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Mental health and care for pregnant women in primary health care: an integrative literature review

Saúde mental e cuidado à gestante na atenção primária: revisão integrativa da literatura

Salud mental y atención a la gestante en la atención primaria de salud: revisión integrativa de la literatura

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ABSTRACT

Objective: To investigate the scientific literature on health care and mental health care for women during pregnancy within primary health care (PHC). **Methods:** This integrative literature review included descriptors in three languages and covered studies published between 2019 and 2023 in the SciELO, MEDLINE, LILACS, Index Psychology - Journal, and BDENF databases. A total of 11 articles were selected. Simple descriptive statistical analysis was performed to establish the quantitative profile, and Bardin Content Analysis was used for the qualitative characterization of the literature and category development. **Results:** The studies demonstrated that the pregnancy experience is influenced by psychosocial determinants that, when overlooked by the multidisciplinary team, compromise mental health and the development of healthy motherhood. This neglect may hinder the course of pregnancy, mother-infant bonding, and adherence to prenatal care, particularly in contexts characterized by unfavorable socioeconomic conditions, lack of support networks, and situations of violence. Furthermore, the findings highlight the need for continuous improvement of care practices in PHC, especially regarding active listening and patient-centered care, multidisciplinary integration in prenatal follow-up, and the adoption of innovative care strategies, such as digital technologies and community-based initiatives that bring health care services closer to pregnant women. **Conclusion:** Maternal mental health remains under-addressed in primary health care, highlighting a gap in psychological support, the predominance of the biomedical model, and neglect of the psychosocial determinants of pregnancy, reinforcing the urgency of interdisciplinary and humanized practices in maternal care.

Descriptors: Pregnancy; Mental Health; Delivery of Health Care; Primary Health Care.

RESUMO

Objetivo: *Investigar a produção científica sobre o cuidado* **à** *saúde e* **à** *saúde mental da mulher, em período gestacional, na Atenção Primária à Saúde.* ***Métodos:*** *Trata-se de uma revisão integrativa da literatura, com descritores em três idiomas entre 2019 e 2023, nas bases de dados do SciELO, MEDLINE, LILACS, Index Psicologia – Periódico e BDENF – Enfermagem. Foram selecionados 11 artigos, sendo realizada uma análise estatística descritiva simples para traçar o perfil quantitativo, e a Análise de Conteúdo de Bardin para a caracterização qualitativa da literatura e a delimitação de categorias.* ***Resultados:*** *Os estudos demonstram que a experiência gestacional é influenciada por determinantes psicossociais que, quando desconsiderados pela equipe multiprofissional, comprometem a saúde mental e o desenvolvimento de uma maternidade saudável. Essa negligência pode dificultar o curso da gravidez, vínculo com o bebê e adesão ao pré-natal, principalmente em contextos marcados por condições*

socioeconômicas desfavoráveis, ausência de rede de apoio e situações de violência. Além disso, os achados evidenciam a necessidade de qualificação contínua das práticas de cuidado na atenção primária à saúde, especialmente no que se refere à escuta e ao acolhimento, à integração multiprofissional no acompanhamento da gestante e à adoção de estratégias inovadoras de cuidado, como o uso de tecnologias digitais e ações comunitárias que aproximem os serviços das gestantes. ***Conclusão:*** *A saúde mental das gestantes permanece subassistida na atenção primária à saúde, evidenciando uma lacuna no suporte psicológico, predominância do modelo biomédico e negligência dos determinantes psicossociais da gestação, reforçando a urgência de práticas interdisciplinares e humanizadas no cuidado materno.*

Descritores: *Gestação; Saúde Mental; Atenção à Saúde; Atenção Primária à Saúde.*

