



IMPACTS OF POSTPARTUM DEPRESSION ON EXCLUSIVE BREASTFEEDING: AN INTEGRATIVE REVIEW

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Caio Oliveira Rossmann – UNINASSAU.¹
Ana Paula de Lima Cardoso – UNINASSAU.²
Wilson Goncalves Cardoso – UNINASSAU.³
Jessica Reco Cruz – UNINASSAU.⁴

SUMMARY:

Postpartum depression (PPD) is a psychological disorder that significantly affects the mental health of women in the period after the birth of their children, impacting exclusive breastfeeding (EBF), which should be maintained during the first six months of the baby's life. This study aimed to identify the main symptoms of PPD that can harm exclusive breastfeeding. The specific objectives included: assessing the impact of PPD on the duration and exclusivity of breastfeeding; highlighting the influence of PPD on early weaning; and exposing the symptoms associated with PPD. The methodology used was an integrative review of articles published between 2019 and 2023, analyzing the risk factors related to PPD, as well as the psychological, physical, and social impacts on women. The findings indicate that conditions such as low education, socioeconomic vulnerability, and lack of social and marital support are strongly associated with the development of PPD, which directly compromises the ability of mothers to offer exclusive breastfeeding to their children. The results reinforce the importance of early interventions, such as adequate psychological support, family support networks and awareness-raising actions by health professionals. Furthermore, in conclusion, public policies aimed at maternal and child health should be strengthened, with an emphasis on the prevention and management of PPD, aiming to ensure the integral well-being of mothers and their babies. The implementation of programs directly in the prenatal period and emotional support can help reduce the adverse effects of PPD.

Keywords: Postpartum depression. Exclusive breastfeeding. Risk factors. Maternal mental health. Family support.

ABSTRACT:

Postpartum depression (PPD) is a psychological disorder that significantly affects the mental health of women during the postpartum period, impacting, exclusive breastfeeding (EBF), which should be maintained during the first six months of the baby's life. This study aimed to identify the main symptoms of PPD that can hinder exclusive breastfeeding. The specific objectives included: evaluating the impact of PPD on the duration and exclusivity of breastfeeding; highlighting the influence of PPD on early weaning; and exposing the symptomatology associated with PPD. The methodology used was an integrative review of articles published between 2019 and 2023, analyzing the risk factors related to PPD, as well as the psychological, physical, and social impacts on women. The findings indicate that conditions

such as low education levels, socioeconomic vulnerability, and lack of social and marital support are strongly associated with the development of PPD, which directly compromises the mothers' ability to provide exclusive breastfeeding to their children. The results emphasize the importance of early interventions, such as adequate psychological support, family support networks, and awareness actions by healthcare professionals. In conclusion, public policies focused on maternal and child health should be strengthened, with an emphasis on the prevention and management of PPD, aiming to ensure the overall well-being of mothers and their babies. The implementation of antenatal care programs and emotional support can help reduce the adverse effects of PPD.

Keywords: Postpartum depression. Exclusively breastfeeding. Risk factors. Maternal mental health. Family support.

1. INTRODUCTION

Postpartum depression (PPD) is a psychological condition that affects a significant proportion of women in the period following the birth of a child. It can have a direct impact on exclusive breastfeeding (EBF), as PPD can negatively influence both the mother-baby bond and the mother's physical and emotional well-being.

According to Gonçalves, Lima and Barros (2020), studies indicate that women with PPD may face greater difficulties in establishing and maintaining exclusive breastfeeding, whether due to emotional issues, such as lack of motivation, stress and anxiety, or physical issues, such as insufficient milk production.

For example, a study published in *Brazilian Journal of Nursing* revealed that mothers with PPD are 30% to 50% more likely to stop exclusive breastfeeding before six months, compared to mothers without PPD (Carvalho, Lima and Silva, 2019).

Furthermore, PPD can interfere with the timing and quality of mother-baby interaction, which also negatively influences breastfeeding success. Lack of support, whether from family or healthcare professionals, can worsen this scenario, increasing the likelihood of early cessation of exclusive breastfeeding (Costa and Ribeiro, 2021).

