que siguió las recomendaciones de la declaración PRISMA. Pregunta orientadora basada en la estrategia PICO. Las búsquedas se realizaron en las bases de datos MEDLINE a través de PubMed, SCOPUS, LILACS, PsycINFO y CINAHL, utilizando los descriptores embarazo, depresión y cuidados de enfermería, desde el 1 de enero de 2010 al 1 de enero de 2020. **Resultados:** de los 1398 estudios identificados, siete fueron incluidos en la revisión integradora. En cuanto al año de publicación, los artículos seleccionados para la muestra final fueron publicados entre 2011 y 2017, todos de diferentes países. En cuanto al cuidado de enfermería relacionado con la depresión durante el embarazo, surgieron tres categorías temáticas: cuidado para la prevención y reducción de los síntomas de depresión, intervenciones de cuidado y uso de teorías y modelos como base para la intervención en el cuidado de enfermería. **Conclusión:** conocer e identificar la atención de enfermería para la gestante con depresión es fundamental para cualificar la atención prenatal y promover la salud mental.

Descriptores: Enfermería; Embarazo; Depresión; Atención de Enfermería; Personal de Salud.

Introduction

Depression is a very recurrent chronic psychiatric disease responsible for mood change and recognized by a feeling of deep sadness associated with a sensation of guilt, bitterness, low self-esteem and hopelessness[1].

In the gestation period of a woman's life, depression is the most prevalent psychiatric disorder[2] and one of the most common complications in the postpartum period[3]. This is because, unlike what many people idealize about the pregnancy process, it is not always marked by joy and well-being. Pregnant women go through physiological and psychological changes, in addition to being affected by external factors such as socioeconomic[4], psychosocial[5], biological[6] and psychological[7] ones.

During pregnancy, the depression rates vary across countries with percentages of around 6.9% in the United States[8], 15.8% in Ireland[9], 16.7% in Iceland[10], 25% in Ethiopia[11] and 16% in Brazil[12].

Depression in pregnancy can have serious consequences for maternal and neonatal health[13], such as negative results in the mother's social and personal adjustments[2,14], adverse obstetric outcomes[15], negative neonatal outcomes[16] and neurological development impairment[17]. These consequences reiterate depression in pregnancy as a public health problem, for which attention and effectiveness in health care is necessary.

Prenatal care represents a period of physical and psychological preparation for delivery and parenting that aims at ensuring development of the pregnancy, allowing for the birth of a healthy newborn, without any impact on maternal health, even addressing educational and preventive activities and psychological aspects[18].

Health care at this moment also covers mental health care, which is in line with the principles of the Unified Health System (*Sistema Único de Saúde*, SUS) regarding universality of access to services at all care levels; as well as in integrality of actions, in equality of rights and service offerings and in political-administrative decentralization with decision-sharing among all actors involved[19].

The composition of this care includes Nursing care highlighted by the prominent role of nurses in prenatal assistance, which acts in conducting consultations with monitoring of the evolution of usual-risk pregnancies and promotion of the health of pregnant women and infants, both physical and mental[18,20]. As therapeutic agents, nurses are committed to the quality of life of individuals with mental disorder, in addition to being prepared to act in this mental health care model[21]. The care provided by nurses can help identify the prenatal depression signs and symptoms and implement early interventions for the prevention, management and monitoring of pregnant women's mental health, in addition to promoting timely referrals to specialized care[12,22].

Nursing care for pregnant women with depression contributes to the promotion of women's mental health, to the qualification of prenatal care and to the achievement of the 2013-2020 World Health Organization's Global Mental Health Action Plan[23] and the Sustainable Development Goals (SDGs) launched by the World Health Organization to be attained by 2030[24]. This is because Nursing care in the face of depression in pregnancy is extremely relevant to the achievement of the third goal that refers to health and well-being, specifically in its target number four that deals with promoting mental health and well-being.

The relevance of this study enables a reflection on how Nursing care is produced for pregnant women in psychological distress with depression. In addition, it is important to contribute to the enhancement and discussion of mental health promotion in the prenatal period, which is often neglected. In this sense, it is possible to recognize many studies focused on depression and health care in the postpartum period. However, there are gaps in knowledge about depression and pregnancy. This study aims at investigating and analyzing the diverse evidence available in the scientific literature on Nursing care for pregnant women with depression. It is expected to assist nurses who work in prenatal care in the implementation of actions to promote the mental health of pregnant women and prevent this and other disorders.

