



Nursing consultations in perinatal mental health: scoping review protocol

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ABSTRACT

Introduction: Perinatal mental health is a public health priority, given the high prevalence of emotional disorders during pregnancy and the postpartum period, and their impacts on maternal well-being, child development, and family dynamics. Nursing plays a central role in the promotion, prevention and intervention in this area, justifying the systematic mapping of existing consultations and interventions.

Objectives: To map and characterize mental health nursing consultations and interventions aimed at women in the perinatal period, describing implementation modalities, interventions and structured programs in care contexts.

Methodology: Scoping review protocol to be carried out according to the Joanna Briggs Institute methodology and to be reported according to the PRISMA-ScR guidelines. The search was carried out in international nursing and health databases, without time or linguistic restrictions. Studies describing nursing consultations and perinatal mental health interventions were included.

Conclusions: This review aims to systematize and comprehensively map the available evidence on nursing interventions in perinatal mental health. The findings are expected to support evidence-based practice, clinical decision-making, and the identification of priority gaps for future research and service development.

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RESUMO

Introdução: A saúde mental perinatal constitui uma prioridade de saúde pública, dada a elevada prevalência de perturbações emocionais durante a gravidez e o período pós-parto e os seus impactos no bem-estar materno, no desenvolvimento infantil e na dinâmica familiar. A enfermagem desempenha um papel central na promoção, prevenção e intervenção nesta área, justificando o mapeamento sistemático das consultas e intervenções existentes.

Objetivos: Mapear e caracterizar as consultas e intervenções de enfermagem em saúde mental dirigidas a mulheres no período perinatal, descrevendo modalidades de implementação, intervenções e programas estruturados nos contextos de cuidados.

Metodologia: Protocolo de *scoping review* a conduzir de acordo com a metodologia do Joanna Briggs Institute e a reportar segundo as diretrizes PRISMA-ScR. A pesquisa foi realizada em bases de dados internacionais de enfermagem e saúde, sem restrições temporais ou linguísticas. Foram incluídos estudos que descrevam consultas e intervenções de enfermagem em saúde mental perinatal.

Conclusões: Esta revisão pretende sistematizar e mapear de forma abrangente a evidência disponível sobre intervenções de enfermagem em saúde mental perinatal. Espera-se que os seus resultados apoiem a prática baseada na evidência, a tomada de decisão clínica e a identificação de lacunas prioritárias para investigação futura e desenvolvimento de serviços.

Introduction

The perinatal period represents a critical transitional phase, marked by profound physiological and psychological changes in a woman's identity. It is estimated that perinatal depression and anxiety affect a substantial proportion of women worldwide, impacting at least one in five individuals during pregnancy or within the first year postpartum.^{1,2} Despite the growing visibility of the issue, these conditions remain frequently underdiagnosed and undertreated, partly due to the social normalization of emotional distress and to structural barriers, such as the shortage of mental health specialists and the fragmentation of care between hospital and community settings.^{3,4}

Perinatal mental health disorders have repercussions that extend beyond the individual woman, affecting child development, mother-infant bonding, and overall family dynamics. The literature indicates that depression and anxiety are associated with difficulties in early interaction, alterations in children's emotional and cognitive development, and an increased risk of long-term mental health problems.^{5,6} In highly complex contexts, such as neonatal hospitalization, physical separation and maternal separation anxiety can severely compromise the establishment of secure attachment, requiring the need for interventions that mitigate the emotional impact of this acute stress.^{7,8}

Within this context, nursing emerges as a central component of perinatal mental health promotion, and nurses

are often identified by women as trusted healthcare professionals.^{6,9} Structured intervention, including empowerment-focused counselling or programs grounded in adaptation models, have demonstrated effectiveness in reducing psychological symptoms and strengthening coping mechanisms for both women and their partners.^{10,11} Additionally, the use of digital health technologies and telehealth have also emerged as innovative approaches to ensure continuity of care after hospital discharge, increasing access to professional and peer support, particularly in geographically isolated or resource-limited areas.^{12,13}

Although numerous studies have examined perinatal mental health interventions, no scoping review to date has specifically synthesized nurse-led interventions. This gap underscores the lack of a structured and comprehensive synthesis of nursing practices within this field.

