UFSM

REUFSM
REVISTA DE ENFERMAGEM DA UFSM

ISSN 2179-7692
OPEN ACCESS

Rev. Enferm. UFSM, v.16, e16, p.1-21, 2026 •
Submission: 01/27/2026 • Acceptance: 08/06/2026 • Publication: 09/23/2026

Original article

Maternal mental health in primary care: changes, experiences, and psychosocial determinants

Saúde mental materna na Atenção Primária: mudanças, vivências e determinantes psicossociais

Salud mental materna en atención primaria: cambios, experiencias y determinantes psicosociales

Juliana Tamara Pinto[I], Elitiele Ortiz dos Santos[I], Lisie Alende Prates[I], Vania Dias Cruz[II], Vanessa Alvez Mora da Silva[I]

[I] Universidade Federal do Pampa (Unipampa), Uruguaiana, Rio Grande do Sul, Brazil
[II] Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Rio Grande do Sul, Brazil

Abstract

Objective: To understand the changes resulting from motherhood and their repercussions on the mental health of mothers receiving care within Primary Health Care. **Method:** A qualitative study conducted with 12 mothers served by a Family Health Strategy unit in a municipality in the western border region of Rio Grande do Sul, Brazil, between July and October 2024. Data collection involved semi-structured interviews, followed by thematic content analysis. **Results:** Identity and emotional transformations were identified in the process of becoming a mother; overload and a lack of support emerged as psychosocial determinants of maternal distress; and weaknesses were noted in the Family Health Strategy's approach to maternal mental health care. **Conclusion:** Maternal mental health is shaped by psychosocial determinants, such as the lack of family, social, and institutional support. Intersectoral actions and public policies that prioritize comprehensive care for women are recommended.
Descriptors: Mental Health; Women; Maternal Health; Primary Health Care; Women's Health

Resumo

Objetivo: conhecer as mudanças advindas da maternidade e suas repercussões na saúde mental de mães acompanhadas na Atenção Primária à Saúde. **Método:** pesquisa qualitativa, realizada com 12 mães atendidas em uma Estratégia Saúde da Família de um município da fronteira oeste do Rio Grande do Sul, Brasil, no período de julho a outubro de 2024. Para a coleta de dados, foram realizadas entrevistas semiestruturadas, com análise temática de conteúdo. **Resultados:** identificaram-se transformações identitárias e emocionais no processo de tornar-se mãe; a sobrecarga e a ausência de apoio como determinantes psicossociais do sofrimento materno; e fragilidades na atuação da Estratégia Saúde da Família no cuidado em saúde mental das mães. **Conclusão:** a saúde mental materna é atravessada por determinantes psicossociais, como a ausência de apoio familiar, social e institucional. Sugerem-se ações intersetoriais e políticas públicas que valorizem o cuidado integral à mulher.

Descritores: Saúde Mental; Mulheres; Saúde Materna; Atenção Primária à Saúde; Saúde da Mulher

Resumen

Objetivo: Comprender los cambios derivados de la maternidad y sus repercusiones en la salud mental de las madres que reciben atención en Atención Primaria de Salud. **Método:** Investigación cualitativa realizada con 12 madres que asistieron a una unidad de Estrategia de Salud Familiar en un municipio de la frontera occidental de Rio Grande do Sul, Brasil, entre julio y octubre de 2024. Se utilizaron entrevistas semiestructuradas para la recolección de datos, con análisis temático de contenido. **Resultados:** Se identificaron transformaciones de identidad y emocionales en el proceso de convertirse en madre; la sobrecarga y la falta de apoyo se identificaron como determinantes psicosociales del sufrimiento materno; y se encontraron debilidades en el rol de la Estrategia de Salud Familiar en la provisión de atención de salud mental a las madres. **Conclusión:** La salud mental materna está influenciada por determinantes psicosociales, como la ausencia de apoyo familiar, social e institucional. Se sugieren acciones intersectoriales y políticas públicas que valoren la atención integral para las mujeres.
Descriptores: Salud Mental; Mujeres; Salud Materna; Atención Primaria de Salud; Salud de la Mujer

Introduction

Maternal mental health has been the subject of recent studies due to the high prevalence of depression, anxiety, and other mental disorders.[1] In this context, urgent global action is required, as maternal mental health is linked not only to women's well-being but also to the broader health trajectory of societies within the framework of sustainable development.[2]

Maternal mental health is influenced by multiple psychosocial determinants that extend beyond the individual level to encompass structural, cultural, and relational aspects. An excessive workload, the lack of a support network, precarious living conditions, and gender inequality constitute risk factors for psychological distress.[1] Furthermore, physical changes resulting from pregnancy and childbirth can trigger body dissatisfaction and shame, especially when contrasted with sociocultural ideals of female beauty, thereby impacting self-image, self-esteem, and comfort in intimate relationships.[3]

Thus, understanding motherhood through a broader mental health perspective entails recognizing that disease is not limited to the biological dimension but is intrinsically linked to the social, economic, and emotional conditions of the maternal experience.[1] Despite this recognition, motherhood remains romanticized by society. Consequently, psychological signs and symptoms often go unnoticed or are neglected

by families and healthcare professionals.[4] Compounding this is the historical association of the female role with caregiving, viewed as a natural duty regardless of the actual circumstances. Many women, across various social and familial positions, have traditionally been designated as the primary caregivers for those around them.[5]

