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The mind in the postpartum period: emotional challenges and their direct consequences on the mother-child relationship.

The mind in the postpartum period: emotional challenges and their direct consequences on the mother–infant relationship

The mind during the postpartum period: emotional challenges and direct consequences in the mother-daughter relationship

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Abstract: Postpartum depression is one of the main psychiatric complications of the puerperal period, with a significant impact on both maternal health and child development. Its global prevalence is estimated to range between 10% and 20% among postpartum women, although many cases remain underdiagnosed due to the overlap between depressive symptoms and emotional manifestations considered expected in the postpartum period. This study aimed to verify the fragility of mental health in the postpartum period, emphasizing the correlation between clinical manifestations and functional limitations that emerge in the mother-child relationship, aiming to sensitize professionals to the importance of early intervention. Methodology: This is an integrative literature review whose bibliographic survey was conducted between 2021 and 2025 through consultation of the PubMed/MEDLINE, SciELO and LILACS databases, using the descriptors "postpartum depression", "maternal mental health", "mother-baby interaction", "puerperium". The analysis reveals a predominance of affective symptoms, especially persistent depressed mood and anhedonia, frequently associated with cognitive manifestations such as feelings of guilt and low self-esteem, and somatic symptoms, including fatigue and sleep disturbances. These alterations directly impact maternal responsiveness and the quality of early interactions with the newborn, potentially compromising the establishment of the affective bond and negatively influencing aspects of child development.

The findings highlight that underreporting of the condition remains a significant challenge, contributing to delays in diagnosis and limiting timely therapeutic interventions. The studies analyzed conclude that postpartum depression is a multifactorial phenomenon with relevant clinical and social repercussions, reinforcing the need for systematic screening and follow-up strategies in the postpartum period.

Keywords: Postpartum depression. Puerperium. Maternal mental health. Mother-child bonding. Child development.

Abstract: Postpartum depression is one of the main psychiatric complications of the puerperal period, having a significant impact on both maternal health and child development. Its global prevalence is estimated to range between 10% and 20% among postpartum women, although many cases remain underdiagnosed due to the overlap between depressive symptoms and emotional manifestations considered expected during the postpartum period. This study aimed to investigate the fragility of mental health in the postpartum period, with emphasis on the correlation between clinical manifestations and the functional limitations that emerge in the mother-child relationship, seeking to raise awareness among healthcare professionals about the importance of early intervention.

Methodology: This is an integrative literature review whose bibliographic survey was carried out

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between 2021 and 2025 through consultation of the PubMed/MEDLINE, SciELO, and LILACS databases, using the descriptors “postpartum depression,” “maternal mental health,” “mother-infant interaction,” and “puerperium.” The analysis highlights a predominance of affective symptoms, especially persistent depressed mood and anhedonia, frequently associated with cognitive manifestations such as feelings of guilt and low self-esteem, as well as somatic symptoms including fatigue and sleep disturbances. These changes directly affect maternal responsiveness and the quality of early interactions with the newborn, potentially compromising the establishment of the emotional bond and negatively influencing aspects of child development. The findings emphasize that underreporting of the condition remains a major challenge, contributing to delayed diagnosis and limiting timely therapeutic interventions. The analyzed studies allow the conclusion that postpartum depression represents a multifactorial phenomenon with relevant clinical and social repercussions, reinforcing the need for systematic screening and follow-up strategies during the puerperal period.

Keywords: Postpartum depression. Puerperium. Maternal mental health. Mother-infant bonding. Child development.

1. Introduction

Maternal mental health in the perinatal period currently constitutes an important field of study. research in public health, due to its direct implications for women's well-being and for child development. Among the psychiatric disorders associated with the pregnancy cycle- Postpartum depression stands out as one of the most prevalent and clinically significant conditions associated with puerperal trauma. relevant, recognized as a global health problem affecting millions of women annually (DOWNS et al., 2021; WOODY et al., 2022).