Given the diversity of interventions and the growing need for personalized and context-sensitive care, it is imperative to map the existing knowledge in order to inform health policies and nursing clinical practice in the field of perinatal mental health.

Methodology

Study design

The scoping review protocol will be conducted following the Joanna Briggs Institute (JBI) methodology for

scoping reviews¹⁴ and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist.¹⁵ The protocol has been registered on the Open Science Framework (OSF) platform, under the DOI 10.17605/OSF.IO/PW289, and can be accessed via the following link: <https://osf.io/pw289/overview>. Any deviations from the protocol during the scoping review will be duly justified by the investigators in the final report.^{14,15}

Review question

To formulate the research question, the PCC (Population, Concept, and Context) framework was applied, in accordance with the Joanna Briggs Institute recommendations.¹⁴ Accordingly, the key elements were defined as follows: Population – pregnant women and women up to 12 months postpartum, as well as partners involved in the parenting process.; Concept – nursing consultations, programs and interventions in perinatal mental health; and Context – all healthcare settings, including hospital care, primary healthcare, community-based services, and digital/online settings. Based on this framework, the research question was established as:

This scoping review will address the following research question: *How are mental health nursing consultations delivered to women during the perinatal period, including the interventions implemented and the use of structured programs, across different healthcare settings?*

Inclusion criteria

Inclusion criteria for participants, concept, and context were defined based on the PCC framework.

Participants

Pregnant and/or postpartum women up to 12 months after birth. Studies involving partners or significant others will also be considered, provided they are part of the parenting process and are included in the described perinatal mental health nursing consultations, programs, or interventions.

Concept

Nursing consultations, programmes, protocols, and interventions in perinatal mental health. For the purposes of this review, *nursing consultations* are defined as structured or semi-structured encounters led by nurses, delivered individually or in group settings, with the aim of assessing, promoting, preventing, or managing perinatal mental health needs. These consultations may include screening and brief counselling sessions, psychoeducational encounters, follow-up appointments, home visits, or digitally mediated contacts conducted within the scope of nursing practice.

For analytical clarity, a *programme* refers to a structured intervention delivered over multiple sessions, with predefined content, duration, and objectives. In contrast, an *intervention* denotes a specific therapeutic or preventive action that may be implemented either within a consultation framework or independently and does not necessarily require a multi-session structure.

Context

All healthcare settings, including hospital, primary care, community, home-based, and digital/online contexts (including teleconsultations and digital platforms), provided they are framed within nursing practice.

This scoping review will include quantitative (experimental and/or observational), qualitative, and mixed-methods studies. Systematic reviews that meet the inclusion criteria and are relevant to the research question will also be considered. To prevent duplication of data, the reference lists of included systematic reviews will be cross-checked against the primary studies identified through the search. If both a systematic review and its primary studies are eligible, data will be extracted only from the primary studies. Systematic reviews will be retained for contextualization purposes and to identify additional sources, but their aggregated findings will be extracted only when they provide unique data not available in the original studies. The search strategy will also encompass grey literature, including theses, dissertations, and relevant opinion papers.

Studies published in any language will be included in order to minimize the risk of omitting relevant evidence. Studies written in languages other than English, Portuguese, or Spanish will be translated with the support of fluent colleagues or qualified speakers; when this is not possible, digital translation tools such as DeepL will be used. No temporal restrictions will be applied to the search. Any adjustments to the defined criteria will be duly described and justified in the final analysis of the scoping review's limitations.

