



ORIGINALES

Mental disorders in pregnant

Adoecimento mental em gestantes

Enfermedad mental en gestantes

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ABSTRACT:

Introduction: Gestation is a period in the life of the woman that exposes her to various physical and psychic changes. It is at this point in her life that a woman is more likely to develop mental disorders, which may be related to low level of schooling and/or socioeconomic status, being female, being single or separated, having no job, being a smoker, and have a family history of mental illness.

Objective: to analyze the occurrence of mental illness in pregnant women and the associated factors.

Method: cross-sectional study with quantitative approach. The study population consisted of pregnant women enrolled in Family Health Units. To collect the data, a questionnaire was used with identification data of the participants and the Self-Reporting Questionnaire (SRQ-20). Absolute and relative frequency were used to analyze the data, as well as the chi-square test without correction, chi-square test with Mantel-Haenzel extension and the chi-square test with yacht correction to analyze the association between mental illness and socio-demographic, gestational and health variables. Study approved by the Research Ethics Committee of the Federal University of Pernambuco (CAAE 64945317.1.0000.5208).

Results: the proportion of suggestion of mental illness in pregnant women was 31.9% and was associated with being single, having studied until elementary school, not having planned pregnancy and having a chronic illness.

Conclusions: therefore, the mental illness identified in pregnant women participating in the study may be associated with variables marital status, schooling, pregnancy planning, and chronic illness.

Keywords: pregnant women; mental disorders; mental health.

RESUMO:

Introdução: a gestação é um período na vida da mulher que a expõe a diversas alterações físicas e psíquicas. É neste momento de sua vida que a mulher está mais susceptível a desenvolver transtornos mentais, os quais podem estar relacionados a baixo nível de escolaridade e/ou socioeconômico, ser do sexo feminino, estar solteiro ou separado, não ter emprego, ser tabagista, etilista e ter história familiar de doença mental.

Objetivo: analisar a ocorrência de adoecimento mental em gestantes e os fatores associados ao mesmo.

Método: estudo transversal, com abordagem quantitativa. A população do estudo foi constituída por gestantes cadastradas em Unidades de Saúde da Família. Para a coleta dos dados foi utilizado questionário com dados de identificação das participantes e o questionário *Self-Reporting Questionnaire* (SRQ-20). Para análise dos dados, utilizou-se frequência absoluta e relativa, como também o teste de qui-quadrado sem correção, teste de qui-quadrado de tendência com extensão de Mantel-Haenzel e o teste de qui-quadrado com correção de Yates para analisar a associação entre o adoecimento mental e as variáveis sócio-demográficas, gestacionais e de saúde. Estudo aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal de Pernambuco (CAAE 64945317.1.0000.5208).

Resultados: a proporção de sugestão de adoecimento mental em gestantes foi de 31,9% e esteve associada com estar solteira, ter estudado até o ensino fundamental, não ter planejado a gravidez e possuir doença crônica.

Conclusões: portanto, o adoecimento mental identificado nas gestantes participantes do estudo pode estar associado a variáveis estado civil, escolaridade, planejamento da gravidez e possuir doença crônica.

Palavras-chaves: gestantes; transtornos mentais; saúde mental.

RESUMEN:

Introducción: La gestación es un período en la vida de la mujer que la expone a diversos cambios físicos y psíquicos. Es en este momento de su vida cuando la mujer es más susceptible a desarrollar trastornos mentales, los cuales pueden estar relacionados con bajo nivel de escolaridad y / o socioeconómico, ser del sexo femenino, estar soltero o separado, no tener empleo, ser fumadora, alcoholica y tener antecedentes familiares de enfermedad mental.

Objetivo: Analizar la ocurrencia de trastornos mentales en gestantes y los factores asociados al mismo.

Método: Estudio transversal, con abordaje cuantitativo. La población del estudio fue constituida por gestantes registradas en Unidades de Salud de la Familia. Para la recolección de los datos se utilizó el cuestionario con datos de identificación de las participantes y el cuestionario *Self-Reporting Questionnaire* (SRQ-20). Para el análisis de los datos, se utilizó una frecuencia absoluta y relativa, como también la prueba de chi-cuadrado sin corrección, prueba de chi-cuadrado de tendencia con extensión de Mantel-Haenzel y la prueba de chi-cuadrado con corrección de Yates para analizar la asociación entre la enfermedad mental y las variables socio demográficas, gestacionales y de salud. Estudio aprobado por el Comité de Ética en Investigación de la Universidad Federal de Pernambuco (CAAE 64945317.1.0000.5208).