Epidemiological estimates indicate that the prevalence of this disorder varies between 10% and 20% of postpartum women in different population contexts, and this percentage could reach even higher proportions. high levels in regions characterized by socioeconomic vulnerability and limitations in access. to health services (LIU et al., 2022; HAHN-HOLBROOK et al., 2021).

Despite its epidemiological magnitude and clinical repercussions, post- childbirth is often underdiagnosed. Part of this difficulty is related to Overlap between physiological emotional manifestations of the postpartum period and symptoms structured depressive disorders, which contributes to the normalization of relevant clinical signs and to the delay in identifying cases (HOWARD; KHALIFEH, 2021; BYATT et al., 2022). In this In this context, it becomes essential to distinguish between transient emotional changes, such as those described above. baby blues, referring to persistent and potentially debilitating depressive episodes.

Baby blues are characterized by emotional instability, irritability, and mood swings. Episodes of easy crying, usually beginning in the first few days after delivery and resolving Spontaneous in the short term. In contrast, postpartum depression involves more severe symptoms. lasting and clinically significant, including persistent depressed mood, anhedonia, fatigue

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intense feelings of guilt or inadequacy and significant functional impairment. These manifestations They can compromise the mother's ability to adapt to the demands of neonatal care and affect the psychosocial functioning of women (SLAGLE et al., 2023; NATH et al., 2022).

In this sense, studies indicate that postpartum depression should be understood as a A multifactorial phenomenon in which individual, social, and environmental factors interact dynamically. Conditions such as a prior history of psychiatric disorders, unplanned pregnancy, events Recent stressful events and insufficient social support are often described as factors that increase the risk of developing the disorder (LIU et al., 2022; HAHN-HOLBROOK et al., 2021).

In addition to the direct impacts on maternal health, the literature shows that postpartum depression... Childbirth can have a significant influence on the quality of the interaction between mother and child. Mothers who Those who present with depressive symptoms tend to exhibit lower emotional responsiveness, less Sensitivity to the needs of the newborn and difficulties in maintaining affectionate interactions. consistent, fundamental aspects for establishing the mother-child bond (NATH et al., 2022; SLAGLE et al., 2023). Reduced maternal responsiveness may compromise the early processes of emotional regulation in children can negatively influence development. socio-emotional development in the early years of life (MADIGAN et al., 2021).

Despite the growing recognition of the relevance of postpartum depression, the literature indicates that underreporting of the condition remains a significant challenge for health systems. Barriers related to the stigma associated with mental disorders, and the limitations of protocols. systematic screening and insufficient integration between mental health services and care obstetric factors contribute to the clinical invisibility of many cases (BYATT et al., 2022; HOWARD; KHALIFEH, 2021).

Therefore, this study aims to verify, in light of recent scientific literature, the main clinical aspects of postpartum depression and its implications for the quality of interaction. maternal and child health, contributing to the strengthening of early recognition and... Comprehensive care for maternal mental health. In this sense, it becomes essential to broaden the understanding What does contemporary literature reveal about the repercussions of fragile mental health? in the postpartum period, especially with regard to the mother-child relationship.

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2. Theoretical Framework

2.1 The shadow of the cradle: etiology, epidemiology, and clinical challenges of postpartum depression

Postpartum depression (PPD) is a depressive disorder associated with the postpartum period and This constitutes one of the most frequent psychiatric complications of the pregnancy-puerperal cycle. The condition It is classified as a major depressive episode with onset in the peripartum period, characterized by persistent symptoms capable of impairing the emotional, cognitive, and social functioning of woman (Stewart; Vigod, 2021).

The most frequent symptoms include depressed mood, irritability, hopelessness, and fatigue. persistent changes in sleep and appetite, as well as feelings of guilt and maternal inadequacy. Although some of these manifestations may occur physiologically after childbirth, their persistence and intensity are important signs for the diagnosis of PPD (Slagle et al., 2023).

