

Perinatal mental health and care. Intersections and reconfigurations in the context of the Covid-19 pandemic, in Argentina

Saúde mental perinatal e cuidado. Interseções e reconfigurações no contexto da pandemia de Covid-19, na Argentina (resumo: p. 14)

Salud mental perinatal y cuidados. Intersecciones y reconfiguraciones en contexto de pandemia por Covid-19, en Argentina (resumen: p. 14)

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Perinatal mental health refers to the psychosocial processes that occur during pregnancy, childbirth and the postpartum period. A study was carried out with a quantitative-qualitative design, with quota sampling, with pregnant and postpartum women from three hospitals in two Argentine provinces during the Covid-19 pandemic. An in-person survey was conducted with 300 women. The results indicate a slight increase in care time and a decrease in time dedicated to paid work. A great concern was found among women about changes in health care, the care and health of their children, and the daily management of care. A high incidence of anxiety in pregnant women and postpartum depression was recorded. Studying maternal mental health and the organization of care from a gender perspective allows for a more comprehensive understanding of the suffering of women mothers understood as social subjects.

Keywords: Care. Perinatal mental health. Gender. Covid-19. Argentina.



Introduction

Maternal and perinatal mental health is related to physiological, psychological and sociocultural processes implied in the conception, pregnancy, childbirth, postpartum and early bonding and it includes the dyad mother-baby up to one year old¹. According to the World Health Organization (WHO)², during this period, one every five women can present psychological disorders and symptoms like loss of well-being (negative feelings, crying, excessive worrying, sleep and appetite disorders, etc.).

Pregnant people and women who go through these psychological disorders usually lack support and understanding from their families, community or health groups, in part, due to the heavy burden that arises from not living up to and embodying socially idealized motherhood³.

Feminist approaches in the field of health have been pointing out the need to understand these psychological afflictions of women, and specially of mothers, within the framework of inequalities and oppressions imposed by the patriarchal systems⁴. From the radical feminism, it has been claimed that women's psychological afflictions should not be understood as diseases, as was proposed by the psychiatric paradigms with naturalist and positivist basis, but in a wider framework of life conditions and health social determinants. In this way, the sickness/health duality shall be revised, and the notion of psychological afflictions shall be incorporated⁵. It emphasizes the conception of women as social actors constructed in relation to specific modes of being. According to Burin⁴, special attention must be paid to social and economic conditions where motherhood is exercised in order to understand the psychological affliction associated with it. Zanello⁶ reinforces this idea by asserting that there are specific modes of subjectivation of women that suggest that there are particular ways of feeling, acting and suffering. For the author, maternity is built as one of the most powerful devices to create subjectivation in women. Over the course of history, it has been represented by different ideals arising from the capitalists and patriarchal dynamics. In this sense, the author describes and explains the emergence of certain ideals which are linked to a pedagogy of emotions, such as unconditional motherly love, the constant availability to take care of the other, to protect the other in the domestic sphere, offering self-giving and self-sacrifice. This device shaped (and still does) the idea of "women-mothers as the main responsible for the family happiness and wellbeing"⁷ (p. 139). In the same line, Brandão⁵ states that gender inequalities (and daily violence associated with them) are the main determinant of mothers' mental health. Adopting O'Reilly's et al.⁷ stance, she suggests politicizing maternity with the aim of unveiling social, economic and affective conditions that affect the practice of maternity and the effect it has on mental health.

From the field of study of the economy of care, special attention is paid to the necessary practices and activities required to understand and satisfy the needs linked to life support⁸. Among them, we find care work, which, according to Batthyány⁹, is inherently relational since it is performed in function of others with the aim of ensuring both the supply of material elements (clothing, food, etc.) and also affective and emotional ones. Over time and in different societies, care work has been distributed



among the families, the State and other institutions. However, the heavier load has always fallen on women under a patriarchal and capitalist mandate, which has made them the main responsible for housework and care work. According to these perspectives, the unequal distribution of caregiving tasks is also linked to factors such as State involvement and the fact of belonging to different socio-economic stratum. Women from low socio-economic spheres face severe limitations to perform a productive job in the formal market if they do not have care networks provided by the community or the government (nurseries, double-shift schools, etc.) to rely on.