Such conceptions and practices reinforce traditions that can adversely affect women's mental health, leading to feelings of guilt, inadequacy, and anguish. Another challenge many women face relates to redefining their role in society, as they must balance multiple new responsibilities. These demands include caring for the home, children, and oneself, alongside work responsibilities; this can lead to overload and difficulties in balancing different spheres of life, with negative repercussions for mental health.[6]

In the context of maternal care, recommended strategies include family support and the promotion of health and well-being during motherhood.[7] Social support networks during the postpartum period act as a protective factor for mental health and well-being. Adequate support helps women cope with the demands inherent to motherhood and is associated with reduced anxiety and depressive symptoms, as well as lower emotional strain. Conversely, a lack of such support can increase vulnerability to psychosocial issues, including postpartum depression. Furthermore, social support boosts self-esteem and aids in adapting to the changes experienced during this period.[8]

Furthermore, public policies aimed at maternal support are important, with the goal of increasing the visibility of and attention paid to this demographic. A notable example is Law No. 14.721 of November 8, 2023, which mandates the provision of psychological assistance to pregnant and postpartum women, as well as the development of initiatives for awareness, education, and information regarding maternal mental health.

Primary Health Care (PHC), through the Family Health Strategy (FHS), serves as the main entry point to the Unified Health System (UHS), acting as a strategic setting for health promotion, disease prevention, monitoring, and the identification of mental health needs. Within PHC, prenatal and postpartum care must encompass comprehensive biopsychosocial care, taking into account contexts of social vulnerability.[9]

Despite policy regulations and the organizational structure of PHC, many mothers do not receive the necessary care, as attention tends to focus on monitoring the child or on the physical aspects of the postpartum period. A recent study on the postpartum period within PHC shows that, although recommendations for comprehensive care exist, the implementation of these guidelines remains inadequate, with weaknesses regarding the continuity and scope of care after childbirth.[10]

Thus, it is necessary to strengthen PHC actions regarding family care, fostering a welcoming environment and the early identification of signs of psychological distress. Comprehensive, humanized care for mothers contributes to preventing health issues and promoting perinatal mental health.[9] In this sense, this study can provide insights for professional practice, helping to improve mothers' access to health services and ensuring they find comprehensive care, strengthened bonds, and support during motherhood within PHC teams. Thus, the study aimed to understand the changes resulting from motherhood and their repercussions on the mental health of mothers receiving care in Primary Health Care.

Method

This study adopts a qualitative approach of an exploratory and descriptive nature. The Consolidated Criteria for Reporting Qualitative Research (COREQ) served as a guide for presenting the research report.

The study participants were mothers receiving care from a FHS unit in the urban area of a municipality located on the western border of Rio Grande do Sul. The municipality has 19 FHS units: two in rural areas and the rest in urban areas. The FHS unit was selected purposively; the chosen unit was one that, at the time of the study, conducted prenatal groups and routine child health consultations with good maternal attendance, as indicated by municipal health management.

Inclusion criteria comprised biological or non-biological mothers aged 18 or older who had attended at least one child health consultation at the FHS unit and whose children were up to two years old. Mothers with children up to two years of age were selected due to the higher frequency of child health consultations during this period, specifically, semiannual visits up to 24 months of age, in accordance with Ministry of

Health recommendations. No exclusion criteria were established, and there were no refusals to participate in the research interviews.

Nurses were asked to provide the dates of scheduled child health consultations. On these occasions, women were personally and individually invited to participate in the study. Upon agreement, the Informed Consent Form (ICF) was presented prior to the interview.

Data collection took place between July and October 2024. Individual semi-structured interviews[11] were conducted using a guide containing both closed and open-ended questions to support the researcher. Closed-ended questions addressed the participants' sociodemographic characteristics, while open-ended questions focused on the research topic.

The main guiding questions used in this study were: “What does being a mother mean to you?”; “What changed in your life after becoming a mother?”; “Do you consider that these changes impacted your mental health? Why?”; “Do you have support or help from anyone to carry out tasks?”; “Besides being a mother, how do you see yourself?”; “How does the combination of roles affect your mental health?”; “How has self-care been for you?”; “What do you consider important for taking care of yourself?”; “How do you feel as a woman?”; “Regarding the care provided at the FHS, do you think the service carries out mental health care actions for women who are mothers?”; “What do you think FHS needs to improve concerning mental health care for women who are mothers?”.

The information was stored in a database on a computer used exclusively by the researcher, which was password-protected and had restricted access.

The interview guide was developed by the researchers. The instrument was evaluated for content coherence, theoretical adequacy, and alignment with the study objectives by two specialist nurses. The interviews were conducted by the principal researcher, a nursing student, who underwent training to standardize the approach and the ethical conduct of the interviews.

The interviews took place in an FHS room that ensured participant privacy, as designated by the unit's nurse manager. These interviews occurred after the child's well-child visit, lasted approximately 20 minutes, and were conducted by two researchers.

While one researcher conducted the interview, the other cared for the child, allowing the participant to answer questions with minimal interference.