RESUMEN

Objetivo: *Investigar la producción científica sobre el cuidado de la salud y la salud mental de la mujer durante el período gestacional en la Atención Primaria de Salud.* ***Métodos:*** *Se trata de una revisión integrativa de la literatura, con descriptores en tres idiomas, en el período de 2019 a 2023, en las bases de datos SciELO, MEDLINE, LILACS, Index Psicología – Periódicos y BDENF – Enfermería. Se seleccionaron 11 artículos, realizándose un análisis estadístico descriptivo simple para trazar el perfil cuantitativo, y el Análisis de Contenido de Bardin para la caracterización cualitativa de la literatura y la delimitación de categorías.* ***Resultados:*** *Los estudios demuestran que la experiencia gestacional está influenciada por determinantes psicosociales que, cuando son desconsiderados por el equipo multiprofesional, comprometen la salud mental y el desarrollo de una maternidad saludable. Esta negligencia puede dificultar el curso del embarazo, el vínculo con el bebé y la adherencia al control prenatal, especialmente en contextos marcados por condiciones socioeconómicas desfavorables, ausencia de redes de apoyo y situaciones de violencia. Además, los hallazgos evidencian la necesidad de una cualificación continua de las prácticas de cuidado en la atención primaria de salud, especialmente en lo que se refiere a la escucha y la acogida, a la integración multiprofesional en el seguimiento de la gestante y a la adopción de estrategias innovadoras de cuidado, como el uso de tecnologías digitales y acciones comunitarias que acerquen los servicios a las gestantes.* ***Conclusión:*** *La salud mental de las gestantes permanece subatendida en la atención primaria de salud, evidenciando una brecha en el apoyo psicológico, la predominancia del modelo biomédico y la negligencia de los determinantes psicosociales del embarazo, lo que refuerza la urgencia de prácticas interdisciplinarias y humanizadas en la atención materna.*

Descriptores: *Embarazo; Salud Mental; Atención a la Salud; Atención Primaria de Salud.*

INTRODUCTION

Pregnancy, regardless of the pregnant person's gender identity, is a period characterized by multiple psychodynamic changes – physical, hormonal, economic, sexual, and social[1-3] –that may increase emotional vulnerability, making psychological follow-up a fundamental strategy for promoting comprehensive health[2,3].

The process of psychological preparation for motherhood begins with the internalization of the maternal figure and extends to previous experiences and bonds established with other female figures. However, each pregnancy and postpartum period is experienced uniquely[3], reinforcing the importance of individualized interventions that promote the pregnant person's overall well-being[4], aligned with health promotion principles.

Because of the multiple changes occurring during pregnancy, hormonal alterations may affect fetal growth and development (e.g., weight, height, and neurological maturation), in addition to triggering physiological symptoms such as weight gain, edema, nausea, breast pain, and mood fluctuations[5]. This period of intense physical and subjective changes requires adaptations in relational dynamics, particularly marital relationships[6], potentially increasing emotional vulnerability and contributing to the emergence of emotional crises with repercussions on physical, psychological, and social well-being, as well as on the bond established with the baby[7].

A study by Schiavo et al.[8] reported that 35% of pregnant women experience high levels of anxiety; approximately 65% exhibit stress-related conditions, and 25% present symptoms of depression. In this study, high anxiety was defined as the presence of recurrent thoughts severe enough to interfere with daily activities during pregnancy. Stress symptoms may be associated with mood changes, potentially leading to aggressiveness, excessive sadness, irritability, insomnia, social isolation, alcohol and drug use, decreased libido, etc.

The physical, emotional, and social impacts of pregnancy are widely documented; however, these experiences have historically been centered on cisgender women, overlooking the gestational experiences of transmasculine individuals. The reproductive health of transgender men, individuals assigned female at birth who identify as male, is frequently rendered invisible. Within health care settings, barriers to reproductive care persist, marked by denial of rights and transphobic practices, highlighting the need for more inclusive and equitable reproductive care policies that respect the diversity of gestational experiences[9].

While the emotional and social challenges faced by transmasculine pregnant individuals underscore the need for inclusive care policies, data regarding psychotropic medication prescriptions remain concentrated on cisgender women. In recent years, a significant increase in psychotropic medication prescriptions during pregnancy has been observed[10]. However, reported percentages vary according to study design, geographic region, and analyzed period, preventing the establishment of a single prevalence rate.

The indication for prolonged use of these medications is debatable as they may cross the placental barrier and interfere with fetal organ and tissue development, potentially leading to neurological, cardiac, pulmonary malformations, and neural tube defects. Although medication use is not prohibited, it should be restricted to more severe cases and accompanied by early screening of maternal emotional health to reduce reliance on psychotropic medications and encourage psychological follow-up[11].

Care for the health of pregnant individuals has increasingly gained attention at federal, state, and municipal levels, aiming to provide comprehensive support addressing the multiple dimensions that shape the pregnancy experience[12]. Comprehensive maternal health care recognizes the importance of educational interventions, both individual and group-based, since awareness and access to scientific information enable paradigm shifts and the adoption of self-care practices[13].

In this context, high-quality prenatal care should include actions ensuring effective access to health care services through an integrated network that promotes adherence to prenatal consultation programs, diagnostic testing, and participation in educational activities such as seminars and discussion groups addressing pregnancy-related topics[14].