The worldwide prevalence of postpartum depression ranges from 10% to 20%, and can reach higher levels. higher rates in socially vulnerable populations with less access to health services. (Hahn-Holbrook et al., 2021; Liu et al., 2022). Despite being frequent, the condition remains underdiagnosed due to the absence of systematic screening and the difficulty of recognition. of the symptoms by professionals and by the postpartum women themselves (Byatt et al., 2022).

2.2 Pathophysiology, neuroendocrine mechanisms, and psychosocial risk factors of depression postpartum

From a pathophysiological point of view, postpartum depression results from the complex interaction between Biological, neuroendocrine, and psychosocial factors. During pregnancy, there is a progressive increase. of estrogen and progesterone levels, hormones related to mood regulation. After the During childbirth, there is an abrupt drop in estrogen and progesterone levels, which represents one of the main biological events associated with the onset of symptoms, since these changes Hormones directly influence the modulation of central neurotransmitter systems. especially serotonin, dopamine, and norepinephrine, involved in the regulation of mood and... emotional responses (MELTZER-BRODY et al., 2021; PAYNE; MAGUIRE, 2022).

Additionally, alterations in the activity of the hypothalamic-pituitary-adrenal axis play a role. plays an important role in the pathophysiology of postpartum depression. Dysfunction of this axis may contribute to... an exaggerated response to stress, contributing to greater vulnerability to development and to the maintenance of depressive symptoms in the postpartum period (Glynn et al., 2022). These mechanisms

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Biological factors become even more relevant when associated with adverse psychosocial factors, such as sleep deprivation, emotional overload resulting from the demands of neonatal care, conflicts family members and the fragility of social support networks (HENDRICKSON et al., 2023).

Psychosocial factors play an important role in the development of postpartum depression. Among the main risk factors are a previous history of depression or anxiety, and pregnancy. unplanned, low socioeconomic status, marital conflicts, sleep deprivation and lack of family or social support (Howard; Khalifeh, 2021; Stewart; Vigod, 2021).

The fragility of support networks is one of the most relevant factors, as support Family and marital relationships exert a protective effect on maternal mental health. Furthermore, events Stressful events during pregnancy and the postpartum period can significantly increase vulnerability. women's emotional state (Byatt et al., 2022).

Sociocultural aspects also influence the recognition of the disease. The idealization of Motherhood often makes it difficult to express maternal psychological distress, which contributes for the delay in diagnosis and in seeking specialized assistance (Howard; Khalifeh, 2021).

2.3 Impacts of postpartum depression on the mother-child relationship

Postpartum depression has significant repercussions on the interaction between mother and child. The neonatal period is essential for establishing the emotional bond, and for changes in mental health. maternal factors can compromise the quality of these early interactions (Nath et al., 2022; Stein et al., 2022).

The early establishment of the bond between mother and baby is crucial for... Organization of affective experiences and the neuropsychological architecture of children. Interactions guided by... through maternal sensitivity and responsiveness in the first months of life, patterns are consolidated. Secure attachment, which forms the foundation for resilient socio-emotional development. (MADIGAN et al., 2021; STEIN et al., 2022). Consequently, maternal psychopathology in Postpartum issues transcend the individual sphere of the woman, with multidimensional repercussions on trajectory of child development (NATH et al., 2022).

Postpartum depression often presents with emotional hyporesponsiveness and reduced... emotional engagement and impaired attunement to the newborn's needs. This deficit in Interactional choreography compromises the formation of the primary bond, predisposing the child to insecure attachment patterns and long-term neurobiological vulnerabilities (MADIGAN et al., 2021).

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In addition to emotional impacts, PPD can interfere with children's cognitive development.
due to reduced early stimulation and affective interactions. Studies also associate this with
This condition leads to increased irritability, sleep disturbances, and difficulties in emotional regulation in children.
exposed to maternal psychological distress (Kingston et al., 2021; Stein et al., 2022).