The interviews were audio-recorded on a mobile phone and subsequently transcribed verbatim to ensure the fidelity of the statements. To preserve the informants' anonymity, they were identified by the letter M (for Woman), followed by a number indicating the sequence in which the interviews were conducted (W1, W2, W3, and so on). The data saturation criterion was used, based on the premise that, with 12 participants, it is already possible to observe a repetition of information regarding the topic under study.[12]

The interview data were transcribed verbatim into a Microsoft Word document and subjected to thematic content analysis.[13] This analysis aimed to identify and understand, through the participants' own words, the changes resulting from motherhood and the impacts on the mental health of mothers receiving care within the Primary Health Care system of a municipality in the western border region of Rio Grande do Sul.

The thematic content analysis unfolded in three operational stages: 1) Pre-analysis: verbatim transcription and a preliminary reading of the 12 interviews were conducted to establish the research corpus and ensure an exhaustive familiarization with the mothers' narratives; 2) Material exploration: the text was coded by isolating units of meaning, identifying recurring themes in the speeches that expressed identity transformations, the burden of care, and institutional barriers; 3) Data processing and interpretation: codes were grouped based on conceptual affinity, resulting in the construction of three thematic categories, which were interpreted in light of mental health frameworks and psychosocial determinants.[13]

The research project adhered to the standards and guidelines set forth in Resolutions No. 466/2012 and No. 510/16. The study was approved by the Research Ethics Committee (Opinion N. 6.863.431; Certificate of Presentation for Ethical Appreciation N. 79252324.4.0000.5323) on June 3, 2024.

Results

The participants were 12 women. Of these, four were aged 20–24, three were 25–29, four were 30–34, and one was under 19. Regarding marital status, five were married, four were single, and three were in a stable union.

As for education, nine had completed high school, two had not completed elementary/middle school, and one had not completed higher education. Regarding ethnicity, seven identified as white, four as brown, and one as black.

Regarding religion, three reported having no religion, two were Umbanda practitioners, and seven were Evangelical Christians. Participant income ranged from one to four minimum wages, with the most common income being one minimum wage (reported by six participants).

Of the 12 participants, only one reported a prior diagnosis of anxiety. Six participants had one child, two had two children, and four had three or more children. The children's ages ranged from 19 days to 17 years. The women lived in households with a minimum of two and a maximum of six people. All reported not having used specialized mental health services.

The experiences shared by the participants revealed multiple dimensions involved in the process of becoming a mother. Analysis of the empirical data showed that motherhood is characterized by profound transformations in female identity, tensions arising from role overload, and a search for emotional balance amidst daily demands. These elements were organized into three interrelated thematic categories.

"My life changed for the better": identity and emotional transformations in the process of becoming a mother

For some participants, motherhood brought about changes in their daily lives that did not affect their mental health. They highlighted, in particular, changes related to new responsibilities.

> *"It didn't affect my mental health, but there were several changes because it's a lot of responsibility. I have to think about everything in double now; it's completely changed." (W7)*

> *"Everything changed because it's a new responsibility, but I don't think it impacted my mental health. I'm pretty strong when it comes to these things." (W4)*
> *"I think it changed a huge amount. I used to have a routine of waking up early and doing this and that [...]. I've always been very organized. I'm taking the advice to sleep when the baby sleeps literally, I couldn't care less about the house [...]. The other day I had lunch at 7 PM, but life is still calm, it's under my control." (W12)*

Despite the changes experienced, the women recognized positive aspects arising from motherhood. Among these, they mentioned the identity and emotional transformations associated with building a family, feelings of personal fulfillment, and a greater appreciation for other aspects of life.

> *"My life has changed for the better. My responsibilities have increased; I don't think only about myself anymore. Before, it was just me alone in the world, since I have no family, but now I can tell you that I feel complete." (W9)*
> *"[...] what changes is that everything is new with each [pregnancy]. It had been seven years since I'd had a baby, but, thank God, I'm doing great, happy and fulfilled, because I wanted a girl. I feel fulfilled; I've closed up shop, too." (W11)*
> *"What changed in my life was that I started to value things and want to live for them [...]." (W3)*

The speeches reveal attempts to balance motherhood with other daily activities. In this regard, the participants highlighted the importance of a support network and the need to cultivate other interests as a way to maintain mental health:

> *"[...] besides being a mother, I see myself as an aunt, a mom, and a homemaker. Since I have a lot of help, especially from my husband, maintaining my mental health has been easier." (W3)*
> *"I've been keeping my mind on my studies and have shifted my focus. I plan to start my own business. Since I'm at home, I'm putting those plans into action. If you just sit around watching series and waiting for your child to grow up, you'll go crazy [...]." (W12)*
> *"[...] I have my moments; my mother helps me out, so it doesn't feel like too much of a burden." (W1)*

The support received also contributes to women engaging in self-care and to their sense of well-being:

> *"[...] I've been feeling good. As I told you, I have help and I manage to get myself ready." (W1)*
> *"I feel good. It's something I want to leave as a memory for him [my son]. No matter how small, I want him to remember how his mom would get ready, go*

> *out looking beautiful, and smell really nice. I think it's a form of affection, too [...]". (W9)*
> *"I feel good; I feel complete. My husband, thank God, supports me and helps me with everything. Even though the postpartum period is a mix of emotions, [...] I feel very fulfilled, and I think that shows on the outside, you know?" (W11)*
> *"[...]. My mental health has been really good, thank God. I have plenty of people around me." (W7)*

The speeches reveal that the experience of motherhood was marked by identity-related and emotional transformations, perceived by the participants as a process of personal fulfillment and emotional well-being linked to the support received.