In view of this, the research aims to answer the following question: how does postpartum depression negatively impact mothers' ability to exclusively breastfeed?

According to Vieira and Mendes (2021), PPD is associated with a loss of interest and pleasure in daily activities, which may include breastfeeding. Mothers with depression often feel exhausted, discouraged, and lack motivation, which makes it difficult to maintain exclusive breastfeeding, which requires time and dedication. It can also cause high levels of anxiety.

and stress, which affect the lactation process. Anxiety increases levels of cortisol, a hormone that can inhibit the production of prolactin and oxytocin, hormones essential for the production and ejection of breast milk.

The general objective of the research was to identify the main symptoms of PPD that can affect exclusive breastfeeding. The specific objectives were: to evaluate the impact of postpartum depression on the duration and exclusivity of breastfeeding; to highlight the influence of postpartum depression on early weaning; and to expose the symptoms of postpartum depression.

In this sense, the relevance of the study on the impacts of PPD on exclusive breastfeeding is centered on several fundamental aspects for maternal and child health, as well as for public health policies. Mothers with PPD often face practical difficulties related to breastfeeding. Research by Moreira and Silva (2022) revealed that 40% of mothers with PPD reported significant problems with milk production, compared to 20% of mothers without PPD.

The research is also important for raising awareness about PPD and its consequences. Mothers, family members and health professionals need to be aware of the signs of depression and how it can compromise breastfeeding, which reinforces the need for support networks and educational programs.

The contribution to the scientific literature on the impacts of PPD on breastfeeding is still limited, especially in the Brazilian context. This research can fill important gaps in knowledge, providing a solid basis for future research and improvement of clinical practices focused on maternal and child well-being.

This study, therefore, has direct implications both for improving maternal and infant health care and for strengthening public policies and interventions focused on the postpartum period. Therefore, early identification of PPD and appropriate support are essential to promote exclusive breastfeeding and maternal and child well-being.

2. THEORETICAL FRAMEWORK

PPD is a mental disorder that can appear in the weeks or months after childbirth, affecting approximately 10% to 20% of mothers, although rates can vary depending on socioeconomic and cultural context. It differs from the "baby blues" – a milder and more transient condition – in its severity and duration. While the baby blues usually disappear

in two weeks, PPD can last for months, severely compromising the mother's emotional and physical well-being (Silva, Santos and Cunha, 2020).

According to Nascimento and Oliveira (2023), PPD is characterized by symptoms such as sadness, deep complexion, lack of interest in daily activities, extreme fatigue, difficulty sleeping, feeling unable to care for the baby, irritability, as well as negative thoughts and, in severe cases, suicidal ideation. Studies indicate that 1 in 7 women experience PPD, with prevalence varying according to individual, social and cultural factors.

For Santana and Sousa (2022), PPD can have serious consequences for both the mother's mental and physical health. In the mental aspect, it can evolve into major depressive disorder if left untreated, increasing the risk of relapse in future pregnancies. Depression affects the mother's ability to care for herself and the baby, resulting in physical exhaustion, personal neglect, and lack of self-care, which further aggravates the clinical condition.

The relationship with the baby can also be affected, as mothers with PPD have more difficulty establishing an emotional bond with the child, which can impact the baby's emotional and cognitive development. In addition, the mother's mental health impairment is directly related to difficulties in breastfeeding, often leading to the early interruption of exclusive breastfeeding.

2.1 Risk factors and symptoms in the prevalence of PPD

PPD is influenced by a series of risk factors that increase the likelihood of its occurrence in mothers in the period after the birth of the baby. These factors, combined or isolated, can significantly impact women's mental health, contributing to the prevalence of this disorder.

According to Freitas and Andrade (2019), women with a personal or family history of depression, anxiety or other psychiatric disorders are more likely to develop PPD. In addition, mood disorders during pregnancy (gestational depression or anxiety) are strong predictors of PPD.

According to Pinto and Ferreira (2020), low income, unemployment, lack of access to health resources and poor education are factors that increase postpartum stress, contributing to the development of PPD. Unstable or unsafe living conditions can intensify feelings of hopelessness and isolation.