The dialogue and articulation among the three fields addressed in this work –to wit, perinatal mental health, gender approach in health and care economy–, define the interweaving of concepts which allows us to study the specific ways how certain afflictions emerged in perinatal mental health, locating them in the context of the Covid-19 pandemic. This is understood as the scenario that enhanced the already existing gender inequalities and inequity and increased the care tasks.

The pandemic context brought about a high level of concern and suffering for pregnant and postpartum women both at local and global level. At the latter, pregnant and postpartum women went through the pandemic situation with high levels of anxiety and depression¹⁰⁻¹², to a much greater extent than before the pandemic. In some way, this joint impact of anxiety and depression is related to varied factors, such as the economic situation of the family motivated affected by changes in the family income, job dismissal or by the fact of belonging to groups with low socioeconomic level with no savings or regular incomes for one's one financial support in a situation of termination of employment. Pregnant and postpartum women also experienced concerns related to the health of their babies and other members of their families, partially triggered by the need to attend hospitals that were at full capacity due to the pandemic. In Argentina, the incidence of anxiety, depression and negative affect was higher in pregnant women than in the rest of the population, mainly during the two first months of the Social, Preventive and Mandatory Isolation (ASPO)¹³. During pre-pandemic times, the incidence of postpartum depression in women in Argentina ranged from 21% to 37%. During the pandemic, these numbers ranged from 50 to 68%¹⁴.

The pandemic also meant a care work overload for women, mainly for those who were mothers, who were in charge of school requirements, health care, leisure activities for their children during the lockdown, etc. In most homes, mothers were the ones who helped their children with school tasks: in 87% of the homes, the children and teenagers received help from their mothers to perform school work and in only 22% from their father¹⁵. At the same time, other options previously used to organize the care activities, such as paid domestic work and help from non-cohabiting relatives (for example, grandparents) were no longer available.

Also, the pandemic resulted in significant changes in the healthcare of pregnant and postpartum women since the health systems were heavily committed to the assistance and treatment of Covid-19. These changes took place also at international level as shown in a study carried out by Seeman, et al.¹⁶ in 80 countries (Argentina included), and it translated in prenatal health care, in labor and delivery care, the birth and postpartum care and the care of the newly-born. In Argentina, the non-profit organization Las Casildas gathered women's opinions between March and June 2020 by means of an online questionnaire¹⁷. Even though it is not a systematic study, the data obtained helps us understand some of the vicissitudes experienced by pregnant and postpartum women in healthcare. From 754 women who were surveyed by Las Casildas, 31% said they were separated from their child after birth, intensifying a common practice that goes against the rights defined by the Humanized Birth Act (Act 25929 enacted in 2004). Appointments for pregnancy controls and health checks were also suspended or reduced, and there was an increase in C-sections, especially those pre-scheduled.

Perinatal mental health in pandemic: a study in Argentina

In the following sections, we will report some of the results of a study that took place in three public hospitals in Argentina. The aim was to inquire about how pregnant and postpartum women went through during the pandemic (mainly, focusing on the changes in health care) and the incidence of mental health. In this research, a cross-sectional mixed-methods design was adopted with triangulation of quantitative and qualitative techniques. Standardized tools were used, such as the GAD-7 test (Generalized anxiety disorder) to measure anxiety in pregnant women¹⁸ and the Edinburgh Postnatal Depression Scale (EPDS) for postpartum women¹⁹. A non-probabilistic quota sample was used. They were established considering hospitals, educational level and age of women. The hospitals where the study took place were Narciso López located in Lanús, in Greater Buenos Aires (462,000 inhabitants, according to the 2022 Census); Centenario in the city of Gualeguaychú (126,000 inhabitants, province of Entre Ríos, according to the 2022 Census) and Justo José de Urquiza, in the city of Concepción del Uruguay (116,430 inhabitants, province of Entre Ríos, according to the 2022 Census). The choice of hospitals was determined by the viability of the project, since there was access to these institutions. The survey included 300 women (150 pregnant and 150 postpartum women) who were interviewed in person and one at a time. These women were attending these hospitals or had given birth in one of these three hospitals in two Argentine provinces. They have signed an informed consent. In contrast to other studies carried out by virtual means during the pandemic, these surveys were carried out face-to-face and within the hospitals since team researchers work in these institutions. The study took place from October 2020 to February 2021. It was approved by the Ethics Committee of the Faculty of Health Sciences, UNER in 28/07/2020 and it had a grant from the Argentine National Ministry of Health.