2.4 Interventions and clinical management of postpartum depression

The clinical management of postpartum depression requires a multidisciplinary approach, including
Early screening, longitudinal follow-up, and individualized therapeutic interventions.
Instruments such as the Edinburgh Postnatal Depression Scale (EPDS) are widely used in
Early identification of depressive symptoms during the prenatal and postpartum periods (Byatt et al., 2022; Slagle
et al., 2023).

The main therapeutic strategies include psychotherapy, especially cognitive therapy.
Behavioral therapy and interpersonal psychotherapy are both effective in reducing symptoms and...
Strengthening maternal adaptation (Sockol, 2022). In moderate or severe cases, inhibitors
Selective serotonin reuptake inhibitors may be used, after individualized assessment and
specialized follow-up (Payne; Maguire, 2022).

Recent advances include the use of neurosteroidal modulators, such as brexanolone and
zuranolone, which shows promising results in the rapid reduction of depressive symptoms.
associated with the puerperal period (Meltzer-Brody et al., 2021; Deligiannidis et al., 2023).

In addition to therapeutic interventions, strengthening family and social support networks is crucial.
It plays a key role in maternal recovery and in improving mother-baby interaction.
Therefore, the integration between healthcare professionals and systematic screening strategies is...
essential for expanding early diagnosis and reducing the impacts of placental abruption on maternal and child health.
(Stein et al., 2022).

3. Materials and Methods

The study consists of an integrative literature review, a research method that...
It enables the synthesis and critical analysis of available scientific knowledge on a given subject.
thematic, allowing the integration of results from different methodological approaches
and contributing to a broader understanding of the phenomenon under investigation. To carry it out,
A structured approach was adopted, consisting of systematic steps: formulation of the guiding question,

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Literature search, data organization and categorization, critical appraisal of included studies, Interpretation of results and presentation of a synthesis of knowledge.

The guiding question established was: what are the impacts of postpartum depression on health? What is the impact of maternal mental health on mother-child interaction during the postpartum period?

The literature review was conducted in the Medical Literature Analysis database. and Retrieval System Online (PubMed/MEDLINE), Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences (LILACS), selected for its Relevance in indexing studies in the area of maternal and perinatal health.

The process of identifying and selecting the studies was conducted in accordance with the recommendations from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist (PRISMA), adapted to the integrative review design, with the aim of ensuring greater rigor. Methodological rigor and transparency in the selection of scientific evidence analyzed.

For the search strategy, controlled and uncontrolled descriptors were used in Portuguese and English, combined using the Boolean operators AND and OR, as follows strategy: (“postpartum depression” AND “maternal mental health”) AND (“mother–infant In Portuguese, the equivalent strategy was:

“postpartum depression” AND maternal mental health AND (“mother-baby interaction” AND “puerperium”).

This strategy was defined with the goal of increasing the sensitivity of the search and identifying studies that simultaneously address the clinical aspects of postpartum depression and its repercussions on the mother-child relationship.

Initially, the previously established inclusion and exclusion criteria were applied. In Next, the titles and abstracts of the identified studies were read, followed by reading in Full text of potentially eligible articles. The inclusion criteria adopted were: original articles. available in full, published between 2021 and 2025, in Portuguese or English, that addressed Aspects related to postpartum depression, its associated factors, and its repercussions on interaction. between mother and son.

The exclusion criteria were: studies that did not answer the guiding question, reviews. narratives, editorials, letters to the editor, dissertations, theses, institutional documents and articles without Free access to the full text. It should also be noted that there may be duplicate studies across the databases. They were counted only once.