"Muddling through": overload and lack of support as psychosocial determinants of maternal distress

For many women, the changes brought about by motherhood were intense and affected their mental health. They mentioned a loss of identity, fatigue, exhaustion, and stress.

> *"My life before becoming a mother was wonderful. I thought only about myself, what I was going to buy to wear out. Now, everything revolves around him. I don't even know who I am anymore; I don't see myself, and I don't even like looking in the mirror. To be honest, I actually avoid it, because otherwise I'll cry [...]." (W6)*
> *"Everything has changed; I'm trying to keep my sanity [...]. I have an eight-year-old daughter, a house to look after, and meals to prepare on schedule for my daughter. I went back to work five days after having my baby because, being self-employed, my life didn't stop. It's really hard. There are moments when I lose it; it's just too much. I'll tell you the honest truth: with my first pregnancy, it felt like I lost myself, but with this second one, it goes much deeper. It's as if I don't exist; I feel like a non-entity [...]. Right now, I don't know where I stand [...]. I asked my husband and children for help because, while I took a shower yesterday, the one before that had been four days earlier. And it wasn't because I didn't want to shower, my daily routine kept me from doing it. By the time I remember to shower, it's already bedtime, so I just go to sleep instead. I've been sleeping only four to five hours a night for months." (W2)*
> *"We get so tired; I'm completely exhausted. There are times when it isn't easy, the fatigue just takes over. Sometimes I get really stressed, and it ends up affecting me." (W5)*

Some speeches reveal situations of maternal overload. In light of this, the women emphasized the lack of a support network in their experience of motherhood.

> *"Sometimes I can count on my mother, but usually, I'm really on my own." (W5)*
> *"Their father travels and is rarely home, so it's all on me. [...] Especially with this last pregnancy, it was hard from the start. I worried a lot because I didn't have*

> *the support I'd had during my earlier pregnancies. After him [the last child], it was much more of a struggle. The only one who supported me was my 13-year-old daughter, but I couldn't ask too much of her since she's only 13. There are days when I can't handle everything at once, the house, the girls, and I feel like I'm losing my mind." (W10)*
> *"[...]. The pregnancies definitely took a heavy toll on my mental health. I have no one to share the burden of motherhood with; I think that's why I'm like this, falling apart [...]. I live with my aunt, but I'm the one who takes care of most things. She says that since I'm the one who had the kids, I'm the one who has to manage." (W6)*
> *"I'm doing okay. I try to make the best of things with my family; we muddle through as best we can." (W11)*

Some women do not see themselves in other roles due to the central focus on motherhood and household tasks. They highlighted that this feeling affects their perception of their own identity, leading to sadness, compromised self-care, and low self-esteem.

> *"[...]. I'm exhausted, I feel weak; I don't see myself anymore, I don't even know who I am. I don't see myself as a good mother, just someone running on autopilot through the day. Sorry for the tears and for venting! I really don't have anyone else to talk to about this." (W6)*
> *"I don't see myself, I don't take care of myself, and I don't play. I'm just a mother; I'm torn between work and motherhood. It's affected almost every aspect of my life. There are moments when I cry or lose it, it's really hard." (W2)*
> *"During the postpartum period, you feel like a total mess, but I'm happy, even though my self-esteem is low. I don't have time to get ready, but it's a phase where I see myself solely as a mother. It does affect me a bit to see other people looking put-together, but what can you do? I chose this." (W5)*
> *"Today, I'm just a mother. I hardly ever have time to sit and think about anything other than tomorrow. I have to get up, follow my routine, wake him and the girls up, organize the house, that's all I think about." (W10)*

Regarding the perception of what it means to be a woman, dissatisfaction with appearance was identified, linked to postpartum bodily changes as well as shortcomings in self-care.

> *"[...]. I used to be vain, always wearing new clothes, and look at the rag I've turned into now. I haven't felt like a woman in a long time, over a year. I don't even remember what that feeling is like anymore; I don't even take photos anymore so I don't have to face it." (W6)*
> *"As a woman, at first I thought I looked fat; my hair was awful, and my skin, good Lord! But now I'm feeling a bit better. As the months went by, I managed to spruce myself up a little." (W3)*
> *"I feel forgotten, cast aside, every possible adjective related to that." (W10)*
> *"It's still a shock, a mix of emotions. The other day I cried: 'Is my belly going to*

> *stay like this?' Especially when I looked down and saw the size of it. Because, since I had a vaginal delivery, I was just... good Lord [...]. I cried a lot [...]." (W12)*

Feelings of shame regarding the body and changes in intimate relationships with the partner were also observed after motherhood.

> *"[...] depending on the definition of 'woman,' I do feel like one; but as a woman in the context of my relationship with my boyfriend, no, I don't. Partly because of the kids and the baby girl on the way, it's been six months since we last had sex." (W7)*
> *"I'll be completely honest about my intimate life: I just go through the motions; I can't bring myself to take off my clothes, look at myself, and see the absolute wreck I've let myself become. It's sad! But that's the reality." (W8)*

The experience of motherhood significantly affected mental health. in association with emotional, physical, and social factors, often accompanied by an overload of responsibilities and limited daily support.