Methodology

This is an integrative literature review following the recommendations set forth in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guide, adapted for integrative reviews[25].

For selection of the studies, the following electronic databases were used: MEDLINE via PubMed, SCOPUS, LILACS, PsycINFO and CINAHL. The search in the databases was carried out on July 6th, 2020, and the following controlled descriptors were used: pregnancy (*gravidez*), depression (*depressão*) and nursing care (*cuidados de enfermagem*), with the AND Boolean operator, according to the criteria and manuals corresponding to each database. The descriptors were defined with the aid of the Descriptors in Health Sciences (*Descritores em Ciências da Saúde*, DeCS) and the Medical Subject Headings (MeSH). Primary studies were included in this integrative review; published in full; addressing the theme of Nursing care for pregnant women with depression, in English, Portuguese or Spanish, and in national and international journals from January 1st, 2010, to January 1st, 2020.

Thus, the search strategy was defined for each database, as described in Figure 1:

Database	Search strategy
PubMed	"pregnancy"[MeSH Terms] AND "depression"[MeSH Terms] AND "nursing care"[MeSH Terms]
SCOPUS	"pregnancy" AND "depression AND "nursing care"
CINAHL	TX "pregnancy" AND TX "depression" AND TX "nursing care"
PsycINFO	"pregnancy" AND "depression" AND "nursing care"
LILACS	gravidez AND depressão AND cuidados de enfermagem

Figure 1 - Search strategy used to guide the integrative review according to the databases consulted

In order to guide the integrative review, the PICO strategy was adopted to formulate the question based on the scope of the scientific evidence that constitutes the research focus, that is, Nursing care for pregnant women with depression. The following research question (Population, Intervention, Comparison, Outcome) was used to consider eligibility of the studies, P = Pregnant woman; I = Nursing care; C = Unused element; and O = Depression in pregnancy.

The process to search and select articles was conducted in two phases by two reviewers, independently and blindly. As a first step, the titles, abstracts and descriptors were read and, subsequently, the texts were read in full. Filtering and identification of the studies was performed manually, without using any software program.

A total of 1,398 studies were identified at the end of the search in the databases. After applying the inclusion criteria; reading the titles, abstracts and descriptors, and full-reading, 7 studies were included in the final selection.

Regarding the level of evidence, the studies were classified according to the clinical issue, which can be categorized into: 1) Intervention/Treatment or Diagnosis/Test; 2) Prognosis/Prediction or Etiology; and 3) Meaning. For the studies covering the first clinical issue, there is a hierarchy of seven levels of evidence; for the second clinical issue, five levels of evidence; and for the third, six levels of evidence[26].

Figure 2 shows the data of the study selection process according to the flowchart as recommended by PRISMA.