According to Costa and Ribeiro (2021), unplanned or unwanted pregnancies tend to generate higher levels of stress, contributing to the onset of PPD. In addition, complications during childbirth (premature birth, emergency cesarean section, etc.) can also occur. The emotional and practical support offered by partners, family, and friends is essential for the mental health of mothers. The absence of a support network can lead to isolation and overload, increasing the risk of PPD.

As well as conflicts in the relationship, lack of support from the partner or problems conjugal joints exacerbate vulnerability to PPD. Marital dissatisfaction and the feeling of being overwhelmed by caring for the baby without help from the partner increase stress levels (Vieira and Mendes, 2021).

Hormonal fluctuations after childbirth (drop in estrogen and progesterone levels) can contribute to the development of PPD. Women with pre-existing hormonal imbalances or who are sensitive to hormonal changes are at greater risk (Nascimento and Oliveira, 2023).

For Santana and Sousa (2022), women who have already experienced traumatic events, such as sexual abuse, previous pregnancy loss, domestic violence or recent bereavement, are more vulnerable to PPD. PPD symptoms can vary in intensity and manifest in different ways, influencing the mental health and behavior of mothers.

Constant feeling of sadness, emptiness or hopelessness, without a specific reason, even in moments that should traditionally bring joy, such as the birth of a child. Constant concerns about the baby's well-being, fear of not being a good mother or not being able to meet maternal expectations (Freitas and Andrade, 2019).

The prevalence of PPD varies depending on cultural, socioeconomic, and health factors. According to studies by Gonçalves, Lima, and Barros (2020), approximately 10% to 20% of mothers in developed countries suffer from PPD, but in some contexts, especially in vulnerable populations, this prevalence may be even higher. In developing countries, the prevalence can reach up to 25%, due to greater exposure to risk factors such as poverty, low education, and lack of support.

Identifying risk factors and symptoms is crucial for preventive interventions and appropriate treatments to minimize the impacts of PPD for both mother and baby.

2.2 Impacts of Postpartum Depression on Exclusive Breastfeeding

PPD can directly interfere with a mother's ability to maintain exclusive breastfeeding, which is recommended during the first six months of a baby's life. Below are the psychological, practical, physical and social factors that influence this process:

According to Silva, Santos and Cunha (2020), PPD is often associated with high anxiety. Mothers with PPD may feel unable to care for their babies properly, which generates uncertainty about breastfeeding. Anxiety is also related to the fear that the baby is not getting enough milk, which can lead to premature decisions to introduce artificial formulas.

The emotional stress caused by PPD negatively affects breastfeeding. The pressure to be a "good mother" or meet social expectations can be emotionally overwhelming for women, leading to early weaning. Chronic stress also contributes to reduced milk production, as increased cortisol levels interfere with the hormonal cycle necessary for lactation (Moreira and Silva, 2022).

According to Nascimento and Oliveira (2023), PPD can harm the creation of emotional bonds between mother and baby, known as "affective bonding" or "binomial relationship". This bond is essential for successful breastfeeding, as it helps the mother feel connected and motivated to feed the baby. When the mother feels emotionally disconnected, breastfeeding can seem like a difficult and unmotivating task, resulting in interruptions or abandonment of breastfeeding.

Breast milk production is regulated by hormones, mainly prolactin and oxytocin. Women who suffer from PPD often have hormonal disorders caused by stress and anxiety, which can significantly reduce the amount of milk produced. According to Pinto and Ferreira (2020), studies show that mothers with PPD have more difficulty initiating and maintaining adequate milk production, which hinders exclusive breastfeeding.

For Gonçalves, Lima and Barros (2020), the physical and mental exhaustion associated with PPD makes breastfeeding a challenge. Depressed mothers often report a lack of energy, which affects their ability to follow the demanding routines of breastfeeding, which can be a tiring and demanding process, especially in the first months of the baby's life. Extreme fatigue can lead to the choice of artificial formulas or early weaning, as the mother may feel unable to continue breastfeeding.

PPD can cause both insomnia and hypersomnia (sleeping excessively), interfering with breastfeeding schedules. Breastfeeding requires a consistent routine and waking up several times during the night to feed the baby, called on-demand breastfeeding. For mothers with PPD, this sleep deprivation can worsen symptoms of exhaustion and stress, making it more difficult to maintain exclusive breastfeeding (Freitas and Andrade, 2019).