Recognizing the importance of maternal care, Brazil established the Comprehensive Women's Health Care Program (PAISM) in late 1984, focused on maternal health care and women's health services, while also emphasizing violence prevention and social conflict-related issues[15]. To further expand policies directed toward this population, the Brazilian Ministry of Health implemented the Prenatal and Birth Humanization Program (PHPN) in 2000 to improve health care coverage and reduce maternal and infant mortality rates through enhanced prenatal care services[16]. In 2004, the National Policy for Comprehensive Women's Health Care (PNAISM) was introduced, consolidating guidelines for promoting, protecting, and restoring women's health throughout all life stages[15].

Prenatal follow-up is among the most recognized active programs within primary health care (PHC) and is one of the most important because it allows pregnant individuals to express fears and concerns while ensuring effective care and integration with other women's health services. This model of care supports continuity of care and facilitates the development of bonds between pregnant individuals and health care teams[16-18]. Furthermore, prenatal care plays a fundamental role in preventing adverse outcomes, identifying health-related conditions, and preparing parents for labor, childbirth, and parenthood[18].

The Rede Cegonha Program, launched by the Brazilian Federal Government in 2011, was created to ensure effective care for all pregnant individuals through the Brazilian Unified Health System (SUS), following women from reproductive planning (i.e., pregnancy, childbirth, and birth) until the child reaches 2 years of age[19]. In 2024, Rede Cegonha was restructured into Rede Alyne, a Brazilian Federal Government initiative designed to reduce maternal mortality, promote humanized and equitable care for pregnant and postpartum individuals and children, and reduce regional and racial inequalities[20].

The Pregnancy Card, also known as the Pregnancy Booklet, is a program consisting of a document updated at each prenatal appointment containing all pregnancy-related information for both pregnant individuals and prenatal and childbirth care teams. The booklet may include technical information regarding maternal and fetal health, maternal concerns, information on health care rights, healthy eating recommendations, and guidance on warning signs that indicate the need to seek medical care[21].

These programs are essential for promoting humanized pregnancy care because symptoms such as mood disorders, post-traumatic stress, severe anxiety, depression, among others, may arise during pregnancy. This emotional instability may negatively affect fetal development, since maternal hormonal and physiological changes directly influence the intrauterine environment. For example, a pregnant person experiencing emotional distress may demonstrate reduced emotional availability to interact with the baby, which may later affect bonding formation and the child's socioemotional development[22].

Within illness processes and pregnancy-related care demands at the primary health care level, concerns emerge regarding both physical and mental health care. Available information on pregnancy-related issues remains largely

centered on the biomedical care model. Furthermore, a stigma persists regarding psychologists, as these professionals are often associated exclusively with mental disorder treatment[2].

In this context, directing attention toward women's reproductive health becomes essential, while also considering the psychosocial aspects accompanying pregnancy and maternal care. Therefore, this study aimed to investigate the scientific literature regarding health care and mental health care for women during pregnancy within PHC.

METHOD

This study is an integrative literature review aimed at analyzing and describing the available scientific literature in response to a specific research question on a given topic[23], while also contributing to the development of future research.

As recommended by international protocols for systematic and integrative reviews, the guiding question was established using the PICO framework (P = participants; I = intervention; C = comparison; O = outcome), based on the following research question: How is health care (I) and mental health care (O) provided to women during pregnancy (P) within PHC (C)?

Searches were conducted between March and April 2023 and included articles published in Portuguese, English, and Spanish from SciELO, MEDLINE, LILACS, Index Psychology - Journal, and BDENF, which was accessed through the Regional Portal of the Virtual Health Library, encompassing major health research sources. BDENF was specifically selected because it is a nursing-focused database that compiles scientific evidence to support interventions, protocols, and studies addressing health promotion and humanized care for pregnant individuals, postpartum individuals, and infants.

The search terms used were previously consulted in the Health Sciences Descriptors (DeCS) terminology database. To optimize the search strategy, the following combinations of descriptors and Boolean operators were applied: (1) "gestation" AND "mental health" AND "health care"; (2) "pregnancy" AND "mental health" AND "delivery of health care"; and (3) "embarazo" AND "salud mental" AND "atención a la salud."

Based on the initial search, the inclusion criteria were established as follows: full-text empirical studies published between 2019 and 2023. This period encompasses the strengthening of public policies focused on maternal and mental health, such as the implementation of the Previne Brasil Program (Ordinance No. 2,979/2019)[24], which restructured financing mechanisms for women's health care within PHC. Furthermore, this period includes strategic actions targeting women's health and an increase in scientific production on the topic, enabling the analysis of the most current and relevant literature to support interventions, protocols, and care practices. Studies published in Portuguese, English, or Spanish and restricted to the Brazilian context were included. Articles that did not meet these criteria were excluded.