Search strategy

The search strategy will be developed in three stages, in accordance with the JBI methodology for scoping reviews. In the first stage, an initial exploratory search will be conducted in the National Library of Medicine (PubMed) to identify relevant studies on the phenomenon under analysis. The analysis of titles, abstracts, and index terms of the identified articles will allow for the recognition of relevant keywords and Medical Subject Headings (MeSH). In the second stage, based on the terms identified in the initial search, a comprehensive search strategy will be developed using Health Sciences Descriptors (DeCS) and MeSH terms. Descriptors related to perinatal mental health, pregnancy, postpartum period, nursing, nursing care and

interventions, postpartum depression, anxiety, and maternal mental health, as well as their respective English terms, will be included. Boolean operators AND and OR will be used to combine concepts and synonyms, adapting the strategy to the specificities of each database. The descriptors

and combinations used are presented in Table 1. In the third stage, the search strategy will be applied to the selected databases. Additionally, the reference lists of the included studies will be screened to identify further relevant sources for the scoping review.

Table 1. Search strategies used in each database.

Databases	Boolean phrase
<i>PubMed e Medline</i> ®	("nursing care"[MeSH Terms] OR "nursing care"[Title/Abstract] OR "nursing assessment"[MeSH Terms] OR "nursing assessment"[Title/Abstract] OR "psychiatric nursing"[MeSH Terms] OR "psychiatric nursing"[Title/Abstract] OR "mental health nursing"[Title/Abstract] OR "maternal child nursing"[MeSH Terms] OR "maternal child nursing"[Title/Abstract] OR "consult*"[Title/Abstract] OR "nursing consultation"[Title/Abstract] OR "nurs*"[Title/Abstract]) AND ("mental health"[MeSH Terms] OR "mental health"[Title/Abstract] OR "mental disorders"[MeSH Terms] OR "mental disorders"[Title/Abstract] OR "mood disorders"[MeSH Terms] OR "mood disorders"[Title/Abstract] OR "affective disorders"[Title/Abstract] OR "depression, postpartum"[MeSH Terms] OR "depression postpartum"[Title/Abstract] OR "anxiety disorders"[MeSH Terms] OR "anxiety disorders"[Title/Abstract] OR "stress, psychological"[MeSH Terms] OR "stress psychological"[Title/Abstract] OR "perinatal mental health "[Title/Abstract] OR "maternal mental health"[Title/Abstract]) AND ("perinatal care"[MeSH Terms] OR "pregnancy"[MeSH Terms] OR "postpartum period"[MeSH Terms] OR "postnatal care"[MeSH Terms] OR "prenatal care"[MeSH Terms] OR "perinatal"[Title/Abstract] OR "antenatal"[Title/Abstract] OR "postpartum"[Title/Abstract] OR "postnatal"[Title/Abstract] OR "prenatal"[Title/Abstract] OR "puerperium"[Title/Abstract]) Identified Studies: 478
<i>CINAHL</i> ® Complete	(MH (nursing care) OR XB (nursing care) OR MH (nursing assessment) OR XB (nursing assessment) OR MH (psychiatric nursing) OR XB (psychiatric nursing) OR XB (mental health nursing) OR MH (maternal child nursing) OR XB (maternal child nursing) OR XB (consult*) OR XB (nursing consultation) OR XB (nurs*)) AND ((MH (mental health) OR XB (mental health) OR MH (mental disorders) OR XB (mental disorders) OR MH (mood disorders) OR XB (mood disorders) OR XB (affective disorders) OR MH (depression, postpartum) OR XB (depression, postpartum) OR MH (anxiety disorders) OR XB (anxiety disorders) OR (MH (stress, psychological) OR XB (stress, psychological) OR XB (perinatal mental health) OR XB (maternal mental health))) AND (MH (perinatal care) OR MH (pregnancy) OR MH (postpartum period) OR MH (postnatal care) OR MH (prenatal care) OR XB (perinatal) OR XB (antenatal) OR XB (postpartum) OR XB (postnatal) OR XB (prenatal) OR XB (puerperium)) Identified Studies: 186