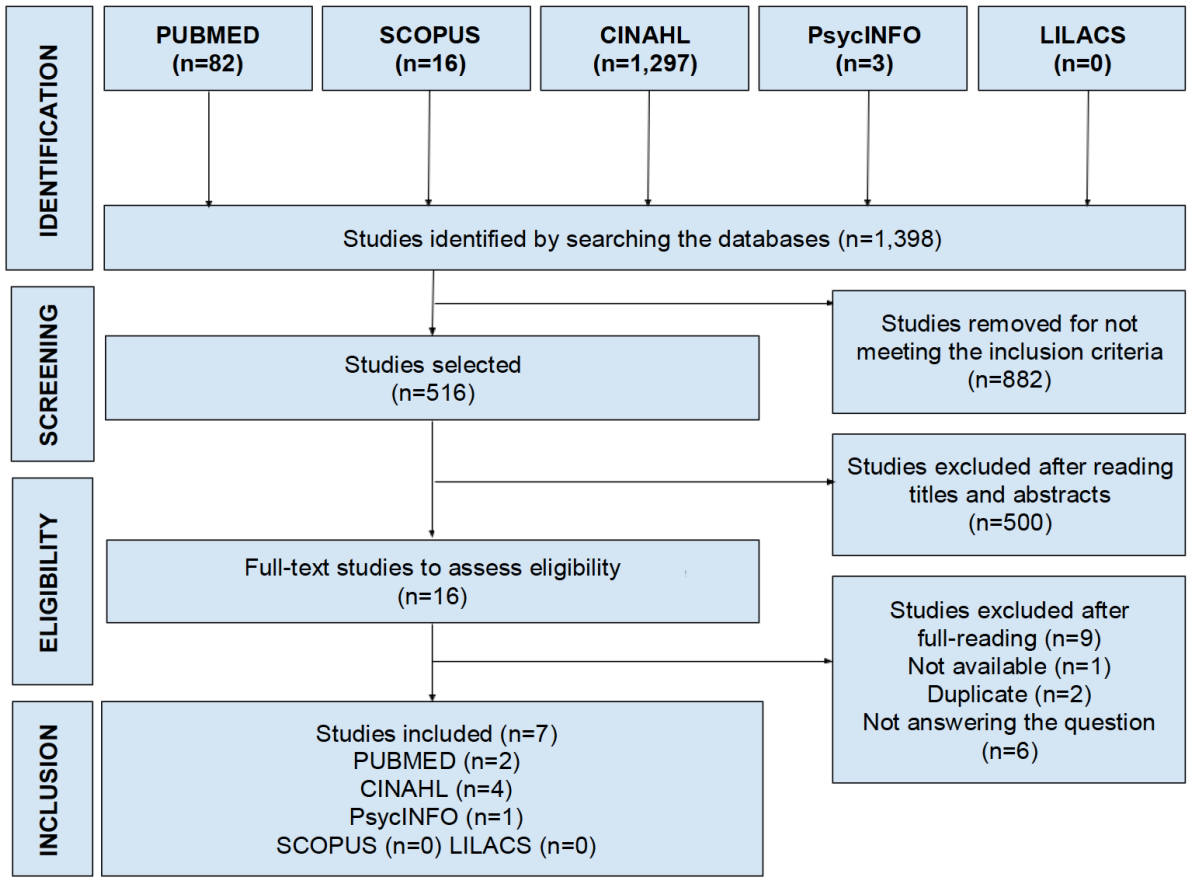

Figure 2 - Synthesis of the article selection process according to the PRISMA flowchart. Ribeirão Preto, SP, Brazil, 2020

Results

The final sample consisted of seven studies arranged in alphabetical sequence according to their bibliographic reference for better identification, from E1 to E7 in Figure 3. The studies selected were summarized and classified according to author, title, year/country of publication, journal published, study design and level of evidence/clinical issue.

No.	Title	Year/ Country	Journal	Level of evidence
E1[27]	*Efeitos do relaxamento sobre os níveis de depressão em mulheres com gravidez de alto risco: ensaio clínico randomizado*	2016 Brazil	*Revista Latino-Americana de Enfermagem*	Level II
E2[28]	Nurse-patient interaction as a treatment for antepartum depression: a mixed methods analysis	2017 United States	Journal of the American Psychiatric Nurses Association	Level V
E3[29]	Rate, risk factor and assessment of a counseling intervention for antenatal depression by public health nurses in an Israeli ultraorthodox community	2016 Israel	Journal of Advanced Nursing	Level III
E4[30]	Effects of support interventions in women hospitalized with preterm labor	2017 China	Clinical Nursing Research	Level II
E5[31]	Obstetric and neonatology nurses attitudes, beliefs, and practices related to the management of symptoms of maternal depression	2011 Canada	Issues in Mental Health Nursing	Level II
E6[32]	The effects of nursing care based on Watson's Theory of Human Caring on the mental health of pregnant women after a pregnancy loss	2017 Turkey	Archives of Psychiatric Nursing	Level II
E7[33]	Evaluation of a family nursing intervention for distressed pregnant women and their partners: a single group before and after study	2013 Iceland	Journal of Advanced Nursing	Level III

Figure 3 - Characterization of the articles included in the integrative review according to title, year and country of publication, journal where they were published and level of evidence

In relation to the year of publication, the articles included in the final sample were published from 2011 to 2017. The studies were carried out in seven different countries, namely: Brazil, United States, Israel, China, Turkey, Iceland and Canada. Of the seven studies selected, only one was published in a Brazilian journal: *Revista Latino-Americana de Enfermagem*. The others were published in specific international Nursing journals, mostly in the Psychiatry and Mental Health areas.