In this work, we focus on the presentation of some socio-demographic data about pregnant and postpartum women to describe the sample. Then, the organization of the care in pandemic together with data about perinatal mental health is analyzed.

Socio-demographic and household information

In the study, 51% of pregnant women belonged to a low socio-educational level and 49% to a high one, determined by years of schooling completed (complete and incomplete high-school). The ages of the participants was associated with the quota sampling, which was strictly adhered to: 10 pregnant women aged 16 to 19, 20 pregnant women aged 20 to 30 and 20 aged 31 or more in each of the hospitals being studied.

When questioned about their marital status, it was found that 11% of the total number reported to be married, 17% single, only 1 woman was divorced and most (71%) were engaged or living with their partners. As regards the place of residence, the cities where the hospitals were located took precedence (26% were in Concepción del Uruguay, 31% lived in Gualeguaychú and 21% in Lanús) and a smaller percentage –between 2% and 4%– lived in nearby cities or areas.

59% of women were housewives; 10% were students, 9% were freelancers; 7% were employees and 7% had informal employment. From these numbers, it is important to highlight that 72% of the women interviewed in the hospital in Gualeguaychú were identified as housewives, 70% in Concepción del Uruguay and only 36% in Lanús, were the number of freelancers, or formal or informal employees slightly increased. It is noteworthy that only 4% of the women interviewed in each hospital had a formal work, which evidences the precariousness of employment and impacts on income and health coverage. As regards health coverage, 92% of the pregnant women and 87% of the postpartum women had public health coverage. 65% of the households of the pregnant women surveyed consisted of up to 4 members and 35% consisted of 5 members or more. The composition of the households shows that in 61% there were children aged 0 to 12, and in 34%, teenagers aged 13 to 18. In all the households, there were adults, mainly two (73%). In almost 5% of the households, there lived a disabled or elderly person with functional disabilities.

From the postpartum women surveyed, 53% belonged to a low socio-educational level and 47% to a high one. Taking into account the age groups, the quota system was strictly followed (10 postpartum women aged 16 to 19, 20 postpartum women aged 20 to 30 and 20 aged 31 or more in each of the hospitals being surveyed). When asked about their marital status, 10% reported to be married, 15% single, only 2 women were divorced and most (73%) were living with their partners or engaged. Postpartum women's occupation registered the greatest difference between the hospitals. More than half reported they were housewives, but when comparing hospitals, it was found that the figures were 72% in Centenario Hospital, 62% in Urquiza Hospital and only 32% in Narciso López Hospital. In contrast, in this last hospital 20% reported that they had informal jobs, while in the other two only 2% and 4% are registered under this condition. A similar situation was observed in the informal/temporary work category: 13% reported to be in this condition. Only 8% of the women surveyed



informed that they were freelancers. The other categories showed lower but similar frequencies between the hospitals: 7% were students and 7% worked as registered employees. As regards this population, 59% consisted up to 4 members and 41% consisted of 5 members or more. The composition of the households shows that in 93% there were children aged 0 to 12, and in 32% there were teenagers aged 13 to 18. In all the households, there were adults, mainly two (73%). In only 4 households, there lived a disabled or elderly person with functional disabilities. 28% of the women surveyed lived in Concepción del Uruguay, 27% in Gualeguaychú, 24% in Lanús –the three cities where the hospitals were located– and the rest in neighboring cities of the province of Entre Ríos and Greater Buenos Aires.

Organization of care in times of pandemic

The results on the number of hours per week committed to paid work, care work and reproductive work before and after the pandemic are particularly relevant due to the indicators of the changes in the family organization.