According to Santana and Sousa (2022), PPD often makes mothers feel socially isolated, which can hinder the continuation of exclusive breastfeeding. Emotional and physical isolation can occur due to the stigma surrounding depression, causing mothers to avoid sharing their difficulties with friends and family or seeking professional help.

The support network, including the partner, family, friends and health professionals, plays a fundamental role in maintaining exclusive breastfeeding. Mothers with PPD often lack an adequate supportive environment. The lack of practical help with daily tasks, such as baby care, household or feeding, increases the burden on the mother, who may feel overwhelmed and choose to stop breastfeeding (Carvalho, Lima and Silva, 2019).

For Silva, Santos and Cunha (2020), inadequate monitoring by health professionals, such as pediatricians, nurses and lactation consultants, also contributes to early weaning. Many mothers with PPD do not seek guidance to resolve breastfeeding problems, such as inadequate latch or breast pain, which further increases the risk of stopping breastfeeding.

In this sense, PPD creates significant barriers that affect exclusive breastfeeding, both from a psychological and physical and social point of view. The combination of anxiety, stress, lack of bonding with the baby, practical difficulties such as low milk production and fatigue, and the absence of an adequate support network puts mothers in a position of greater vulnerability.

These factors highlight the importance of multidisciplinary interventions, involving emotional, medical and social support, to ensure that mothers with PPD receive the help they need to overcome these challenges and maintain exclusive breastfeeding, promoting the well-being of both mother and baby.

3. MATERIAL AND METHOD

The integrative review aims to clearly describe how the materials were selected, analyzed and synthesized. For a study on the impacts of Postpartum Depression on Exclusive Breastfeeding, the methodology detailed the inclusion and exclusion criteria, the databases used, and the analysis process.

The integrative review study outlines the impacts of PPD on exclusive breastfeeding. The review aimed to identify and analyze studies published between 2019 and 2023 that address this topic, with a focus on Brazilian studies.

The bibliographic research was carried out in electronic databases with broad academic coverage. The following databases were consulted: SciELO (Scientific Electronic Library Online); PUBMED (United States National Library of Medicine); Google Scholar; BVS (Virtual Health Library) which includes the BDNF and ME-DLINE databases and in official documents of the Ministry of Health (MS).

Scientific works that met the following criteria were included in the review: publication between 2019 and 2023; studies that address the relationship between postpartum depression and exclusive breastfeeding; research carried out with mothers who had a clinical diagnosis or high score on postpartum depression scales; scientific productions published in Portuguese and field research studies, with a quantitative-qualitative approach.

Exclusion criteria were productions that did not specifically focus on the relationship between postpartum depression and breastfeeding, those published prior to 2019, and duplicate publications or integrative reviews without critical analysis.

In this sense, the search strategy followed the keywords defined based on the study objectives, with the combination of descriptors (Postpartum depression; Exclusive breastfeeding; Risk factors; Maternal mental health; Family support), which was adjusted according to the particularities of each database.

The studies were synthesized to provide an overview of the main impacts of postpartum depression on exclusive breastfeeding, considering psychological, social and physical aspects. The evidence was compared with the already established literature, seeking to identify new contributions and topics that still require further investigation.

4. RESULTS AND DISCUSSION

The results focus on the bibliographic survey of scientific works in order to seek the research objective on the impacts that PPD can have on the life of the mother and child in exclusive breastfeeding. Thus, the study corroborated the selection and classification of 5 (five) scientific productions, with field study, and quantitative-qualitative approach, for the theoretical and scientific basis in question, in the latter, the characterization of the studies was from the last five years, between the period from 2019 to 2023, as determined in table 1 below.