Regarding the level of evidence, the studies were classified according to their clinical issue[26]. Among the seven studies evaluated, five were experimental and of the clinical trial type and two were analytical and observational. Among the clinical trial studies, three were randomized and two were non-randomized. Among the analytical observational studies, one was of a retrospective longitudinal nature and the other was cross-sectional. Therefore, the level of evidence of the studies varied between II, III and V, as one study presented a clinical issue associated with Meaning, being classified with level II of evidence because it is a cross-sectional, analytical and observational study. The clinical issue associated with the Intervention/ Treatment or Diagnosis/Test was identified in the others. Among these, three studies were classified as with level of evidence II, namely: a randomized clinical trial, an intervention clinical trial with Control Group and pre- and post-test randomized Intervention Group, and the other study was a controlled and randomized clinical trial. Two studies were categorized as with level of evidence III because they are non-randomized studies and single-group pre- and post-test intervention clinical trials, one of the studies being quasi-experimental. Finally, only one study was identified as with level of evidence V because it is classified as a retrospective longitudinal, analytical and observational study.

Thus, among the studies evaluated, four obtained level of evidence II, two were level III and only one of them was level V.

The objectives and main results of the studies are displayed in Figure 4.

Nº	Objective	Main results
E1[27]	To analyze the effects of relaxation as a Nursing intervention on depression levels of hospitalized women with high-risk pregnancies.	The depression levels decreased in the Intervention Group five days after applying the relaxation technique, when compared to the levels at the first moment.
E2[28]	To examine a telephone support intervention provided by nurses to low-income pregnant women living in rural areas.	The phases of Peplau's Interpersonal Relationship Theory proved to be evident in the interactions and showed to be an effective way to provide support to underserved women with the potential to treat or compensate for postpartum depression.
E3[29]	To investigate the rate and risk factors for perinatal depression in an ultra-Orthodox Jewish community from Israel and to evaluate the contributions of prenatal Nursing interventions in reducing the depressive symptoms of postpartum depression.	The findings highlight the important role that prenatal care nurses can play both in assessing depressive symptoms and in performing support interventions for women with depressive symptoms in the perinatal period. The nurses intervened with women who expressed distress or emotional difficulties during pregnancy, even if their EPDS scores were below the cutoff value. This professional judgment was an important complement to the screening process.
E4[30]	To examine the effects of a support intervention on anxiety and quality of life in hospitalized women with preterm deliveries.	In the Control Group, the anxiety and depression scores increased significantly and quality of life was reduced two weeks after hospitalization. The participants who underwent two weeks of the support intervention had significantly lower anxiety and depression scores. Thus, clinical nurses can offer support interventions to alleviate anxiety and depression symptoms in hospitalized women with preterm deliveries.
E5[31]	To better understand the attitudes, beliefs and practices of Canadian obstetric and neonatal nurses related to the management of maternal depression symptoms.	In all units, nurses somehow agreed that it was their responsibility, and that of their unit, to assess the symptoms of maternal depression, to intervene with women who already had these symptoms and to refer them to specialized treatment.
E6[32]	To evaluate the effects of Nursing care based on Watson's Theory of Human Care on anxiety, depression, hopelessness and prenatal attachment in pregnant women with a miscarriage history.	It was verified that there was a highly significant difference between the mean scores in depression, anxiety, hopelessness and prenatal attachment after intervention among the women from the intervention and control groups. This difference is thought to stem from Nursing interventions based on Watson's Theory of Human Care.
E7[33]	To evaluate the clinical effects of a family Nursing intervention of prenatal care for distressed women and their partners on depressive symptoms, anxiety, self-esteem and didactic adjustment.	Women experienced a greater degree of distress than men before the intervention. The couple's symptoms were interrelated and the respective improvement of these symptoms was significant in all indicators after the intervention.

Figure 4 - Characterization of the articles included in the integrative review according to objectives and main results

Regarding the theme, four studies referred to the evaluation of Nursing care/intervention in depression during pregnancy, while the others also evaluated care in the face of anxiety, hopelessness, self-esteem and quality of life. Six studies aimed at analyzing Nursing care as an intervention. And the other study aimed at evaluating nurses' practice in the management of depression symptoms among pregnant women.