Women attending Centenario Hospital who had paid jobs used to work a bit more than 24 hours before the pandemic and 16 hours after the pandemic. Time spent doing unpaid work or care work increased from 39 weekly hours before the pandemic to 40.3 hours in the pandemic. Women attending Urquiza Hospital who had paid jobs worked 36 hours before the pandemic and 26 hours during the pandemic. Time spent doing unpaid work or care work increased from 28 weekly hours before the pandemic to almost 30 hours during the pandemic. Lastly, women attending Narciso López Hospital who had paid jobs worked 26 hours before the pandemic and 16 hours during the pandemic. Times spent doing unpaid work or care work increased from 24 weekly hours to 30 hours.

This data coincides with what happened at a general level, where women experienced an increased number of hours dedicated to care and reproductive work during the pandemic even though the reduction of time aimed at paid work was due not only to the socio-health situation but also to other factors such as maternity leave. On the other hand, as was previously mentioned, among the women being surveyed there is a high percentage of housewives, which affects the slight variation of care time spent before and during the pandemic; it was a job that already devolved upon them. Finally, it is worth mentioning that even if the inquiry was focused on the weekly hours of productive, reproductive and care work, without highlighting the simultaneity of the tasks, the field records allow us to reflect upon the difficulties faced by women when conducting the weekly count. In many cases, the researchers reported women's doubts when answering that they had never calculated the time spent on each task and that, in general, they did several tasks simultaneously. All these might have also resulted in a temporal underreporting, which might have prevented the proper assessment of the increase in care work during the pandemic in the population under study. However, some extracts from the open questions of the survey let us assess the burden of the concerns about care work: "I'm a single mother, I live alone with my daughter. I'm worried that the city nursery might not open (...)" "I have to go back to work and leave my baby with my mum and my mother-in-law, and both are part of risk groups" (extract from survey).



Perinatal mental health: health care and concerns during the pandemic

The scenario of uncertainty that characterized the pandemic was experienced with strong concerns by the pregnant and postpartum women involved in this study. Some of these concerns referred to the way health care was organized (a top priority for perinatal health) and others referred to care and daily life.

Specifically, 63% of the pregnant women and 64% of postpartum women expressed their concerns about changes in primary health care during the pandemic. These figures can be related to the lack of information received from the health system: 58% of pregnant women and 49% of postpartum women replied that they did not get enough information about Covid-19. When enquiring about the kind of information received, it included the basic protocols within the hospital (hand washing, mask, etc.). This data also allows us to understand the high level of concern they express about their child's health (90% in pregnant women and 91% in postpartum women). Women reported their fears about potential contagion when attending healthcare, being isolated from their babies after delivery, and the consequences resulting from a potential coronavirus infection on them or their babies. One of the women's answers summarized all their concerns "I'm worried about everything: to get infected in the hospital, to have any problem as a consequence of Covid-19, that people might not be able to be with me, my baby, that I might not get company during labor" (extract from survey). When openly asked about improvements or help provided for them or for their families during the pandemic, women mentioned some issues related to the quality of healthcare, such as avoiding delays in the waiting room, speeding up the scheduling of appointments by phone, since they had to go in person or that they had to use a phone line to address doubts without the need to leave their homes. Emphasis is made on the clarity of the information provided about the protocols, both about Covid-19 and hospital admission. When asked about whether they consider it useful to get information about how to reduce stress during pregnancy, the results are divided. 70% of pregnant women in Lanús Hospital said it would have been very helpful, while only 44% and 22% of pregnant women in the hospitals located in Gualguaychú and Concepción del Uruguay agreed on this. 48% of those in Urquiza Hospital said that they think it would have been of little help. The same happens with the access to a mental health professional. Only the pregnant women from the hospital in Lanús answered (56%) that they would have liked to have access to this resource, whereas pregnant women from the other two hospitals believe that it would have been of little help for them (22% in Gualguaychú and 38% in Concepción del Uruguay).