Table 1:Characterization of the bibliographic survey according to the integrative review on the impacts of postpartum depression on exclusive breastfeeding

No.	AUTHOR (ES)	TITLE	YEAR	OBJECTIVE	METHODOLOGY	RESULTS
1st	Oak and Benincasa	Post-traumatic depression childbirth and prenatal affections dominant in the pregnancy, childbirth and postpartum	2019	Compare the affects-mother's coughs in groups with and without depression. if from a person qualitative research, exploratory, with delineation of four studies of case.	Field research	Based on content analysis and discussed according to the specialized literature zada, revealing that this is a period of am-bivalent in relation to tion to herself, to pregnancy, to rela-social conditions and the fu-tour.
2nd	Fontenele	Prenatal psychological in group in the sa- strategy family health: contributions in the prevention of de-postpartum pressure	2022	Analyze the contribution distribution of prenatal such psychological group for the prevention of depression are postpartum in women accompany-gnawed by the Stra-Family Health Strategy milia (ESF).	Field research	However, after participation in PNP did not identify any characteristic picture depression rist in the puerperium. By- therefore, it is considered that the PNP, added to other factors, contributed as a fa-protective tor in pre-DPP's intervention.
3rd	Lima and Al-half	Breastfeeding suit: Challenges faced by parturient in the pro-cessation of breastfeeding tation	2020	Analyze the factors that interfere in breastfeeding practice maternal chin to mother-daughter binomial lho.	Field research	The process and importance of breastfeeding maternal chin as main nutritional medium for the child, besides of this, he listed the factors that interfere rem or promote in the practice of breastfeeding maternal chin and mainly the

						nutritional benefits naís and bond between mother and child.
4th	Lins and Ma- sky	Associated factors to the symptomatology positive for de- postpartum pressure in women in the late puerperium	2022	Analyze the factors associated with symptoms positive matology for depression postpartum in women women in the postpartum period late river	Field Research	Faced with the perception- tion that DPP is little noticed by people in the woman's social circle her and even by health professionals who watch the same, interpret- taking the changes as being physiological postpartum logics and that over time will pass, studies that propose in- interventions to save nar the lack of clarification about the pathology, which both makes it difficult to identify shark and management, are suggested.
5th	Bridges and <i>al.</i>	Risk factors for the development disorder ment- in the mental rela- related to the period ode of the puerperium in women of low income	2022	Describe the facts- development risk factors of disorders mental in puer- low pears income in a peripheral region of Maceio	Field research	This united context to the other factors risk factors can make women susceptible to the development of men- such, to which they are harmful and inter- hurt negatively- mind in quality of life of the puerperal woman, as well as her baby and family. res.

Source: Bibliographic survey carried out by the researcher (2024).

According to Lins and Maciel (2022), in the study "Factors associated with positive symptoms of postpartum depression in women in the late postpartum period", the results showed that, of the 76 participating women, 14 (18.4%) presented positive symptoms for PPD based on the Edinburgh Postnatal Depression Scale (EPDS). However, no statistically significant association was identified between sociodemographic, clinical, obstetric or care variables and the presence of PPD symptoms. This suggests that, although PPD symptoms were identified, the traditional factors analyzed do not explain

completely its occurrence, highlighting the need for further investigations into other possible factors, such as social and family support.

According to Pontes et al. (2022), the study of risk factors for the development of mental disorders related to the postpartum period in low-income women indicates that factors such as low education, economic vulnerability, and lack of social support are strongly associated with the development of mental disorders in the postpartum period, including PPD. Of the women evaluated, a significant portion presented symptoms of mental disorders, with PPD being the most prevalent disorder. In addition, the study showed that the living conditions of postpartum women, such as dependence on government assistance and unsatisfactory marital relationships, negatively influence the mental health of these women.

In the view of the aforementioned author, the data also suggest that the lack of adequate care during prenatal care and lack of knowledge about mental health increase the likelihood of women experiencing PPD.

According to Fontenele (2022), PPD significantly affects mothers, especially in the first few weeks after giving birth. It is estimated that around 15% to 20% of women worldwide experience PPD, and the main symptoms include sadness, guilt, fatigue, and irritability, as well as changes in sleep, appetite, and libido. Factors such as a history of mental disorders, unwanted pregnancy, and lack of family and financial support increase the vulnerability to PPD. Studies show that women with a history of depression in the third trimester of pregnancy are three times more likely to develop PPD, highlighting the importance of prenatal monitoring to identify early signs.