In relation to Nursing care in the face of depression in pregnancy, three thematic categories emerged, namely: care for the prevention and reduction of depressive symptoms, care interventions; and use of theories and models as a structure for the intervention in Nursing care.

Category 1 - Prevention and reduction of depressive symptoms

Studies conducted in Brazil, United States, Israel, China, Turkey and Iceland[27-30,32-33] concluded that Nursing care for pregnant women with depression played an important role in preventing or reducing depressive symptoms in pregnancy. The studies conducted in Brazil[27] and China[30] concluded that Nursing interventions conducted through relaxation techniques were effective in significantly decreasing the depression levels and also showed that distraction methods can also result in a physiological relaxation state with reduced anxiety and depression.

Five studies conducted in United States, Israel, China, Turkey and Iceland[28-30,32-33], which were based on counseling and conversation interventions with qualified listening, presented diverse evidence that the therapeutic relationship between nurses and patients can be developed with depressed pregnant women, culminating in symptom relief.

It was evidenced that the brief family Nursing intervention provided an improvement in the couples' difficulties and feelings[33]. It was verified that this improvement in the couples is interrelated to the improvement of the pregnant women's depression symptoms and anxiety state.

Category 2 - Care interventions

The care interventions were mostly carried out in pregnant women, being developed in five studies[27-31]; an intervention was carried out in couples[32], with the woman undergoing pregnancy; and another intervention in the nurses from the units themselves[33].

The interventions were applied in-person in six studies[27,29-33] and by means of telephone support in one study[28]. In the latter, the interactions occurred between pregnant women and nurses, and later reported by the professionals about the approximation they obtained, attitudes of the pregnant women and responses to the care provided.

Nursing care was based on the development of relaxation techniques included in the intervention with pregnant women with depression. In one study[27], Benson's relaxation technique was used, which included essential elements such as a quiet environment, a mental device, a passive attitude and a comfortable position. The technique was taught individually to each pregnant woman so that they could perform it twice a day. In another study[30], the Nursing intervention with the pregnant women with depression symptoms was based on psychophysiological relaxation techniques, in addition to resorting to a conversation between nurse and patient about distractions as a form of relaxation.

It is noteworthy that qualified listening was highlighted for Nursing care for pregnant women with depression in all studies when performing interventions, emphasizing the importance of mutual trust to achieve the nurse-patient bond.

Category 3: Use of theories and models as a structure for the intervention in Nursing care

The theories and models were evidenced in the grounds and structure for the development of Nursing care in pregnant women with depression.

In a study conducted in the United States[28], Nursing care was constituted according to Peplau's Theory, due to its relevance for mental health care and focus on nurse-patient interactions. Telephone calls were examined using the theory as framework, since it considers the nurse-patient interaction as the core of Nursing care and essential in the provision of psychiatric Nursing care. The study makes use of the four phases of the nurse-patient interaction, as defined by Peplau: guidance, identification, exploration and resolution; which led both to the Nursing intervention and to the analysis of the connections.

In a Turkish study[32], Nursing care based on Watson's Theory of Human Care was highlighted, stating that Nursing is centered on helping patients achieve a greater degree of harmony in their mind, body and soul. It characterizes Nursing care as a process of person-to-person care and that, in this process, the individual's own capacity for self-healing can increase. The theory includes the transpersonal relationship of care and, for the theoretical one, the word "intervention" had a mechanical meaning; therefore, it started to call the interventions as "*caritas* factors", defined in Turkey as "healing factors".

Finally, a study developed in Iceland[33] used the Calgary Family Nursing Assessment and Intervention Model in the intervention to the couple. According to this model, a family consists of individuals who relate to each other through social means and affective ties and the care focus is centered on the relationship between these family members. The model consists of the family assessment and in the model intervention, the first item aiming to create a description of the family's need for health care in a non-hierarchical context between family and Nursing professionals and the intervention; in turn, it is intended to promote mutual cooperation between family and nurse to facilitate change or adjustment to a health problem.

Discussion

According to the findings of the integrative review, it was possible to observe that there are several factors associated with Nursing care for pregnant women with depression, evidencing the importance of such care in the face of this mental disorder.