As regards how much the ASPO has affected daily life of pregnant women, a strong impact is observed in 54% of pregnant women from Narciso López Hospital, while only 26% and 36% in Centenario and Urquiza hospitals, respectively. In this sense, we could assume that the measures included during ASPO were translated into different realities depending on the size of the cities, smaller cities (such as Gualguaychú and Concepción del Uruguay) or bigger ones (as is the case of Lanús, which is part of the urban conglomerate, Great Buenos Aires), where the mobility restrictions differed, access to green areas, etc. This difference between cities is also observed in the impossibility of engaging in physical activity and the impact of pandemic in general:



there are always higher levels among pregnant and postpartum women who attend Narciso López hospital. In turn, coming back home and care organization create other concerns such as how to manage visitors who want to meet the newborn and avoid potential contagion, care of older children at school; the concerns about the care of the other children since it was not possible to receive help from relatives due to the lockdown, ASPO and DISPO, etc.

In postpartum women, the greatest concern is their child's health in the Covid-19 context, with slight differences among hospitals. When describing the concerns, they specially mention the fear of contagion and the consequences of the disease, the fear to be separated after giving birth or to be locked down. Then, concerns about the arrival to their homes and the care measures to be taken are mentioned since there are older siblings who go to school: as one of the surveyed stated "[I'm scared that] my other children go back to school, one of them knows what to do, but the other does not" (Extract from the survey). When analyzing the concerns in a qualitative fashion, we find –as regards pregnancy control– comments referring to the concerns about not being able to get the check-ups, that they must be virtual or that they have to go to check-ups alone. As regards assistance during delivery, they were deeply concerned about the support and not being able to receive assistance if the cases of Covid-19 increased. When referring to the baby, they express, again, their fear of contagion or the fear that they might need to stay in neonatal nursery or special care. Many answers showed the general uncertainty experienced during the first days of the pandemic and postpartum women repeatedly mention they fear that: "there might be last-minute changes due to the pandemic"; "there might be changes that can modify everyday life"; "there might be unexpected changes, at the last minute, due to the pandemic" (extracts from the surveys).

The concerns about changes in relation to family support account for two common situations. On the one hand, the concern for the lock-out measures and that the relatives might not be able to meet the new member of the family, or that they do come to meet them but without taking the necessary measures. On the other hand, concerns about the lack of care support are frequent, both related to the newborn as well as to older children since women not only went on with the habitual care tasks and housework, but were also using a great amount of their time to help children with school work.

Lastly, two different positions are observed in pregnant and postpartum women as regards healthcare during the pandemic: a) not affected by the pandemic; and b) affected by the pandemic. In the first group, the search for assistance is done considering the proximity from their homes (for convenience, so that they can walk there, to avoid transportation costs, to be able to organize their work and care of the other children, etc.) and knowledge and trust in their professionals and the institution. In the second group, there is clear evidence of issues associated with the pandemic and the change in healthcare, mainly in hospitals/community health centers and was determined by the institutions' dispositions considering the number of infected people. In cases with pregnancy issues, the position is the opposite; that is, the first choice for healthcare were the hospitals. In other cases, there was evidence of healthcare facilities they did not like, but which were the only choice since they could not go to another city. The following accounts show how they were affected by the pandemic, reflected mainly in the fear of contagion.



I swapped from the healthcare plan to the public one. At first, I was not confident on the public system, I preferred the private one due to the number of people involved. During the first trimester, I was the most scared when I entered the hospitals alone, but there were fewer people in the waiting room. Now it is more widely accepted, and I come across more people in the waiting room, we have normalized the fear. (Extract from the survey)

There were fewer accounts alluding to a search for assistance, in the sense that they tried different options.

As regards specific data about perinatal mental health obtained from the use of standardized tools, a high incidence of anxiety during pregnancy was found, assessed by GAD-7 test (Generalized anxiety disorder). In this case, it was understood that there was evidence of anxiety when the score exceeded the 10 points. According to the results, over the total sample, 57% of the pregnant women showed a high level of anxiety, with a prominent difference between 90% of the pregnant women from Lanús hospital against 40% in hospitals from Entre Ríos. As regards postpartum depression, it was measured by the Edinburgh Postnatal Depression Scales (EPDS). In this case, 68% of postpartum women present evidence of postnatal depression (scores above the 10 points), in opposition to 32% who do not show evidence of it. Postpartum women who presented fewer indicators of depression were the ones attending Lanús hospital (44%), followed by those from Concepción del Uruguay (34%) and Gualeguaychú. This result is especially noteworthy since it inverts the relation found in anxiety during pregnancy in the three hospitals and it signals the need to analyze the studies of mental health in these groups in more detail.