Resultados: La proporción de sugerencia de enfermedad mental en gestantes fue de 31,9% y estuvo asociada con estar soltera, haber estudiado hasta la enseñanza básica, no haber planeado el embarazo y tener enfermedad crónica.

Conclusiones: Por lo tanto, la enfermedad mental identificada en las gestantes participantes del estudio puede estar asociada a variables estado civil, escolaridad, planificación del embarazo y tener enfermedad crónica.

Palabras-clave: mujeres embarazadas; trastornos mentales; salud mental

INTRODUCTION

The gestational period is one of the woman's life phases that exposes her to many physical and psychic changes and is associated with a greater fragility of her mental health⁽¹⁾. At that moment, there are changes in her body and her well-being, changing her psyche and her social-family role. It is also possible to observe the increase of

characteristic symptoms of emotional distress, or even the appearance of psychiatric disorder⁽²⁾.

Therefore, science shows that women are more likely to develop mental disorders than men, especially mood disorder, anxiety, somatoform and psychiatric comorbidities. Among the mental disorders, it was observed that Major Depressive Disorder (21.6%) and Generalized Anxiety Disorder occur more frequently (19.8%)⁽³⁾. Family and societal support are crucial in all phases of life, and it is important for the stressful moments that happen daily, especially in those times when there are some psychosocial and physiological changes, as in the case of gestation. During this period, there is the most frequent stage of the common mental disorders of the woman, especially in the first and third trimesters of gestation and in the first 30 days of the postpartum period⁽⁴⁾.

Common Mental Disorder (CMD) can be defined as a disorder that can cause psychological distress, functional impairment and interference with the quality of life of the individual. If there is identification of CMD, it does not mean the certification of any diagnosis, but probable propensities and risk conditions for a mental illness⁽¹⁾.

Common Mental Disorders (CMD) are composed of non-psychotic depressive symptoms, anxiety and somatic complaints that influence the performance of daily activities. The symptoms that characterize this sphere are: problems of attention and memory, sadness, wakefulness, fatigue, neurasthenia, the presentiment of uselessness, somatic complaints, among others^{1,2,5)}.

In general, 22.7% of the population had CMD (17.9% among men and 26.5% among women)⁽⁶⁾. On the other hand, some studies with pregnant women, a slightly higher prevalence was identified, such as in Paraguay, where 33.6% of the participants presented CMD and in Recife (Brazil) the rate found was 43.1%^(7,8).

The causes associated with CMD may be related to low level of education, older age, female, single or separated, not having employment/occupation and/or income, being smoker, alcoholic, sedentary and displeased with their body image.

Also, in the gestational period, risk factors for depression may be related to pregnancy in adolescence, unplanned pregnancy, negative feelings about pregnancy, being a single parent, having other children, having conflicts with her partner, not having social support, low income and low educational level^(1, 2).

There is not enough research in Brazil about depression during pregnancy, in which most of the depression was developed in a hospital environment and with pregnant adolescents, which shows predisposition in the evaluation of pregnant women at risk, being more prone to gestational depression⁽⁴⁾. It should also be noted that most studies did not use validated instruments to assess risk factors.

A study carried out with pregnant women assisted at the public service in the city of Pelotas identified a prevalence of 41.4% CMD associated with lower self-esteem⁽²⁾. Also, in the southern region of Brazil, high rates of CMD were detected in pregnant women, and 41.7% of the sample had psychiatric disorder⁽³⁾.

In the city of Baixada Fluminense, Rio de Janeiro, the prevalence of depression during gestation and its association with social support and other risk factors by women

assisted at the prenatal service in a basic health unit were estimated where depression was diagnosed in about one-fifth of these women. The prevalence of depression during pregnancy was 18%⁽⁴⁾.