At the end of the selection process, 10 articles were considered eligible and included in the... This review analyzes the objectives, methodological design, and main points. Results related to the impacts of postpartum depression on mother-child interaction. The process of

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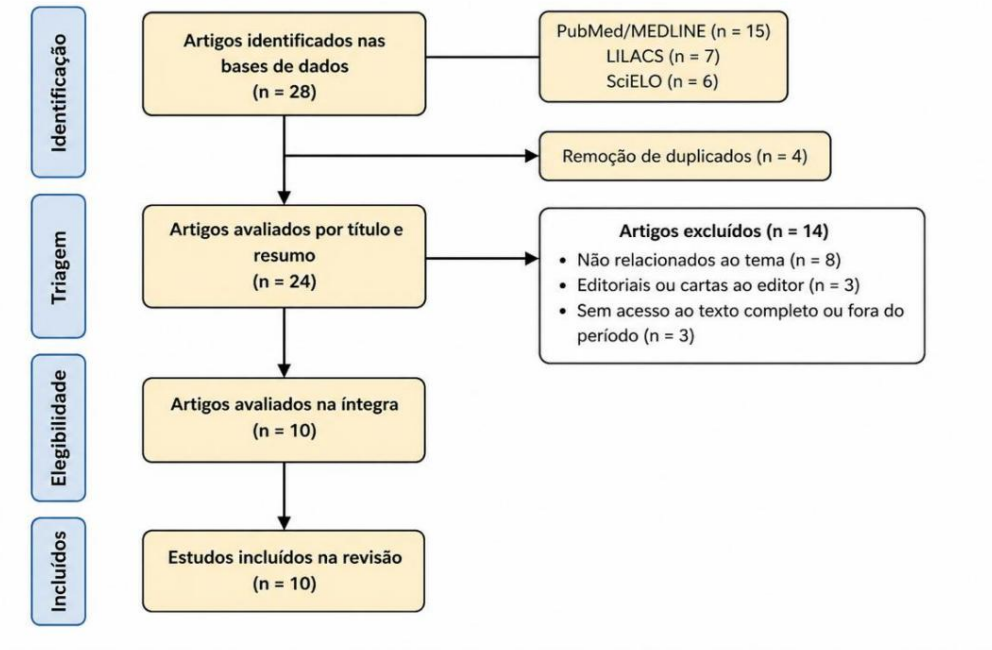
The identification, screening, eligibility, and inclusion of studies are represented in the flowchart.
The prism shown in Figure 1.

Figure 1. Flowchart for selecting primary studies according to PRISMA recommendations.



Source: Authors, 2026.

3. Results and Discussion

Initially, 28 articles were identified in the selected databases. After removal
From 4 duplicate studies, 24 publications remained for initial analysis. Subsequently, the following procedure was followed.
Evaluation of titles and abstracts, with 13 studies being excluded for not presenting a direct relationship with
The proposed theme was rejected or did not meet the established criteria. At the end of the process, the following were...
Ten articles were evaluated in full, with no additional exclusions at this stage. The selection process is ongoing.
illustrated in Figure 1.

It should be noted that the selected articles were organized according to author and year of publication.
publication, study location, methodological design, study objective, methodology and the
main results (Table 1)

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Table 1: Characterization of the productions included in the review, according to article, author, year, country, design, study objective, methodology, and main results.