Subsequently, abstracts from the initially selected studies were screened according to the following exclusion criteria: duplicate records; studies conducted outside Brazil; studies not directly related to the topic of interest; and studies that did not contribute to answering the predefined research question.

To provide an initial overview of the available scientific production, an unrestricted search without filters was conducted in the selected databases using the predefined descriptors. A total of 23,319 records were initially identified: 4,867 in Portuguese, 5,158 in English, and 13,294 in Spanish. Based on the previously established inclusion criteria, 1,436 records were selected.

Subsequently, exclusion criteria were applied to the 1,436 selected records, resulting in the exclusion of 1,424 studies during screening: duplicate records (f = 21); studies conducted outside Brazil (f = 32); and studies not directly related to the topic or that did not contribute to answering the predefined guiding question (f = 1,371). At the end of the selection and exclusion process, 11 articles remained for analysis (Figure 1).

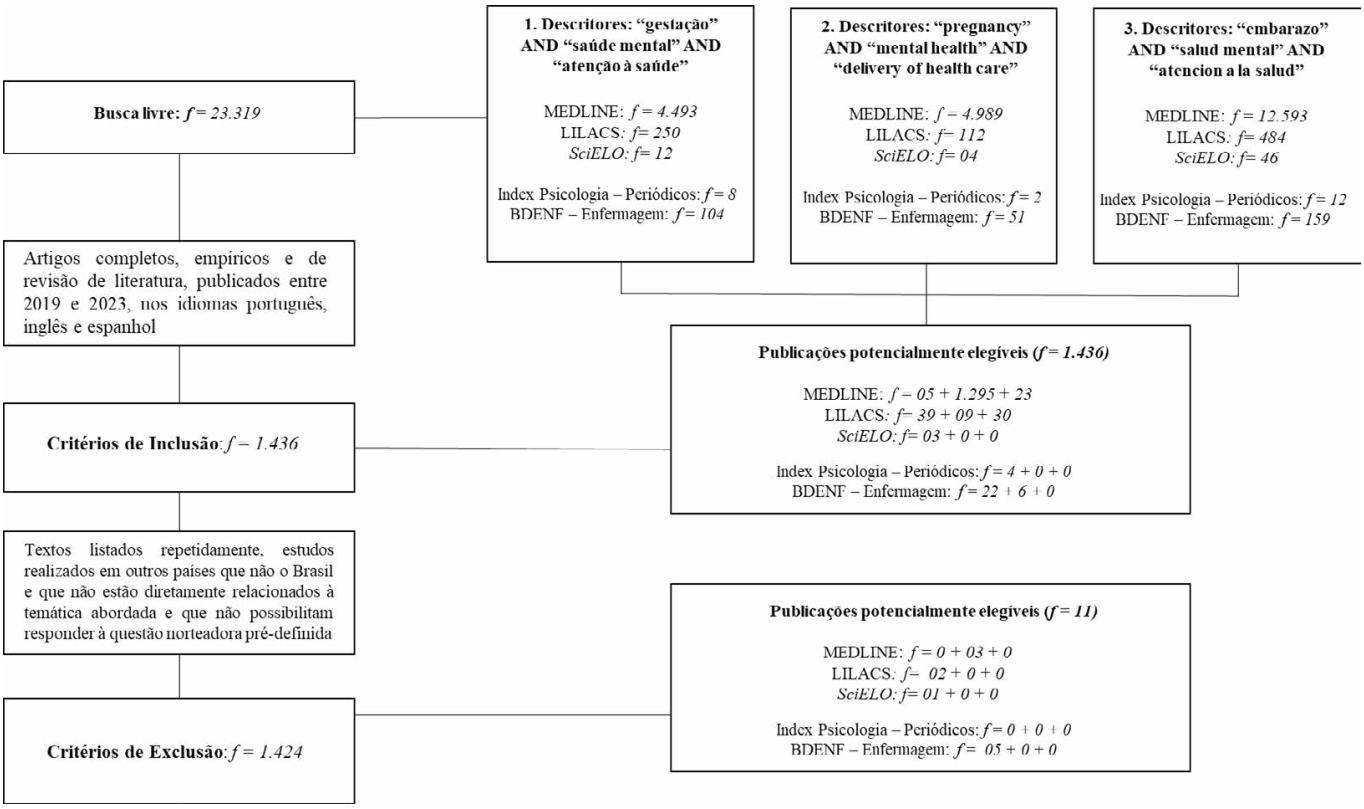

Figure 1 – Flowchart of the publication selection process for the integrative review

During data extraction, key information was collected to support critical analysis and synthesis of the included studies. The extracted variables comprised: (a) study identification data, including authors, title, publication type, and data collection setting; (b) main study characteristics, including study design, sample characteristics (number of participants), and overall objective; and (c) findings and synthesis of qualitative and/or quantitative results, providing a comprehensive overview of the evidence.