"I think people should talk more; it's liberating to talk about this": the FHS's role in mental health care for mothers

The participants reported good interaction with the FHS team during consultations. They mentioned that the health professionals practice active listening and provide the necessary support.

> *"I see them paying close attention; they ask me how I'm feeling. During appointments, they talk about the need for rest and ask if I'm sleeping well. They are very attentive, and I think that helps our mental health." (W3)*
> *"I've always had full support, it's really good, I have no complaints, and they really develop the whole team [...]. They always talk to me a lot whenever I come here; they are very attentive." (W4)*
> *"Yes, you can! A.C. [the nurse] always talks to me; I'm very fond of her. Amidst the craziness of my first pregnancy, finding out I was pregnant at five months, she really helped calm me down." (W7)*

There were also situations of dissatisfaction with the team's performance. Issues mentioned included the absence of discussions regarding mental health and a lack of privacy during consultations.

> *"[...]. I attended prenatal care and keep up with well-child visits properly; I was never approached or told anything of the sort [regarding mental health]." (W6)*
> *"[...]. I understand that the students are there to learn, but when it's a subject you can't really open up about, and there are six people in the room, it gets*

> *complicated." (W8)*
> *"I don't think so [that mental health is addressed at the FHS], because you're a bit disoriented after becoming a mother and can't take in much information; and since they barely talk about it, it's even worse." (W12)*
> *"No, not at all [is mental health addressed at the FHS]. As I told you, I've suffered a loss and became more sensitive. There should be a specific time set aside for that." (W5)*

In this regard, the participants indicated the need for a space at the FHS dedicated to dialogue about mental health.

> *"I think they should talk about it more, talking about it is liberating; I know from my own experience. Even if it's just a talk given to the people sitting there waiting, sometimes just having a sort of presentation for them would help a lot." (W6)*
> *"I think they should really keep bringing this up [...]. They rarely talk about postpartum depression, and when they do... it would be great if they spoke about it more, gave some guidance, some information, something simple." (W12)*
> *"[...]. I think they should address this issue more, especially during the baby's first few months of life." (W2)*
> *"[...]. It would be nice to set aside an afternoon to invite mothers and women in the postpartum period to talk and share our experiences. I certainly have plenty to share." (W11)*

Other participants reported a need for more individualized care, particularly during nursing and medical consultations.

> *"It would be nice to have a moment just for me and the nurse or doctor after the appointments with the children, because everything is focused on them. I understand, of course, since they are so fragile, but we need attention too, especially in those first few months." (W7)*
> *"I think the doctor should talk more during appointments, especially with the moms who don't have anyone else. I see quite a few of them here at the clinic on their own..." (W3)*
> *"I think the doctors' care here needs to improve in that regard. They are very quick, when you can actually get an appointment. The nursing staff talks more than they do, and I think it should be the other way around, since they are the ones who follow our care over time." (W9)*
> *"The service needs to improve regarding time. I get the impression that it's always a rush and always just about the child. Sometimes a mother is practically begging for help, but it seems like they turn a blind eye and don't notice, just to avoid taking extra time." (W5)*

In this regard, reports indicate that the FHS is perceived as an important space for providing a welcoming environment and support to mothers. However, limitations in the approach to maternal mental health were also noted, highlighting the need to

expand dialogue, ensure greater privacy, and strengthen attention to women's emotional needs during the postpartum period.

Discussion

Motherhood brings about significant transformations in a woman's life. It is a phase marked by new discoveries and questions regarding the self, self-care, and the care of the baby, who is also under her responsibility. Feelings of fulfillment and happiness coexist with moments of being overwhelmed, fatigue, and stress. Thus, the complexity of emotions involved in the experience of motherhood becomes evident.

This study identified significant life changes following the onset of motherhood, primarily involving new responsibilities and concerns linked to childcare. It became evident that this new life stage is accompanied by transformations in identity and emotions, such as forming a family and experiencing happiness and personal fulfillment as a mother, as well as a shift in how different aspects of life are valued. Such positive perceptions of motherhood were largely linked to the presence of a support network.

Perceptions of motherhood are related to cultural aspects, biological, psychological, and social conditions, and the support received.[14] A study involving women in the postpartum period demonstrated that support from family, friends, and neighbors contributed to mobility, self-care, interpersonal relationships, daily activities, and social participation. Furthermore, when the father figure is actively involved beyond merely providing financial support for the household, women show better functional outcomes.[15] In the social sphere, situations of vulnerability present additional challenges, such as limited access to basic necessities like food, housing, and income, issues that shape the reality for many mothers.[16]

In this study, the support network, consisting mainly of the husband and the mother (maternal grandmother), facilitated self-care and contributed to a sense of well-being, fostering a positive outlook on this period. Conversely, a lack of support negatively affected the mothers' mental health, with reports of fatigue, exhaustion, stress, and a sense of losing one's identity. Some mothers experience a cycle of exclusive dedication to their children and home, making self-care and the balancing of other activities and roles, including professional ones, unfeasible.