Author, year of publication, place of study	Study design, type of study	Study objectives	Methodology	Key results
Madigan et al., 2021, Canada	Meta-analysis	To investigate the association between postpartum depression and mother-infant interaction.	Quantitative synthesis of longitudinal and observational studies	Depression associated with lower maternal responsiveness and a higher risk of insecure attachment.
Kingston et al., 2021, Canada	Longitudinal study	Assessing the impact of postpartum depression on child development.	Prospective follow-up of the mother-child dyad in the first year of life.	Associated with cognitive delays and language difficulties.
Hahn-Holbrook et al., 2021, USA	Systematic review	To analyze psychosocial factors associated with postpartum depression.	Analysis of perinatal population studies	Sleep deprivation and low social support increased the risk of DPP
Meltzer-Brody et al., 2021, USA	Randomized clinical trial	To evaluate the effectiveness of brexanolone in postpartum depression.	Controlled administration of the drug in postpartum women with moderate to severe placental abruption.	Significant reduction in depressive symptoms.
Stein et al., 2022, United Kingdom	Clinical review	Investigate the effects of Postpartum depression in the mother-child relationship.	Integrative analysis of clinical and longitudinal evidence	Damage to the bond and increased risk of emotional difficulties in children.
Nath et al., 2022, India	Observational study	Relating postpartum depression and maternal sensitivity	Behavioral assessment of mother-infant interaction	Lower maternal responsiveness associated with DPP
Byatt et al., 2022, USA	Multicenter study	Evaluate postpartum depression screening strategies	Application of EPDS in perinatal services	Early screening has increased detection and therapeutic referral .
Payne and Maguire (2022). USA	Clinical review: Evaluating	pharmacotherapy in postpartum depression	Synthesis of evidence on SSRI use in the postpartum period.	Effective SSRIs with a safe profile during monitored lactation.
Slagle et al., 2023, USA	Systematic review	Investigating early diagnosis of placental abruption	Evaluation of protocols tracking perinatal	Persistence of underreporting despite validated instruments.
Deligiannidis et al., 2023, USA	Randomized clinical trial	Evaluate the effectiveness of Zuranolone in DPP	Controlled oral administration in women with moderate to severe postpartum depression.	Significant improvement in depressive symptoms.

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The analysis of the studies included in this integrative review shows that postpartum depression (DPP) constitutes a multifactorial clinical phenomenon, with significant repercussions on mental health. maternal and in the quality of early interactions established between mother and child. Consistently, The studies by Hahn-Holbrook et al. (2021) and Slagle et al. (2023) converge in demonstrating that the Depressive symptoms in the postpartum period are associated with persistent affective changes. maternal functional impairment and reduced emotional responsiveness, creating a scenario of Relational vulnerability with potential impact on child development.

Regarding the clinical characterization of postpartum depression, a predominance of symptoms is observed. core symptoms such as persistent depressed mood, anhedonia, intense fatigue, sleep disturbances, and impairments Cognitive factors related to attention and decision-making. These findings are confirmed by Nath et al. (2022), who demonstrate that such manifestations directly interfere with adaptive capacity. maternal emotional sensitivity in the face of the demands of neonatal care, favoring a reduction in emotional sensitivity. and hindering the establishment of responsive interactions with the newborn.

In this regard, Madigan et al. (2021) identified a significant association between symptoms maternal depression and lower frequency of contingent interactional behaviors, including Reduced eye contact, vocalization directed at the baby, and ability to respond to cues. These results suggest that DPP directly interferes with the emotional mechanisms of children. Mother-baby affective synchronization, considered essential for the initial organization of regulation. Child's emotional state.

The convergence between the studies analyzed also shows that the reduction of Maternal responsiveness is one of the main mediators of the impact of postpartum depression. Regarding the primary affective bond, Stein et al. (2022) highlight that changes in availability The mother's emotional state during the first months of life is associated with a higher probability of establishing insecure attachment patterns, especially when there is persistence of Depressive symptoms and fragility of social support networks.

In addition to the emotional repercussions, the included studies indicate a significant impact of DPP in child cognitive development. Kingston et al. (2021) observed that children exposed Early on, when maternal depression develops, they exhibit a lower frequency of verbal and interactional stimulation. in the home environment, a factor associated with delays in language, attention, and development. Social skills in the early years of life. These findings reinforce the importance of quality. of early interactions as a mediator between maternal mental health and development Child neuropsychological assessment.

Another relevant aspect identified refers to the influence of postpartum depression on physiological and emotional regulation of the baby. Nath et al. (2022) demonstrate that children of mothers with

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Individuals with post-partum depression (PPD) exhibit greater reactivity to stress and greater difficulty with emotional self-regulation. suggesting that early exposure to maternal psychological distress may interfere with the organization of neurobiological circuits involved in the modulation of children's emotions.