Thus, this study is important because it allows to recognize mental illness during pregnancy, as well as to guide pregnant women and professionals about this problem. Thus, it will enrich the knowledge about the subject, by increasing studies in this field, especially in primary health care.

Therefore, the objective of the study was to analyze the occurrence of mental illness in pregnant women and to identify the factors associated with it.

METHOD

This is a cross-sectional study with a quantitative approach. It was opted for this approach because we understood that it best meets the proposed objectives.

The study was conducted at Family Health Units (FHU) in the urban area of Vitória de Santo Antão, Pernambuco, Brazil. The municipality has 15 health units in the urban area. Thus, 11 health units were selected for convenience.

The study population consisted of pregnant women enrolled in FHU. The exclusion criteria adopted was to be 18 years old or older. The pregnant women who presented difficulties to respond to the interview were excluded from the study. According to data obtained in the Basic Attention Information System (SIAB), in 2015, there were 516 pregnant women in the municipality⁽⁹⁾. For the sample calculation, the formula for finite population was used, with the following parameters: 95% confidence level, 7% error, and 41.4% prevalence estimation⁽²⁾. Therefore, the sample was estimated in 141 participants. The participants were selected by non-probabilistic sampling process of the consecutive type and there were no losses.

The pregnant women were approached in the FHU before the prenatal visit and the interview was conducted in a private room in the unit, lasting approximately 10 minutes.

A questionnaire was used with identification data of the participants and a tool for screening for CMD, called "Self-Reporting Questionnaire" (SRQ-20). The identification questionnaire has questions about age, marital status, education level, family income, occupation, religion, number of inhabitants in the residence. Data on gestation and planning, pregnancy habits, chronic diseases such as diabetes and hypertension, alcohol and tobacco consumption, and family history of mental disorders were also collected.

The SRQ-20 is an instrument proposed by the World Health Organization for studies with the population in primary health care. It has twenty questions regarding the month before the interview. This instrument was validated in Brazil and allows identifying symptoms of the last thirty days. It has a good reliability, with Cronbach's alpha 0.86⁽¹²⁾. It also enables to assess the risk (s) of mental illness for depression and anxiety^(10, 12). The questionnaire allows affirmative or negative answers. The affirmative answer has the value of 1 and the negative answer has the value of zero. The sum of the scores of the answers composes the final score. A final score of 8 or more is

considered a suspected case of mood disorder, anxiety and somatization, and 7 or less as an unsuspected case^(11, 12). In the study, the cut-off point of 8 was adopted.

The collected data were inserted in an Excel spreadsheet and analyzed using statistical software. Absolute and relative frequency were used, as well as the uncorrected chi-square test, chi-square test with Mantel-Haenzel extension and the chi-square test with yacht correction to analyze the association between illness mental and socio-demographic, gestational and health variables. P value <0.05 was used.

The study was approved by the Research Ethics Committee of the Federal University of Pernambuco (CAAE 64945317.1.0000.5208).

RESULTS

A total of 141 pregnant women participated in the study, most of them belonged to the age group less than 30 years old (82.98%), married (88.65%), studied until high school (61.7%), had family income of up to one minimum wage (70.92%), does not exercise paid activity (34.04%), Catholic (54.61%) and family group consisting of 3 to 5 people (55.32%).

It was also observed that most of the pregnant women in the study experienced the first pregnancy (42.55%), had not planned to become pregnant (71.63%), were in the second trimester of pregnancy (44.68%) and reported receiving the family support (95.74%), as can be seen in table 1.

Table 1: Sociodemographic and gestational characterization of participants. Vitória de Santo Antão/PE, 2017

Evaluation variables	Total	N	%	I.C.95%*	
	141			100.0	Lower
Age group					
<30		117	82.98	75.74	88.78
>30		24	17.02	11.22	24.26
Marital status					
Married		125	88.65	82.23	93.37
Single		16	11.35	6.63	17.77
Education level					
High school		87	61.70	53.15	69.76
Elementary school		46	32.62	24.97	41.02
Higher education		8	5.67	2.48	10.87
Family income					
Up to 1 minimum wages		100	70.92	62.68	78.26
From 1 to 3 minimum wages		28	19.86	13.62	27.41
No income		11	7.80	3.96	13.53
From 3 to 6 mnimum wages		2	1.42	0.17	5.03
Occupation					
Never worked		18	12.77	7.74	19.42
Employed		34	24.11	17.31	32.03
Unemployed		41	29.08	21.74	37.32
Housewife and/or student		48	34.04	26.28	42.49
Religion					
Atheist		3	2.13	0.44	6.09