Studies show that a lack of support can compromise women's physical and mental well-being.[2,17] Postpartum depression is the most common psychological condition following childbirth, with a global average prevalence of 17% among women with no prior history of depression.[2] In Brazil, postpartum depressive symptoms affect more than 25% of women who have recently given birth, equivalent to one in four, making it a public health issue that requires early diagnosis and adequate support.[17]

From a psychosocial perspective, a major source of distress for women can also be analyzed through the conflict between the "ideal" motherhood, socially imposed and characterized by self-sacrifice, constant vigilance, and perfection, and the concrete experience of motherhood, characterized by exhaustion, ambivalence, and human limitations. This conflict manifests as high levels of anxiety, emotional exhaustion, and constant guilt. Moreover, idealized motherhood contributes to the perpetuation of gender inequality by naturalizing female subordination and limiting women's autonomy.[18]

Given this scenario, many women avoid seeking help. They experience guilt, embarrassment, and shame when turning to a support network. These perceptions are linked to the social notion that a mother must be capable of fully meeting the demands of motherhood,[19] acting as a superhero who cannot fail in her role as a caregiver. Thus, an overload of social roles becomes evident, compounded by the lack of a support network and the normalization of the mother’s exclusive responsibility for caregiving, creating a scenario conducive to psychological distress. Such psychosocial determinants reinforce gender inequalities and the cultural pressures placed upon women.

This scenario underscores the urgent need to challenge the narrative of a "maternal calling" and to promote collective responsibility for caregiving, involving families, institutions, and public policies. Furthermore, motherhood must be seen not merely as an individual experience but as a space shaped by social, cultural, and economic tensions that require critical responses and transformations in how care is organized.[18] Consequently, childcare can be shared with the father, family members, and other members of the social support network, fostering the care, security, and support essential for child development and the experience of motherhood.[20]

A support network is essential for mothers to achieve their professional and academic goals and to practice self-care. This support benefits not only the mothers but also their family and social environments, contributing to women's empowerment, improved quality of life, and social development, all of which are relevant to maternal mental health.

Another factor influencing mental health is body image following childbirth. The postpartum period has been found to have a profound physical and psychological impact on women's lives. Feelings of discomfort with one's own body have been observed, as well as a sense of neglecting oneself and aspects of female identity. Feelings of shame and insecurity regarding one's body during sexual relations and intimacy with a partner were also evident.

Bodily changes are part of the physiological shifts women experience during the postpartum period. However, these changes are often not understood as a natural part of the process and can interfere with female sexuality, affecting self-image and self-esteem. Changes in breast shape, hair loss, facial pigmentation, cellulite on the legs, and postpartum weight retention were cited by women in Turkey as areas of concern.[3]

These perceptions may be linked to body standards idealized by women and society, often influenced by comparisons with the bodies of other women experiencing different realities and motherhood journeys. Factors that also affect marital sexuality include caring for the baby, fatigue from household chores, and a lack of time, aspects that can contribute to reduced sexual interest.[3]

Thus, there is a clear need to attend not only to the baby but also to the mother, addressing the psychological, social, hormonal, and physical dimensions of the maternal experience. It is important to acknowledge concerns regarding difficulties with self-care and sexual intimacy with a partner due to body image insecurity, as these issues are part of women's needs and can contribute to well-being and a more positive experience during this period.

These psychosocial aspects align with the global agenda for women's care. Historically, this agenda focused on survival and technical recommendations aimed at preventing maternal and neonatal morbidity and mortality. More recently, it has incorporated factors related to well-being, adopting an approach focused on ensuring

healthy lives and promoting social, physical, and mental well-being, grounded in a person-centered care perspective. This approach includes optimizing the woman's health and well-being so that she and her baby can reach their full potential for health and development.[17]

Regarding the work carried out at the FHS, the team is able to establish a supportive and welcoming relationship with some mothers. However, many speeches highlight the absence of mental health initiatives at the FHS, demonstrating the invisibility of this issue during the pregnancy and postpartum periods and the persistence of the biomedical model, which fails to incorporate the mother's biopsychosocial needs into her care. It is evident that the lack of such initiatives can exacerbate women's feelings of loneliness and vulnerability, while also limiting opportunities to build a therapeutic bond and prevent health issues for both mother and baby.

Although some mothers have frequent contact with PHC teams during prenatal and well-child care, the subjective and emotional aspects of women's experiences remain underexplored. A study involving PHC professionals shows that they do identify signs or symptoms of psychological distress when caring for pregnant and postpartum women. However, they express uncertainty and a lack of confidence in managing mental health needs, highlighting the need for support and training in this area of care.[21]

Another PHC study reveals that professionals only inquire about mental health issues when postpartum women exhibit signs of sadness. Consequently, many women experiencing emotional difficulties do not receive the necessary support.[22] It is suggested that such inquiries become a standard part of care for all postpartum women, given the barriers they face in seeking help, such as the fear of judgment or of being deemed incompetent or incapable of caring for their children due to societal expectations surrounding motherhood.

As the primary provider of postpartum care for women, PHC requires investment in continuing education strategies, particularly for nurses, who work closely with women during both pregnancy and the postpartum period. These professionals are expected to be knowledgeable about postpartum depression and able to identify factors or conditions that could negatively impact mental health, thereby assisting in the early

identification and management of symptoms and facilitating referrals to specialized care when necessary.[17]

In the context of this study, strategies to improve the quality of care within the FHS included creating spaces for dialogue on mental health and the exchange of experiences among mothers, incorporating this topic into waiting room activities, and ensuring privacy during consultations. Furthermore, the importance of mental health-focused consultations conducted by nursing and medical teams was highlighted, ensuring that women can express their needs and concerns and receive the necessary support.