The analysis was conducted in two stages. First, a simple descriptive statistical analysis with frequency calculations was performed, focusing on article identification variables, including journal publication field, year of publication, title, methodological approach (quantitative, qualitative, or mixed methods), data collection setting, and sample characteristics[25]. The second stage involved data preparation and content reduction using Bardin Content Analysis[25], a set of textual analysis techniques particularly useful in social sciences for qualitative examination of scientific literature and development of thematic categories, aiming to provide a deeper understanding of the topic under investigation.

RESULTS

The analyzed articles were published between 2019 and 2023, with the following distribution: 3 articles (27.3%) published in 2019, 3 (27.3%) in 2020, 1 (9%) in 2021, 4 (36.4%) in 2022, and no articles (0%) in 2023. This distribution reflects a significant concentration of publications in 2019, 2020, and 2022, as illustrated in Box 1. Furthermore, Portuguese was the predominant language in this study, accounting for 8 articles, whereas 3 were written in English. Additional information, including article titles, authors, and publication years, is presented in Box 1.

Box 1 – Analyzed studies on experiences during pregnancy within primary health care (PHC)

Study ID	Title	Method	Sample	Setting	Objective	Main findings
Silva *et al.* (2019)[26]	Uso de tecnologia móvel para o cuidado gestacional: avaliação do aplicativo GestAção	Evaluation study, quantitative-qualitative approach	13 pregnant individuals	PHC units in Fortaleza, Ceará	To evaluate the GestAção app based on pregnant individuals' user experience	Significant satisfaction with the application, highlighting compliance with objectives, structure, presentation, and content relevance
Dell'Osbel, Gregoletto, and Cremonese (2019)[27]	Depressive symptoms in primary care pregnant women: prevalence and associated factors	Cross-sectional observational epidemiological study	76 pregnant individuals	PHC services in Caxias do Sul, Rio Grande do Sul	To measure the prevalence of depressive symptoms and associated factors among pregnant individuals receiving primary care	Marital status and previous pregnancy experiences may influence mental health during pregnancy
Arik *et al.* (2019) [28]	Perceptions and expectations of pregnant women about the type of birth	Prospective qualitative study	15 pregnant individuals	Public health care service in a city in inland São Paulo	To understand pregnant individuals' perceptions and expectations regarding mode of delivery	Benefits of vaginal birth compared with cesarean delivery; fear and uncertainty regarding vaginal birth; physician influence on delivery decisions; and family and friends influencing delivery preferences
Silva *et al.* (2020b)[29]	Risco de depressão e ansiedade em gestantes na atenção primária	Exploratory descriptive quantitative study	71 pregnant individuals	PHC unit in Olinda, Pernambuco	To identify risks for depression and anxiety among pregnant individuals receiving PHC services	Reports of psychological violence and a substantial number of pregnant individuals presenting high anxiety disorder risk and moderate depression risk, with statistically significant findings
Silva *et al.* (2020a)[30]	Depressão em gestantes atendidas na atenção primária à saúde	Exploratory descriptive quantitative-qualitative study	67 pregnant individuals	PHC in a city in inland Minas Gerais	To identify depressive symptoms among pregnant individuals receiving prenatal follow-up in PHC	Some pregnant individuals presented mild-to-moderate depressive symptoms, whereas a smaller proportion presented severe depression. Central themes included pregnancy experiences and nursing consultations addressing mental health during prenatal care
Bonassi e Melgaco (2020)[31]	Somatização na gestação: a relação das ansiedades e impressões oníricas sob a perspectiva psicanalítica	Action research	8 pregnant individuals and 4 health professionals	Family Health Support Center/ PHC unit in a city in Mato Grosso do Sul	To investigate the epistemological basis underlying psychologists' professional reasoning within multidisciplinary teams and prenatal care and identify how this perception affects management of anxiety complaints and psychosomatic symptoms during prenatal care	Therapeutic care failures; inadequate listening to psychological and physical complaints without investigation of symptom causes; and limited obstetric physician participation in shared consultation groups
Mello *et al.* (2021)[32]	Medo do parto em gestantes	Cross-sectional study	67 pregnant individuals	PHC units in Santos, São Paulo	To establish an epidemiological profile of childbirth fear among pregnant individuals in Santos, correlating age, education, marital status, parity, previous pregnancy loss, and pregnancy complications	Presence of intense fear of childbirth and tokophobia in some pregnant individuals
Silva *et al.* (2022)[33]	Transtorno mental comum na gravidez e sintomas depressivos pós-natal no estudo MINA-Brasil: ocorrência e fatores associados	Prospective cohort study	461 pregnant individuals e 247 postpartum individuals	PHC services in Cruzeiro do Sul, Acre	To investigate occurrence and associated factors of common mental disorders during pregnancy and postpartum depressive symptoms and their relationship in Western Brazilian Amazonia	Some pregnant individuals experienced common mental disorders that persisted postpartum, with depressive symptoms mainly associated with higher parity and lower maternal educational attainment
Dias e Oliveira (2022)[34]	Consumo de drogas durante pré-natal de baixo risco: estudo transversal	Cross-sectional observational study	270 pregnant individuals	14 PHC units across 2 cities in northwestern Paraná	To estimate prevalence of drug use among pregnant individuals receiving low-risk prenatal care within PHC	Multiple use of substances, including tobacco, alcohol, and cannabis, with intergenerational patterns and similar substance use among partners
Maman *et al.* (2022)[35]	Perfil clínico e psiquiátrico de gestantes atendidas em uma unidade de saúde de Criciúma, Santa Catarina	Retrospective, cross-sectional, descriptive observational quantitative study	179 pregnant individuals	PHC unit in southern Santa Catarina	To characterize clinical and psychiatric profiles of pregnant individuals receiving care in a PHC unit	Most participants were married, had completed high school education, and presented comorbidities such as hypertension or diabetes. Anxiety and depression were the predominant psychiatric disorders, and fluoxetine was the main psychotropic medication
Backes *et al.* (2022)[36]	Meaning of the spiritual aspects of health care in pregnancy and childbirth	Qualitative study	27 pregnant individuals	City in central Rio Grande do Sul	To understand the meaning of spiritual dimensions in health care during pregnancy and childbirth through complexity theory	Spiritual care was strongly associated with emotional care; spirituality was symbolically related to the uterus as a sacred space; and complementary practices were used to promote spiritual care during pregnancy and childbirth