Evaluation variables	Total	N	%	I.C.95%*	
		141	100.0	Lower	Upper
Catholic		77	54.61	46.02	63.01
Protestant		48	34.04	26.28	42.49
Others		13	9.22	5.00	15.25
Family group					
Living alone		2	1.42	0.17	5.03
Two people		46	32.62	24.97	41.02
From 3 to 5 people		78	55.32	46.72	63.69
From 6 to 9 people		12	8.51	4.48	14.39
More than 10 people		3	2.13	0.44	6.09
Number of pregnancies					
1		60	42.55	34.27	51.15
2		44	31.21	23.67	39.55
3		22	15.60	10.04	22.66
4 or more		15	10.6	5.55	15.73
Planned pregnancy					
No		101	71.63	63.43	78.90
Yes		40	28.37	21.10	36.57
Quarter					
1º quarter		25	17.73	11.82	25.05
2º quarter		63	44.68	36.31	53.28
3º quarter		53	37.59	29.58	46.13
Family support					
No		6	4.26	1.58	9.03
Yes		135	95.74	90.97	98.42

Source: Elaborated by the authors. Note: *C.I.95% - Confidence interval at the level of significance of 95%

Regarding the health conditions, most of the participants did not have a chronic disease (90.07%). Among those who had a chronic disease, most of them reported having hypertension (9.93%). Regarding the drug use, most of them did not use these substances (89.36%), and of the total number of users, tobacco was cited as the most consumed substance (5.67%). Also, most of the participants did not report a family history of mental disorder (69.5%). Among the participants who reported having a family history of mental disorder, depression was the most cited (16.31%).

Regarding the mental health of the pregnant woman, 31.9% (24.3-40.3) of the participants presented a suggestive picture of mental illness, while 68.1% (59.7-75.7) did not present indication of such illness.

Table 2 and 3 show the sociodemographic, gestational and health variables associated with mental illness in the participants.

Table 2 – Sociodemographic factors associated with mental illness in pregnant women. Vitória de Santo Antão/PE, 2017

Evaluation variables	Suggestion of Mental Illness in Pregnant Women				Odds ratio	Q-square test	
	Não (0)		Sim (1)			Test value	ρ -value
	N	%	N	%			
Total	96	68.1	45	31.9			
Age group							
<30	81	69.23	36	30.77	1.3500	0.4152*	0.5193
>30	15	62.50	9	37.50			
Marital status							
Single	6	37.50	10	62.50	0.2333	7.7697*	0.0053^α
Married	90	72.00	35	28.00			
Education level							
High school	25	54.35	21	45.65	1.000	5.6755**	0.0172^α
Elementary school	65	74.71	22	25.29	0.403		
Higher education	6	75.00	2	25.00	0.397		
Income							
No income	6	54.55	5	45.45	1.000	1.839**	0.1752
Up to 1 minimum wage	67	67.00	33	33.00	0.591		
From 1- 3 minimum wages	22	78.57	6	21.43	0.327		
From 3- 6 minimum wages	1	50.00	1	50.00	1.200		
Occupation							
Never wroked	13	72.22	5	27.78	1.000	0.9251**	0.3361
Employed	24	70.59	10	29.41	1.083		
Unemployed	30	73.17	11	26.83	0.953		
Housewife and/or student	29	60.42	19	39.58	1.703		
Religion							
Atheist	1	33.33	2	66.67	1.000	0.5482**	0.4590
Catholic	56	72.73	21	27.27	0.188		
Protestant	32	66.67	16	33.33	0.250		
Others	7	53.85	6	46.15	0.429		
Family group							
Living aline	0	0.00	2	100.00	-	-	-
Two people	32	69.57	14	30.43	1.000	0.2439**	0.6214
From 3 to 5 people	52	66.67	26	33.33	1.143		
From 6 to 9 people	10	83.33	2	16.67	0.457		
More than 10 people	2	66.67	1	33.33	1.143		