The highlighted strategies involve active listening and the establishment of a bond between professionals and service users, enabling a more attentive approach to their needs and recognizing them as individuals beyond mere physical symptoms. Skilled listening, reception in a private setting, shared care among team members, and referral to specialized services when necessary were identified as key strategies for care within the scope of PHC.[21]

The difficulty in accessing mental health services within the UHS is a problem that requires priority attention through integrated actions involving health services, the community, and the family. In this regard, health policies are needed to focus on preventing health issues and promoting mental health, including the provision of emotional support and appropriate treatment.[23] Thus, it is crucial to recognize the importance of emotional health during motherhood and to invest in multiprofessional care to ensure women's well-being and quality of life, reinforcing that care should not focus solely on the baby but also address the mother's needs.

A limitation of this study concerns its specific target audience: women with children up to two years of age within the delimited context of a specific FHS unit. Further studies are suggested to explore the experiences and perceptions of other mothers, such as those receiving care from other network services (e.g., specialized mental health services) or those with children older than two, to broaden knowledge, debate, and reflection regarding the impact of motherhood on women's mental health.

This study contributes to enhancing the quality of mental health care in PHC, strengthening the entry point of the health care network and fostering continuous,

comprehensive care for mothers. To this end, interdisciplinary and multiprofessional work strategies, such as mental health matrix support, are suggested to enable a more comprehensive approach to women's emotional well-being needs and facilitate more effective, personalized interventions. It is also recommended to establish groups within PHC that include not only pregnant women but also mothers and family members experiencing the changes brought about by the baby's arrival. Another strategy involves implementing continuing education initiatives, such as mental health training programs for pregnant and postpartum women aimed at PHC professionals, that incorporate digital learning platforms, synchronous meetings with specialists, and forums for case discussions and the collaborative development of care strategies.

Conclusion

The study revealed that maternal mental health is shaped by emotional and identity-related changes, as well as by psychosocial determinants, such as a lack of family, social, and institutional support from health services, and role overload. These factors, combined with societal expectations regarding motherhood, can compromise emotional well-being and contribute to psychological distress, underscoring the need for intersectoral strategies and public policies that prioritize comprehensive care for women.

This research identified a lack of established initiatives within the FHS regarding maternal mental health care. Key strategies to improve the quality of this care include creating spaces for dialogue with mothers and addressing mental health issues, as well as enhancing individualized care by better acknowledging women's concerns and needs and ensuring greater privacy during consultations.

Expanding interprofessional initiatives focused on maternal mental health is recommended, linking PHC services with Psychosocial Care Centers and other components of the Psychosocial Care Network. Strategies such as support groups, brief psychological interventions, and discussion circles can facilitate the sharing of experiences and strengthen self-care. Integrated collaboration among nursing, psychology, and social work professionals is essential to ensure humanized care that recognizes both the vulnerabilities and the strengths of women during motherhood.

References

1. Grillo MFR, Collins SMB, Zandonai VR, Zeni G, Alves LPC, Scherer JN. Análise de fatores associados à saúde mental em gestantes e puérperas no Brasil: uma revisão da literatura. J Bras Psiquiatr. 2024;73(2):e20230098. doi: 10.1590/0047-2085-2023-0098.

2. Wang M, Ren M. World Health Day 2025: time to change mindset beyond global commitment to maternal health and women's well-being. China CDC Wkly. 2025;7(14):449-52. doi: 10.46234/ccdcw2025.074.

3. Gillen DM, Rosenbaum L, Markey CH. Body Image and sex among postpartum women. Body Image. 2025 Mar:52:101852. doi: 10.1016/j.bodyim.2025.101852.

4. Silva FF, Souza NB. Romantização da maternidade e a saúde psíquica da mãe. Rev Cient (Paracatu). 2021 [acesso em 2026 jan 22];13(1):1-21. Disponível em: https://www.atenas.edu.br/uniatenas/assets/files/magazines/ROMANTIZACAO_DA_MATERNIDADE_E_A_SAUDE_PSIQUICA_DA_MAE.pdf.

5. Correia MVS, Santos TLN, Acácio KHP. A romantização da maternidade nos dias atuais e os impactos causados na vida das mulheres. Cad Grad Ciênc Humanas Soc - UNIT- ALAGOAS. 2023 [acesso em 2026 jan 22];8(1):11-22. Disponível em: https://periodicos.set.edu.br/cdghumanas/article/view/11112.

6. Paiva SM, Rocha AS, El Khouri MMi, Ferreira AJM, Santos SBC, Martins MEA. O impacto da saúde mental de mulheres durante o puerpério. Rev Casos Consult. 2024 [acesso em 2026 jan 22];15(1):1-16. Disponível em: https://periodicos.ufrn.br/casoseconsultoria/article/view/32158.

7. Cândido IS, Couto MEC, Lages L. A importância da educação em saúde na assistência pré-natal para saúde mental da mulher no puerpério. Rev JRG Estud Acad. 2024;7(15):e151689. doi: 10.55892/jrg.v7i15.1689.

8. Khademi K, Kaveh MH. Suporte social como recurso de enfrentamento para condições psicossociais no período pós-parto: uma revisão sistemática e estrutura lógica. BMC Psychol. 2024; 12(301):1-12. doi: 10.1186/s40359-024-01814-6.