In the overall descriptive analysis, regarding methodological approach, 58.3% (f = 6) of the studies used quantitative methods, followed by qualitative studies (25%, f = 3) and mixed-methods studies (16.7%, f = 2). The studies were restricted to the Brazilian context because PHC policies are country-specific, particularly regarding primary health care organization and implementation.

Regarding sample size, most studies (54.5%) included between 20 and 100 pregnant individuals. Additionally, 25% included fewer than 20 participants, whereas 18.2% involved more than 100 pregnant individuals. This variability in sample size may reflect different methodological approaches and research resources, with most studies adopting an intermediate sample size to obtain robust and representative findings[37]. In qualitative research, such variation may also enable the inclusion of multiple perspectives, enriching interpretation of the investigated phenomena[38].

Analysis of study settings demonstrated a varied geographic distribution across Brazilian regions. The Southeast region showed the highest concentration of studies, accounting for 33.3% (f = 5), including 16.7% conducted in São Paulo and 8.3% in Minas Gerais, Paraná, and Santa Catarina. The Northeast region represented 16.7% (f = 2), with studies conducted in Ceará and Pernambuco. Similarly, the South region accounted for 16.7% (f = 2), with studies

carried out in Rio Grande do Sul. The North and Midwest regions showed lower representation, accounting for 8.3% each, with studies conducted in Acre and Mato Grosso do Sul, respectively. This pattern aligns with national literature indicating greater research concentration in states with stronger economic development, more advanced research infrastructure, and established academic institutions[37].

Analysis of the publication fields of the selected scientific journals revealed a predominance of nursing journals (54.5%), followed by medicine (18.2%), mental health (9.1%), gynecology/obstetrics (9.1%), and public health (9.1%). This distribution highlights nursing as the leading publication field among the analyzed studies. Part of this pattern may reflect characteristics inherent to nursing, which has historically prioritized research on care delivery, health care practices, and patient experiences. However, this trend may also reflect database-related bias, as indexing practices may disproportionately represent specific disciplines or languages, potentially limiting representation from other knowledge areas[37].

Based on the preceding analyses, a detailed qualitative assessment of the selected studies was conducted. To facilitate understanding of the investigated topics, the articles were categorized into thematic groups. The 11 articles were organized into 3 main categories to guide discussion of the topic: (1) Prenatal Follow-up in PHC (f = 4); (2) Psychiatric Comorbidities and Risk Factors (f = 5); and (3) Mental Health Care Strategies for Pregnant Individuals (f = 3).