Source: Elaborated by the authors. Note: * Chi-square test without correction

** Trend chi-square test with Mantel-Haenszel extension.

*** Chi-square test with Yates correction. Note: ^α - significant ρ -value (<0.05)

Table 3 – Gestational and health factors associated with mental illness in pregnant women. Vitória de Santo Antão/PE, 2017

Evaluation variables	Suggestion of Mental Illness in Pregnant Women				Odds ratio	Q-square test	
	No (0)		Yes (1)			Test value	p-value
	N	%	N	%			
Total	96	68.1	45	31.9			
Number of pregnancies							
1	41	68.33	19	31.67	1.000	0.0358**	0.8499
2	31	70.45	13	29.55	0.905		
3	14	63.64	8	36.36	1.233		
4 or more	10	66.67	5	33.33	1.079		
Planned pregnancy							
No	60	59.41	41	40.59	0.1626	10.9743***	0.0009^α
Yes	36	90.00	4	10.00			
Quarter							
1 ^o quarter	17	68.00	8	32.00	1.000	0.3744**	0.5406
2 ^o quarter	41	65.08	22	34.92	1.140		
3 ^o quarter	38	71.70	15	28.30	0.839		
Family support							
No	2	33.33	4	66.67	0.2181	2.0128***	0.1559
Yes	94	69.63	41	30.37			
Having chronic illness							
No	90	70.87	37	29.13	3.2432	4.5526*	0.0328^α
Yes	6	42.86	8	57.14			
Having diabetes							
No	95	67.86	45	32.14	0.0000	0.1516**	0.6970
Yes	1	100.00	0	0.00			
Having hypertension							
No	90	70.87	37	29.13	3.2432	4.5526*	0.0328^α
Yes	6	42.86	8	57.14			
Use of drugs							
No	87	69.05	39	30.95	1.4872	0.5050*	0.4773
Yes	9	60.00	6	40.00			
Use of tobacco							
No	92	69.17	41	30.83	2.2439	0.5467**	0.4597
Yes	4	50.00	4	50.00			
Use of alcohol							
No	92	68.66	42	31.34	1.6429	0.0489**	0.8249
Yes	4	57.14	3	42.86			
Use fo other drugs							
No	96	68.09	45	31.91	0.00	0.1516**	0.6970
Yes	1	100.00	0	0.00			
Having family history of mental disorder							
No	69	70.41	29	29.59	1.4100	0.7981*	0.3716
Yes	27	62.79	16	37.21			

Evaluation variables	Suggestion of Mental Illness in Pregnant Women				Odds ratio	Q-square test	
	No (0)		Yes (1)			Test value	ρ -value
	N	%	N	%			
Total	96	68.1	45	31.9			
Having a family history of schizophrenia							
No	95	67.86	45	32.14	0.0000	0.1516***	0.6970
Yes	1	100.00	0	0.00			
Having a family history of depression							
No	80	67.80	38	32.20	0.9211	0.0277*	0.8677
Yes	16	69.57	7	30.43			
Having a family history of anxiety							
No	93	67.88	44	32.12	0.7045	0.0591***	0.8079
Yes	3	75.00	1	25.00			
Having family history of another mental disorder							
No	88	70.40	37	29.60	2.3784*	2.7166	0.0993
Yes	8	50.00	8	50.00			

Source: Elaborated by the authors. Note: * Chi-square test without correction, **Trend chi-square test with Mantel-Haenszel extension. *** Chi-square test with Yates correction. Note: α - significant ρ -value (<0.05)

From the data presented in tables 2 and 3, it was identified that being single, having studied until elementary school, not having planned pregnancy and having chronic illness are associated with mental illness in pregnant women.