The publications on this theme proved to be a comprehensive field of interest with studies in different countries, which have health systems based on different models and with varied Nursing care, reinforcing its importance for pregnant women's mental health.

Nursing care in the face of depression during pregnancy proved to be diverse and was evidenced in three different thematic categories related to the development of care with care interventions; the consequences of care such as prevention and reduction of depressive symptoms; and even highlighted the basis for its occurrence with theories and models as a structure of the intervention in Nursing care.

The prevention and reduction of depressive symptoms was highlighted in this review as a consequence of Nursing care for pregnant women, showing the importance of such care in prenatal assistance and the approach that considers women in their integrity with attention to the physical and psychological aspects of pregnancy.

In this context, Nursing professionals can assist and guide pregnant women during prenatal follow-up to avoid future repercussions of the mental disorder[34].

The findings of this study are corroborated by a scoping review carried out in South Korea, which obtained positive effects in reducing stress, anxiety and depression from Nursing care with the use of relaxation techniques and abdominal breathing in prenatal care, showing the importance of assistance for pregnant

women's mental health[35]. Similarly, a study carried out in Brazil concluded that the preventive action by the multidisciplinary team during pregnancy, which includes nurses, can provide women with the necessary support to cope with the depressive symptoms and their relief[34].

It is also worth noting the relevance of the longitudinality of Nursing care in the face of depression throughout the pregnancy-puerperal cycle, as nurses' role in the care of women is highlighted not only during pregnancy, but in several life phases, which include the postpartum period, with contributions to the quality of life of mothers and newborns alike, favoring early depression symptoms during the pregnancy-puerperal cycle[36].

The relaxation, counseling and qualified listening techniques were effective Nursing interventions for the prevention and reduction of depressive symptoms in pregnant women[27-30,33]. In the same direction, another Australian integrative review concluded that interventions tailored to meet women's needs in the perinatal period showed an overall improvement in mental health and in anxiety and depression symptoms[37].

The improvement of the mental health results in the prenatal and postpartum periods is combined with innovation in effective interventions that meet women's specific needs, with promising results in the reduction of depression shown with the practice of yoga found in the United States[38] and China[39], Cognitive-Behavioral Therapy in Australia[37], physical activity in the United States[38] and mindfulness-based methods in China[39] and Australia[37].

It is noteworthy that interventions based on physical practices, such as yoga and physical and aerobic activity, or therapies, such as mindfulness, represent potentially viable and affordable alternatives for the mental health care of pregnant women with beneficial results[40-41], as they do not require significant economic and physical resources for their development and can be practiced outdoors. However, they lack trained professionals for their execution, which can be a limiting factor for the implementation of such interventions by nurses in certain prenatal health services.

The use of theories and models was found in the grounds and structuring for the development of Nursing care for pregnant women with depression[28,32-33]. These findings characterize Nursing as a profession based on theory and practice, where Nursing theories guide the practice. This fact contributes to nurses' clarification regarding the values about health processes and to seek awareness of patient care approaches[42]. This implies that Nursing theories and models are immeasurable in guiding the practice across a wide range of Nursing cultures and environments[43].

A limitation of this study consisted in the manual filtering of articles for full-reading, as no software was used for this selection. In addition to that, the size of the final sample can be considered small. A strong point of the study is that it subsidizes the Nursing practice; unit managers can implement Nursing care for pregnant women with the implications previously presented in this article.

The contributions of this study consist in disclosing the importance of Nursing care in the face of depression in pregnancy for the promotion of women's mental health and for the consequent qualification of prenatal care.

Conclusion

The results showed that Nursing care for pregnant women with depression occurs on several fronts, as this disorder can affect women with different gestational histories and cultural, social and economic conditions. In this context, Nursing care presents several grounds and structures, faces barriers in its implementation, and is effective in preventing or reducing depressive symptoms in pregnant women.

By promoting care and identifying the disorder, nurses can focus on effective strategies for the prevention of depression in pregnancy, proper management and referral to specialized mental health care, reducing costs for the health system.

The implications of this study for the Nursing area highlight the importance of implementing protocols for Nursing care in the face of depression during pregnancy in prenatal care services and the need to train nurses to screen depression in this period of women's life.

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