9. Silva ACM, Morais NM, Sousa JM, Caixeta CC, Souza ACS, Farinha MG. Assistência à saúde mental às puérperas na atenção primária à saúde: revisão de escopo. J Nurs Health. 2025;15(1):e1527652. doi: 10.15210/jonah.v15i1.27652.

10. Santos EG, Rattner D. Postpartum period: study of guidelines for Primary Health Care. Rev Bras Saude Mater Infant. 2025;25:1-12. doi: 10.1590/1806-9304202500000063-en.

11. Marconi MA, Lakatos EM. Metodologia Científica. 8ª ed. Rio de Janeiro: Grupo GEN; 2022 [acesso em 2026 jan 23]. Disponível em: https://minhabiblioteca.com.br/catalogo/livro/84643/metodologia-cient-fica/.

12. Guest G, Bunce A, Johnson L. How many interviews are enough? An experiment with data saturation and variability. Field Methods. 2026;18(1):59-82. doi: 10.1177/1525822X05279903.

13. Minayo CSM. O desafio do conhecimento: pesquisa qualitativa em saúde. 13ª ed. São Paulo: Hucitec; 2014.

14. Waskievicz CD, Kanan LA. Reflexões pertinentes sobre maternidade e trabalho. rLas [Internet]. 2023 [acesso em 2026 jan 23];5(2):85-91. Disponível em: https://rlas.uniplaclages.edu.br/index.php/rlas/article/view/39.

15. Alves AB, Pereira TRC, Aveiro MC, Cockell FF. Funcionalidade na perspectiva das redes de apoio no puerpério. Rev Bras Saúde Mater Infant. 2022;22(3):675-81. doi: 10.1590/1806-9304202200030013.

16. Silva M, Wecker A, Oliveira-Menegotto LM, Rieth CE. Os desamparos da maternidade em um contexto de vulnerabilidade social. Psico. 2023;54(1):e37872. doi: 10.15448/1980-8623.2023.1.37872.

17. Theme Filha MM, Baldisserotto ML, Leite TH, Mesenburg MA, Fraga ACSA, Bastos MP, et al. Nascer no Brasil II: protocolo de investigação da saúde materna, paterna e da criança no pós-parto. Cad Saúde Pública. 2024;40(4):e00249622. doi: 10.1590/0102-311XPT249622.

18. Dias BSA, Lima LVC. A idealização da maternidade perfeita e seus impactos na saúde mental das mães contemporâneas: uma revisão integrativa. Foco (Vila Velha). 2025;18(10):e10302. doi: 10.54751/revistafoco.v18n10-207.

19. Fontes APD, Pappen M, Garcia EL, Somavilla VEC. O “baralho da maternidade” como ferramenta de apoio ao maternar: um relato de experiência. Cad Pedagóg (Lajeado). 2024;21(2):e2775. doi: 10.54033/cadpedv21n2-065.

20 Fortes DCS, Silva MRSD, Fonseca KSG, Pires SML, Cruz DLS. The role of the support network in a vulnerable mother's personal, emotional and professional life. Rev Esc Enferm USP. 2025;59:e20240271. doi: 10.1590/1980-220X-REEUSP-2024-0271en.

21. Rocha FR, Fernandes BBO, Andrade YVS, Arrais AR, Barros AF. The role of primary care professionals in maternal mental health. Rev Rene. 2024;25:e93652. doi: 10.15253/2175-6783.20242593652.

22. Almeida OM, Baratieri T, Krulikowski IBO, Natal S, Cavalcante MDMA, Malaquias TSM. Evaluation of mental health care for postpartum women in primary care: an evaluative study. Pensar Enf. 2024;28(1):26-32. doi: 10.56732/pensarenf.v28i1.285.

23. Carvalho AF, Guaranha DDFK, Marmett B, Reis JM, Rosa BS, Souza CLE, et al. Estudo multicêntrico sobre a saúde mental de mães adolescentes brasileiras. Epidemiol Serv Saude. 2025; 34:e20240226. doi: 10.1590/S2237-96222025v34e20240226.pt.

Authorship contribution

1 – Juliana Tamara Pinto
Nursing Graduation – julianatmp@yahoo.com
Research conception and/or development and/or manuscript writing; Review and approval of the final version

2 – Elitiele Ortiz dos Santos
Corresponding author
Nurse, Doctor – elitielesantos@unipampa.edu.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

3 – Lisie Alende Prates
Nurse, Doctor – lisieprates@unipampa.edu.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

4 – Vania Dias Cruz
Nurse, Doctor – vaniadiascruz@gmail.com
Research conception and/or development and/or manuscript writing; Review and approval of the final version

5 – Vanessa Alvez Mora da Silva
Nurse, Doctor – vanessamora@unipampa.edu.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

Editor in Chief: Cristiane Cardoso de Paula
Associate Editor: Ana Paula de Assis Sales

How to cite this article

Pinto JT, Santos EO dos, Prates LA, Cruz VD, Silva VAM da. Maternal mental health in primary care: changes, experiences, and psychosocial determinants. Rev. Enferm. UFSM. 2026 [Access at: Year Month Day]; vol.16, e16:1-21. DOI: https://doi.org/10.5902/2179769295249