For Carvalho and Benincasa (2019), the lack of emotional support, particularly from the partner, and the lack of a support network are also identified as factors that can aggravate the condition. However, adequate family and social support, especially from the partner and health teams, can act as a protective factor, reducing the risk of PPD.

According to Lima and Almeida (2020), participation in psychological prenatal programs (PNP) has been shown to be effective in reducing depressive symptoms and preventing the development of PPD. This type of intervention offers emotional support and prepares mothers for the challenges of motherhood, promoting a more positive and safe environment. However, this strategy is not a reality in most Basic Health Units (UBS) in Brazil and is also rarely found in private services.

The findings of PPD highlight the importance of addressing the risk factors associated with the development of this disorder in low-income women, as well as the relevance of social and psychological support to mitigate its effects. Research shows that economic vulnerability, lack of family and marital support, and poor living conditions increase the likelihood of PPD, which compromises the well-being of both mother and baby.

PPD is discussed as an often underestimated condition, especially among low-income women, where resources for treatment and emotional support are limited. Scientific studies highlight that psychological support during the prenatal and postpartum periods is essential for the prevention and early treatment of depression.

According to Fontenele (2022), the promotion of support groups, such as psychological prenatal care, has proven to be an effective tool for providing a safe space for listening and support, allowing pregnant women to express their feelings and deal with emotional conflicts related to motherhood.

Another relevant point is the emotional ambivalence felt by mothers, often related to the difficulty in accepting pregnancy, especially when it is unplanned. The discussion of these studies highlights that recognizing and accepting feelings such as anger and frustration during pregnancy can prevent the worsening of depressive symptoms.

According to Lins and Maciel (2022), mothers with PPD face a significantly higher risk of stopping exclusive breastfeeding. This study reaffirms that PPD symptoms, such as anxiety and stress, are strongly correlated with early weaning, corroborating previous studies. The novelty brought by this study is the emphasis on the lack of social support, which was shown to be one of the most relevant factors for the early interruption of breastfeeding.

The findings reinforce the need for public policies focused on early identification of PPD and adequate support for mothers. The lack of targeted interventions can worsen early weaning rates, especially in vulnerable populations. Programs such as the Brazilian Breastfeeding and Feeding Strategy, already existing in the SUS, should be expanded to include psychological support for mothers with PPD.

Therefore, PPD is a significant factor in the early cessation of exclusive breastfeeding. The emotional, physical and social difficulties faced by mothers require a

multidisciplinary approach to ensure that these women receive the necessary support, both for maternal well-being and the health of the baby.

5. FINAL CONSIDERATIONS

Studies have revealed that PPD urgently requires greater attention to the risk factors that influence the development of this disorder, especially in vulnerable populations, such as low-income women.

The impacts of PPD highlight that this condition significantly affects mothers' ability to maintain exclusive breastfeeding, compromising not only maternal health but also the well-being of the baby. Studies show that factors such as low education, economic vulnerability, and lack of social and marital support are determining factors in the development of PPD, leading to higher rates of early weaning.

Studies indicate that PPD is underdiagnosed and undertreated in many cases, especially in vulnerable populations. This highlights the importance of more comprehensive interventions, which include psychological monitoring during prenatal and postpartum periods, in addition to social support programs and educational actions for families.

In general, studies converge in demonstrating that PPD negatively impacts the mother-baby bond and compromises the continuity of exclusive breastfeeding, suggesting that the implementation of more effective and integrated public policies can promote a better quality of life for mothers and their children. Early interventions, social support networks, and strengthening the support offered by health professionals are essential strategies for the prevention and management of PPD and its impacts on breastfeeding and maternal and child health.

Furthermore, the research objective was achieved positively, as it is essential to expand public policies aimed at mental health in the perinatal period, focusing on populations more susceptible to the disorder. Economic and social barriers should be addressed through strategies that involve comprehensive care, considering social and emotional support as essential factors in the prevention and treatment of PPD.

Thus, the studies analyzed suggest that a multidisciplinary approach, involving mental health professionals, obstetricians, pediatricians, nurses and community health agents (CHAs), is essential to ensure adequate care for mothers during the period.

postpartum, contributing to a healthier and more balanced motherhood, both for women and their children.

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