DISCUSSION

Prenatal follow-up in PHC

The first category comprised 4 articles (f = 4)[28,32,34,36] addressing general aspects related to prenatal follow-up in PHC. Beyond biological dimensions, social and cultural factors are also present during this stage of life as well as women's perceptions regarding the care received during prenatal follow-up. The findings demonstrated that prenatal care extends beyond biological dimensions, requiring health professionals to be sensitive to the subjective meanings attributed to pregnancy, childbirth, and motherhood[28,32,34,36].

Regarding childbirth, pregnant individuals reported intense fear of labor and tokophobia, findings consistent with international studies[32]. These aspects indicate that pregnant individuals' expectations concerning childbirth should be considered during prenatal follow-up. When neglected, this scenario may generate psychological distress and directly affect the childbirth experience, mother-infant bonding, and women's self-confidence. This evidence reinforces the importance of interdisciplinary approaches incorporating emotional support and qualified listening into routine prenatal care, aligned with the principles of the National Humanization Policy (PNH) and Rede Alyne, which promote female autonomy and pregnant individuals' active participation during childbirth[20].

Considering the spiritual dimension integrated into health care during the pregnancy cycle, spirituality is viewed as an essential resource to promote comfort, safety, and autonomy, protective factors that positively influence the childbirth experience by strengthening mother-infant bonding[36]. This perspective broadens the concept of care and aligns with health promotion principles by recognizing that comprehensive well-being includes physical, psychological, social, and spiritual dimensions[1-3].

Regarding preferred mode of delivery, vaginal birth demonstrates greater advantages compared with cesarean delivery from clinical and recovery perspectives. However, factors such as fear, particularly fear related to pain and unpredictable situations, influence decisions favoring cesarean delivery among pregnant individuals and their family members[28]. This finding highlights a persistent challenge in public health practices: the medicalization of childbirth as a response to unmet emotional needs. Therefore, reproductive health promotion requires educational strategies aimed at demystifying vaginal birth, promoting women's autonomy, and encouraging informed decision-making, as recommended by the Brazilian Ministry of Health[14].

Using psychoactive substances during pregnancy also deserves attention. The studies indicated a predominance of tobacco, alcohol, and cannabis use. A substantial increase in substance use during pregnancy was observed, alongside difficulties and limitations faced by health professionals in detecting early substance use[34]. This behavior reflects social and emotional vulnerability among some pregnant individuals, frequently associated with social exclusion, violence, and lack of family support. Addressing this issue requires intersectoral actions and collaboration among health care, social assistance, and education sectors. Furthermore, health professionals require continuous training to identify substance use early and adopt nonpunitive, supportive approaches.

The findings from this category demonstrate that pregnancy experiences, beyond physical symptoms, are influenced by multiple psychosocial determinants, including fear, delivery preferences, family influence on women's decisions, and substance use. When disregarded by multidisciplinary teams, these factors may compromise maternal mental

health and hinder the development of healthy motherhood. In this context, health promotion involves recognizing pregnancy as a complex process requiring integrated policies, humanized practices, and care centered on women as active agents within their reproductive journey.

Psychiatric comorbidities and risk factors

The second category included 5 articles (f = 5)[27,29,30,33,35] addressing the likelihood of mental disorders emerging during pregnancy and psychiatric hospitalizations during this period. The studies emphasized that pregnancy, socially associated with fulfillment and life accomplishment, may also represent a period of substantial emotional and psychosocial vulnerability, particularly in contexts marked by unfavorable socioeconomic conditions, absence of support networks, and exposure to violence[27,29,30,33,35].

Within PHC, risks of depression and anxiety were identified among pregnant individuals experiencing psychological violence[33]. These factors intensify psychological distress and reinforce the importance of mental health surveillance strategies during prenatal care so that early signs of mental health conditions can be promptly identified. This perspective aligns with the National Policy for Comprehensive Women's Health Care (PNAISM), which advocates comprehensive, preventive, and humanized health care approaches[15].

Consistent with the findings of this review, mental disorders may occur at any stage of pregnancy, with higher incidence during the second trimester and depressive symptoms more frequently observed postpartum. Furthermore, during the first year after childbirth, 20% of mothers presented depressive symptoms. Factors associated with mental disorders and depression included parity (≥ 2) and lower maternal educational attainment, respectively[29]. Therefore, health promotion requires intersectoral initiatives involving education, social assistance, and health care sectors to reduce inequalities and strengthen support for pregnant individuals at increased risk.