Conclusion

In this work, we have laid out a conceptual framework that let us understand perinatal mental health within the complexities of the gender determinations and care social organizations. Following Burin⁴ we have proposed to adopt the concept of psychological affliction in the search of understanding the afflictions in perinatal mental health within the personal, historical and social contexts within which, without doubts, care social organization, specific care tasks and their gendered distributions are located. This conceptual framework allows us to understand some of the results of this study, specially the afflictions and discomfort experienced by pregnant and postpartum women in pandemic context (and outside of it), which were intensified by a combination of circumstances, such as changes in the information and lack of it as regards perinatal healthcare, the interruption of family and friends' support and overload of care work. Covid-19 pandemic was an exceptional situation which affected daily life, the ways to connect with others and all the family, community and health organization spheres. At the same time, it revealed social inequalities and inequities already existing in our society. Within this framework, the subjective afflictions of women-mothers increased



at a global level but also in our country and they are expressed mainly as anxiety and depressive mood. To all this, it must be added the demand for more information from the health system in relation to Covid-19 and health protocols. Additionally, life and objective conditions (such as lack of formal work, financial uncertainty, etc.) cannot be omitted. They limit the health coverage conditions and the choice as regards assistance of pregnant and postpartum women.

From our point of view, understanding how subjectivation of women-mothers are constituted in the co-construction between personal-biographic elements and those belonging to the social, cultural and historic spheres allows for a more complex understanding of maternal mental health²⁰ relocated, for good, in the network of care organizations and gendered experiences.

Lastly, attention must be paid to the need to care for maternal mental health from the prevention and health promotion approach, which will result in a healthy journey throughout this period, which is typically highly demanding for women and pregnant people. To focus on the care of perinatal mental health means, from our perspective, to provide specific support to mothers considering their emotional needs and, at the same time, to articulate public policies that care for different realities and contexts in which motherhood is practiced.



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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La salud mental perinatal refiere a los procesos psicosociales que ocurren en el embarazo, parto y puerperio. Se realizó un estudio con diseño cuanti-cualitativo, con muestreo por cuotas, con embarazadas y puérperas de tres hospitales en dos provincias argentinas en pandemia por Covid-19. Se realizó una encuesta presencial a 300 mujeres. Los resultados indican un leve aumento del tiempo dedicado a los cuidados y una disminución del dedicado al trabajo remunerado. Se encontró una gran preocupación por los cambios en la atención sanitaria, el cuidado y salud de sus hijos/as y la gestión cotidiana del cuidado. Se registró alta incidencia de ansiedad en embarazadas y depresión puerperal. Estudiar la salud mental materna y la organización de los cuidados bajo la perspectiva de género permite una comprensión más integral de los padecimientos de las mujeres madres entendidas como sujetos sociales.

Palabras clave: Cuidados. Salud mental perinatal. Género. Covid-19. Argentina.

A saúde mental perinatal refere-se aos processos psicossociais que ocorrem durante a gravidez, o parto e o período pós-parto. Foi realizado um estudo de desenho quanti-qualitativo, com amostragem por cotas, com gestantes e puérperas de três hospitais de duas províncias argentinas durante a pandemia de Covid-19. Uma pesquisa presencial foi realizada com 300 mulheres. Os resultados indicam ligeiro aumento do tempo de cuidado e diminuição do tempo dedicado ao trabalho remunerado. Foi encontrada grande preocupação entre as mulheres com as mudanças nos cuidados de saúde, no cuidado e na saúde dos seus filhos e na gestão diária dos cuidados. Foi registrada alta incidência de ansiedade em gestantes e depressão pós-parto. Estudar a saúde mental materna e a organização do cuidado na perspectiva de género permite uma compreensão mais abrangente do sofrimento das mulheres mães entendidas como sujeitos sociais.

Palavras-chave: Cuidado. Saúde mental perinatal. Género. Covid-19. Argentina.