DISCUSSION

It was identified that 31.9% of the women presented a suggestive picture of mental illness, different from other studies, such as one study carried out in the city of Pelotas, which indicated that 41.4% of the participants had mental disorder⁽²⁾, and another study in the south of Brazil with 41,7%⁽³⁾, and also a study performed in the city of Recife, which presented a rate of 43.1%⁽⁸⁾. Also, it is different from a research conducted in Rio de Janeiro, which identified mental disorder in 18% of the participants⁽⁴⁾. The results corroborate with a study in Paraguay, which described that 33.6% of the participants presented mental disorder⁽⁷⁾. Recently, another study conducted in the Central Region of Brazil found a prevalence of CMD in gestation of 57.1%⁽¹³⁾, which is higher than the result presented in this study. Differences in results may be related to the regional characteristics of the research places, as well as to the cut-off point adopted by the researchers.

When analyzing the sociodemographic factors, it was identified that the variables marital status and education level had an association with mental illness. Regarding marital status, it was observed in two studies with single people was associated with the suggestion of CMD in the pregnant state,^(2, 13) which corroborates with this study, in

which women living without the partner were more likely to have mental disorder when compared to married women. On the other hand, married women presented higher occurrences of CMD⁽¹⁴⁾.

Regarding the education level, it was verified in another study that low level of education, lower socioeconomic classification, and little family support are associated with a higher probability of having CMD⁽²⁾.

No statistically significant association between mental illness and the variables age, income, occupation, religion, and family group was identified. However, other studies have identified an association between these variables and CMD, as a study with adolescents that identified association with age group⁽¹⁾. Another study pointed to an association between low self-esteem and a higher prevalence of CMD⁽²⁾. Also, not working or studying; not living with the partner, and having two or more children presented significance with a probable mental disorder⁽³⁾. Besides these, research carried out in a basic health unit identified an association with being single, unemployed, and smoking⁽⁴⁾. In the women's health service, it was identified that the variables marital status, gestational age, and bleeding were associated with a common mental disorder⁽¹³⁾. Finally, family support, number of cigarettes smoked per day, alcohol consumption, use of daily medications, history of mental disorder, presence of marked events in the last 12 months and history of domestic violence were associated with depression during pregnancy⁽¹⁵⁾.

Regarding the gestational variables, it was observed that the number of gestations, gestational age, and family support did not show a statistically significant association with mental illness, which corroborates with research that showed that gestational age did not present a relation with mental illness in pregnancy and identified a higher risk of occurrence of mental disorder among primigravida ⁽¹⁵⁾.

A statistically significant association in the planning for pregnancy was identified. The same finding was evidenced in another study carried out in a health service specialized in gynecological and obstetric care, located in the central region of Brazil in a medium-sized municipality of regional economic relevance⁽¹³⁾.

Regarding the health variables, it was verified that having chronic disease is associated with the suggestion of mental illness and occurs 3.2 times more than in pregnant women who do not have chronic disease. The chronic disease that was statistically significant was arterial hypertension (SAH). A literature review that aimed to know the relationship between arterial hypertension and emotional factors identified stress, anger, anxiety, and depression as factors for hypertension. It also described that stress contributes to the appearance of many diseases, both psychic and organic⁽¹⁷⁾.

The other variables related to health conditions, such as drug use and family history of mental disorder were not associated with mental illness in the participants of this study. Another research also did not identify an association between mental illness and psychiatric family history⁽¹³⁾. However, association between alcohol use and depression during pregnancy was identified in another study⁽⁴⁾.

The study had its accomplishment in small municipality, memory bias and the process of sampling for convenience as its limitations that portrays a certain place, which may

limit the generalizations of the results. Therefore, it is suggested that studies can be carried out in municipalities with different population sizes and at random.

CONCLUSION

The study identified that 31.9% of pregnant women presented suggestion of mental illness, which is associated with being single, low level of education, not having planned pregnancy and having systemic arterial hypertension.

These results raise the attention to mental health issues at the time of the nursing visit and the nursing consultation during prenatal care. Looking at the pregnant woman and detecting the factors that increase her chances for mental illness will increase the professional's capacity for nursing care and, as a consequence, they should make the other phases of the nursing care process more assertive.

However, the results of this research were similar to those of other studies and showed that the Self-Reporting Questionnaire 20 instrument is easy to use for the screening of pictures suggestive of mental illness in pregnant women, which suggests its use in primary health care.

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