Gestational and postpartum depression emerged as among the most prevalent conditions, with broad consequences for maternal health. Elevated levels of depressive symptoms were associated with marital status, previous miscarriage history[27], unemployment, relationship conflicts, and lack of emotional support[30]. In a study conducted in inland Minas Gerais, 33% of pregnant individuals presented depressive conditions, including 64% classified as mild-to-moderate depression and 9% classified as severe depression. However, weaknesses in continuity of mental health care within PHC were observed, with follow-up often limited to documentation within prenatal records[30]. This scenario reveals structural gaps in health care networks and professional training, potentially leaving health care providers insufficiently prepared to address psychological distress during pregnancy.

Another study[35] reported that younger married women with comorbidities, including diabetes, hypertension, and overweight status, as well as women who did not desire the current pregnancy demonstrated higher prevalence of depressive and anxiety disorders, in addition to frequent psychotropic medication use, such as fluoxetine[35]. These findings reinforce the importance of continuous multidisciplinary follow-up provided by multiprofessional teams, prioritizing evaluation of mother-infant relationships and strengthening emotional bonds, which are essential for healthy child development and maternal well-being.

Overall, this category demonstrates that psychosocial determinants play a critical role in maternal mental health, influencing pregnancy progression, mother-infant bonding, and adherence to prenatal care. Neglecting these determinants may exacerbate symptoms, increase psychiatric hospitalization risk, and compromise maternal experiences. Health promotion should therefore extend beyond clinical care, incorporating supportive listening, welcoming practices, strengthening support networks, and promoting women's autonomy and active participation, consistent with the principles of SUS and Collective Health.

Mental health care strategies for pregnant individuals

The third category included 3 articles (f = 3)[26,29,31] exploring interventions and health care strategies focused on maternal mental health during prenatal care. The findings highlighted the need for continuous improvement of care practices within PHC, particularly regarding listening skills, welcoming approaches, and multiprofessional integration in prenatal follow-up[26,29,31].

Care strategies are essential for implementing more effective interventions. However, important gaps were identified within municipal health care services, including shortcomings in therapeutic care and weaknesses among multiprofessional teams, reflecting insufficient qualified listening regarding psychological and somatic complaints reported by pregnant individuals. Furthermore, the limited participation of obstetric physicians during shared care consultations compromised care comprehensiveness and integration between physical and emotional dimensions of pregnancy[31].

These findings underscore the need to improve clinical practice and teamwork within PHC, consistent with PNAISM recommendations. Humanized care, although partially implemented, should be expanded and consolidated as a central component of health care delivery, strengthening bonds between health professionals and pregnant individuals while ensuring access to specialized interventions when necessary[31]. Early screening and continuous mental health monitoring beginning in early pregnancy represent essential strategies for reducing psychological burden and promoting health within the mother-infant dyad[29].

The incorporation of digital technologies has emerged as a complementary strategy to strengthen psychosocial care during pregnancy. A study evaluating the "GestAção" mobile app, developed to provide pregnancy-related information and support best practices during nursing consultations, demonstrated high acceptability, indicating that technology may function as an effective educational tool, expanding access to information while promoting women's autonomy and active participation in care[26].

Such findings reinforce the urgency of consolidating more humanized and multidisciplinary health care practices for pregnant individuals, recognizing qualified listening, therapeutic bonding, and shared responsibility as structural components of care. Innovative approaches, including digital technologies and community-based initiatives, should also be adopted to expand access to mental health care and better align services with the realities and needs of pregnant individuals.

CONCLUSION

This study investigated the scientific literature regarding health care and mental health care for women during pregnancy within PHC. The findings indicate that pregnancy should be understood as a complex experience influenced by psychological, emotional, social, cultural, and economic factors that directly affect maternal mental health. Uncertainty experienced during pregnancy, combined with the absence of qualified support, may contribute to psychological disorders and compromise maternal well-being.

However, gaps remain within PHC regarding the provision of psychological support for pregnant individuals, as this dimension of care remains insufficiently addressed and, when available, is often delivered superficially. These findings highlight the importance of strengthening interdisciplinary and humanized approaches centered on therapeutic bonding, qualified listening, and shared responsibility, incorporating early identification of mental health conditions and development of individualized coping strategies.

Furthermore, valuing psychological follow-up as an essential component of comprehensive health care, combined with innovative practices, may expand access to mental health care and improve alignment between health care services and pregnant individuals' needs. This integration supports more humanized, equitable, comprehensive health care delivery.

As a limitation, this study identified a limited number of publications addressing the topic, despite including articles published in English, Portuguese, and Spanish. This finding may be associated with restrictions related to descriptor combinations and the decision to limit inclusion to studies conducted exclusively in Brazil. Future studies should therefore expand search strategies, diversify descriptors, and include international databases to provide a broader overview of scientific production on the topic.

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