<i>Nursing & Allied Health Collection</i> ®	((TI (nursing care) OR AB (nursing care) OR TI (nursing assessment) OR AB (nursing assessment) OR TI (psychiatric nursing) OR AB (psychiatric nursing) OR TI (mental health nursing) OR AB (mental health nursing) OR TI (maternal-child nursing) OR AB (maternal-child nursing) OR (TI (consult*) OR AB (consult*)) OR TI (nursing consultation) OR AB (nursing consultation) OR TI (nurs*) OR AB (nurs*)) AND ((TI (mental health) OR AB (mental health) OR TI (mental disorders) OR AB (mental disorders) OR TI (mood disorders) OR AB (mood disorders) OR TI (affective disorder) OR AB (affective disorder) OR TI (depression, postpartum) OR AB (depression, postpartum) OR TI (anxiety disorders) OR AB (anxiety disorders) OR (TI (stress, psychological) OR AB (stress, psychological) OR TI (perinatal mental health) OR AB (perinatal mental health) OR TI (maternal mental health) OR AB (maternal mental health))) AND ((TI (perinatal care) OR AB (perinatal care) OR TI (pregnancy) OR AB (pregnancy) OR TI (postpartum period) OR AB (postpartum period) OR TI (postnatal care) OR AB (postnatal care) OR TI (prenatal care) OR AB (prenatal care) OR TI (perinatal) OR AB (perinatal) OR (TI (antenatal) OR AB (antenatal) OR TI (postpartum) OR AB (postpartum) OR TI (postnatal) OR AB (postnatal) OR TI (prenatal) OR AB (prenatal) OR TI (puerperium) OR AB (puerperium)) Identified Studies: 42
<i>MedicLatina</i> ®	((TI (nursing care) OR AB (nursing care) OR TI (nursing assessment) OR AB (nursing assessment) OR TI (psychiatric nursing) OR AB (psychiatric nursing) OR TI (mental health nursing) OR AB (mental health nursing) OR TI (maternal-child nursing) OR AB (maternal-child nursing) OR (TI (consult*) OR AB (consult*)) OR TI (nursing consultation) OR AB (nursing consultation) OR TI (nurs*) OR AB (nurs*)) AND ((TI (mental health) OR AB (mental health) OR TI (mental disorders) OR AB (mental disorders) OR TI (mood disorders) OR AB (mood disorders) OR TI (affective disorder) OR AB (affective disorder) OR TI (depression, postpartum) OR AB (depression, postpartum) OR TI (anxiety disorders) OR AB (anxiety disorders) OR (TI (stress, psychological) OR AB (stress, psychological) OR TI (perinatal mental health) OR AB (perinatal mental health) OR TI (maternal mental health) OR AB (maternal mental health))) AND ((TI (perinatal care) OR AB (perinatal care) OR TI (pregnancy) OR AB (pregnancy) OR TI (postpartum period) OR AB (postpartum period) OR TI (postnatal care) OR AB (postnatal care) OR TI (prenatal care) OR AB (prenatal care) OR TI (perinatal) OR AB (perinatal) OR (TI (antenatal) OR AB (antenatal) OR TI (postpartum) OR AB (postpartum) OR TI (postnatal) OR AB (postnatal) OR TI (prenatal) OR AB (prenatal) OR TI (puerperium) OR AB (puerperium)) Identified Studies:8

Study selection

Following the search, all identified studies will be exported to the Rayyan Intelligent Systematic Review platform (Qatar Computing Research Institute, Doha, Qatar), where duplicate records will be removed. Subsequently, two independent reviewers will screen titles and abstracts according to the previously defined eligibility criteria. Studies meeting the inclusion criteria at this stage will be selected for full-text reading and assessment. The full text of potentially relevant articles will be analysed independently by two reviewers. At all stages of the selection process, any disagreements between reviewers will be resolved by consensus and, whenever necessary, with recourse to a third reviewer. The process of identification, selection, eligibility and inclusion of the study will be documented and presented through a flow diagram, according to the recommendations of PRISMA-ScR.¹⁵ Reasons for excluding studies during the full-text screening phase will be duly recorded and reported.