Contemporary literature has also demonstrated the effects of postpartum depression. Questions about the mother-child relationship are not limited to the observable behavioral sphere, but also involve changes in neurobiological mechanisms associated with early attachment formation. affective. Stein et al. (2022) indicate that maternal responsiveness constitutes one of the main mediators of the organization of infant neuroemotional circuits during the first months of life, a period characterized by high brain plasticity and intense sensitivity to experiences. early environmental factors.

In this context, the presence of maternal depressive symptoms can interfere with synchronization. The affective bond between mother and baby, a phenomenon known as *attunement,* is responsible for regulation. The bidirectional nature of the dyad's emotional responses. A reduction in this synchronization compromises... Fundamental processes of emotional co-regulation hinder the development of patterns. adaptive stress response mechanisms and increased vulnerability to behavioral changes. throughout childhood (Madigan et al., 2021).

In addition to relational and neurobiological impacts, recent literature has broadened the scope of this study. discussion on pharmacological therapeutic possibilities for moderate and severe cases of postpartum depression. In this context, Meltzer-Brody et al. (2021) evaluated the efficacy of brexanolone. in postpartum women with moderate to severe postpartum depression, demonstrating a significant reduction in symptoms. Depressives after controlled administration of the drug. The authors highlight that the action of Brexanolone's action on GABA-A receptors may contribute to the rapid stabilization of mood and to improve maternal emotional responsiveness, promoting the re-establishment of interactions. early mother-baby contact.

Corroborating these findings, Deligiannidis et al. (2023) investigated the effectiveness of Zuranolone, a neurosteroid administered orally, in women with postpartum depression. moderate to severe. The study showed a significant improvement in depressive symptoms and response. sustained therapy after treatment, reinforcing the relevance of neuroactive modulators as Promising alternatives in the clinical management of PPD. These results broaden the understanding of neurobiological mechanisms involved in the pathophysiology of the disease and highlight the importance of early intervention to reduce the emotional and relational harm resulting from depressive symptomatology.

Additionally, Payne and Maguire (2022) highlight that selective reuptake inhibitors Serotonin-based supplements (SSRIs) remain among the main pharmacological strategies used in

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Treatment of postpartum depression, especially in mild to moderate cases. According to the authors, When properly monitored, ISSRs exhibit a favorable safety profile during the Lactation, contributing to maternal clinical improvement without the need to interrupt breastfeeding. The incorporation of this evidence reinforces the need for a therapeutic approach. individualized, considering clinical severity, functional impact, and biopsychosocial context.

of the postpartum woman.

The observational study by Nath et al. (2022) shows that postpartum depression may be associated with alterations in the neuroendocrine systems involved in the formation of the maternal bond, especially in circuits modulated by oxytocin. Decreased oxytocinergic activity has has been linked to reduced maternal sensitivity and lower motivation for social interactions with the baby and the weakening of responsive care behaviors, factors that contribute to weaken the primary emotional bond.

Another relevant mechanism involves alterations in the activity of the hypothalamic-pituitary-gastric axis. The adrenal gland, responsible for regulating the physiological response to stress. Analysis of studies Perinatal population studies conducted by Hahn-Holbrook et al. (2021) indicate that children of mothers with Women with postpartum depression exhibit greater reactivity to cortisol and reduced self-regulation capacity. emotional, suggesting that early exposure to relational environments marked by suffering Maternal psychological makeup can influence the organization of neurobiological systems responsible for Adaptation to stress.

Additionally, Meltzer-Brody et al. (2021) highlighted changes in the circuits maternal reward dopaminergic receptors, which have also been described as possible mediators the impact of postpartum depression on mother-baby interaction. The reduction of activity in these circuits This can compromise the perception of gratification associated with neonatal care, contributing to... decreased interactional engagement and lower frequency of responsive behaviors directed at newborns.