Data extraction

Data extraction will enable a descriptive and structured synthesis of relevant information to answer the scoping review's objective and research question. This process will be conducted independently by two reviewers using a data extraction instrument developed by the reviewers specifically for this review. Extracted data will include information regarding general study characteristics, namely author(s), year of publication, and country of origin. Data regarding the population and sample, intervention context (hospital, primary care, community, home-based, or digital), and the objectives of the described nursing consultations, programs, or interventions will also be collected. Additionally, information will be extracted on the assessment instruments used, the types of nursing interventions implemented (such as counselling, psychoeducation, home visits, group interventions, teleconsultation, or other described approaches), as well as the main reported results, including clinical, emotional, and psychosocial outcomes, user satisfaction, and other dimensions relevant to perinatal mental health. The data extraction instrument will be presented in table format, as indicated in Table 2 and Table 3.

Table 2. Data extraction tool.

Study (ID)	Assign a unique identifier/code to each included study
Authors/Year	Record the surname of the first author and year of publication
Country	Specify the country where the study was conducted or where the first author's institution is based
Context	Describe the setting in which the intervention or care was delivered (e.g., hospital, primary care, community, home-based, digital/online)
Population	Identify the target population and sample characteristics (e.g., pregnant women, postpartum women, partners)
Perinatal period	Specify the time frame addressed (pregnancy, antenatal, postpartum, up to 12 months postpartum, or combined)

Table 3. Perinatal mental health nursing consultations and interventions.

Study (ID)	Code to each included study
Type of intervention	Classify the intervention category (e.g., psychoeducational, psychosocial, home visiting, specialized nursing care, digital/mHealth)
Description of the intervention	Summarize the core components, structure, content and procedures of the intervention; Specify how and where the intervention was delivered (individual/group; face-to-face/remote; hospital/community/home/digital); Record length, frequency and number of sessions, when reported
Main outcomes	Identify the outcomes measured (e.g., depression, anxiety, well-being, maternal adjustment)

To test and refine the data extraction instrument, a pilot test will be conducted with the first five included studies. The instrument may be revised and adjusted throughout the extraction process, with all changes duly documented in the scoping review. Disagreements between reviewers will be resolved through consensus or, when necessary, with the involvement of a third reviewer. Whenever missing data or additional relevant information is identified, study authors will be contacted via the corresponding author.

In accordance with the JBI methodology for scoping reviews, a methodological quality assessment of the included studies will not be performed.

Data analysis and presentation

The inclusion criteria, defined based on participants, concept, context, and types of evidence sources, will guide the data mapping. This process aims to identify, describe, and synthesize the available evidence related to the topic under study.

Results will be presented in mapping tables, accompanied by a narrative synthesis, in line with the objective and research questions of the scoping review. Depending on the nature of the extracted data, additional presentation formats may be adopted whenever appropriate.

Conclusion

This scoping review aims to map and characterize nursing consultations, programmes, and interventions in perinatal mental health directed at women during the perinatal period across different care contexts. By systematically examining the available evidence, the review seeks to provide a comprehensive overview of existing nursing practices in this field, clarifying their scope, content, and modes of implementation.

It is anticipated that the findings will offer a structured description of the current evidence base, which may inform future research, clinical reflection, and service planning in perinatal mental health nursing. Mapping these interventions may also help to identify knowledge gaps and areas requiring further investigation.

As a protocol, this study outlines the planned methodological approach for mapping nursing consultations and interventions in perinatal mental health. The results of the forthcoming review may contribute to a better understanding of the existing evidence and support future developments in practice, research, and policy.

Conflict of interest

No conflicts of interest were declared by the authors.

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