From the perspective of child development, these mechanisms become particularly important. relevant during the neonatal period, a phase characterized by the intense organization of neural networks responsible for emotional regulation, social attention, and the formation of initial patterns of attachment. Stein et al. (2022) reinforce that early exposure to maternal depressive symptomatology may to interfere in these processes through changes in the quality of environmental stimulation and in predictability of affective interactions, factors considered crucial for the consolidation of Adaptive trajectories of socio-emotional development.

These findings reinforce the transactional model of the mother-infant relationship, according to which the Child development results from the dynamic interaction between the child's individual characteristics.

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and the quality of the relational environment offered by the primary caregiver. In this sense, the Postpartum depression should be understood not only as an individual maternal disorder, but also as a relational condition capable of influencing the early organization of Child neuroemotional development.

The studies analyzed also reinforce the multifactorial nature of postpartum depression. Meltzer-Brody et al. (2021) indicate that hormonal changes characteristic of the puerperal period, especially the abrupt drop in estrogen and progesterone levels, associated with dysfunction of The hypothalamic-pituitary-adrenal axis and systemic inflammatory modulation contribute to greater Vulnerability to developing depressive symptoms during the perinatal period.

In addition to biological determinants, psychosocial factors such as sleep deprivation and frailty also play a role. Support networks, marital conflicts, and adverse socioeconomic conditions were described as elements that increase the risk of developing and maintaining postpartum depression. Hahn-Holbrook et al. (2021) highlight that the absence of consistent social support constitutes one of the main predictors of the persistence of depressive symptoms in the first year after childbirth.

Another aspect widely discussed in recent literature refers to the underreporting of postpartum depression. Slagle et al. (2023) observed that the absence of structured protocols for Screening during prenatal and postpartum care remains a significant barrier to... Early identification of the condition contributes to delayed diagnosis and limitations in treatment. access to timely therapeutic interventions.

In this context, Byatt et al. (2022) highlight that the incorporation of standardized instruments screening tools, such as the *Edinburgh Postnatal Depression Scale* (EPDS), associated with integration between Multidisciplinary teams in perinatal care contribute significantly to increasing detection rates. Early detection of symptoms and improved maternal and infant outcomes.

Taken together, the findings of this review suggest that postpartum depression should be... understood as a clinical condition with systemic impact, whose repercussions extend beyond The individual sphere of maternal mental health and encompasses relational, family, and other dimensions. Child development. Reduced maternal emotional responsiveness, associated with lower The quality of early interactions constitutes one of the main mediating mechanisms between Depressive symptomatology and adverse outcomes observed in childhood.

Despite the contributions presented, some limitations should be considered. methodological heterogeneity of the included studies, especially regarding the instruments. used for the assessment of postpartum depression and the variability of sociocultural contexts The factors investigated can influence the comparability of the results. Therefore, the following stand out: The need for multicenter longitudinal investigations and the expansion of standardized protocols.

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screening in perinatal mental health, with a view to strengthening prevention strategies.
and early intervention.

Final Considerations

Postpartum depression is a significant condition in perinatal mental health, with
impacts that go beyond the woman and affect the mother-baby bond, family dynamics and the
child development. Its origin involves the interaction between neuroendocrine changes in
postpartum period and psychosocial factors, such as support network, living conditions and demands
emotional aspects of motherhood.

The findings show that maternal symptomatology compromises responsiveness.
emotional and early interactions interfere with the formation of affective bonds and may have an impact.
the socio-emotional and cognitive development of the child. Thus, it is a condition with
potential for intergenerational impact.

The importance of early identification of risk factors, such as medical history, is highlighted.
psychiatric, social vulnerability, sleep deprivation, and emotional overload, for implementation
Effective preventive and therapeutic strategies are essential. Management should be multidisciplinary and continuous.
with prenatal and postpartum screening, psychological follow-up, and psychosocial support.
Early interventions promote both maternal mental health and the quality of mother-child interaction.
child and the outcomes of child development.

Finally, it is worth highlighting the need for more studies, especially longitudinal ones, to
to deepen the understanding of the mechanisms involved and to strengthen care practices and the
Public policies focused on maternal and child health.

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