



# Postpartum Maternal Mental Health - A Narrative Review

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## Abstract

Postpartum mental health conditions are increasingly prevalent due to shifts in family structures, evolving roles of women in the workforce, heightened demands of motherhood, and various socio-cultural factors. This review aims to examine and synthesize existing literature on postpartum mental health conditions, including their prevalence, contributing factors, and psychosocial interventions that support women in coping effectively. The findings indicate that social support, particularly from partners and family members, is a key protective factor against maternal mental health conditions, while pre-existing mental disorders represent a significant risk factor. Additionally, factors related to childbirth, as well as the quality of psychosocial support and care provided during the early postpartum period, play a crucial role in influencing maternal mental health outcomes. Given the long-term impact of these conditions on both mothers and infants, the findings underscore the importance of increasing awareness, implementing early screening measures, and ensuring access to effective and timely psychotherapeutic interventions for women globally.

**Keywords:** Postpartum Mental Health; Social Support; Psychotherapeutic Intervention

## Introduction

Childbirth represents a critical milestone in a woman's life, accompanied by substantial transitions in both physical and psychological health. The postpartum period is often characterized by heightened anxiety related to infant care, concerns about maternal physical recovery, and the challenge of balancing self-care with the demands of a newborn. These multifaceted responsibilities can place considerable strain on new mothers. Existing literature further suggests that caregivers and healthcare providers often prioritize infant well-being over maternal health, which may result in insufficient attention to mothers' postpartum needs [1]. In addition, several common postpartum physical conditions, such as pain from vaginal tears or cesarean section, haemorrhoids and breast engorgement, can adversely affect mothers' ability to cope with psychological stress.

Breastfeeding-related challenges are also prevalent and may expose mothers to social judgement, potentially leading to feelings of inadequacy, guilt, or failure [2].

Furthermore, limited access to reliable information on childcare, evolving family dynamics, and inadequate social support can exacerbate mental health difficulties during this period.

Research has indicated that postpartum care in hospital, follow-up and support after hospital discharge could greatly impact mother's physical and mental well-being [3]. However, seeking appropriate support remains difficult, as there is a frequent mismatch between the assistance mothers desire and the postpartum healthcare services available to them [4]. This discrepancy is particularly evident in the domain of psychosocial support.

The World Health Organisation (WHO) has reported that about 13% of new mothers in developed country and 19.8% of new mothers in developing country, experience mental disorder, primarily depression. Postpartum depression (PPD) is a severe and transient psychological condition that occurs within 1 year after childbirth [5]. It is characterized by persistent sadness, fatigue and difficulty in functioning. Unlike the postpartum blues, which is a temporary condition, PPD is more severe and persists comparatively longer. Postpartum blues affect up to 80% of mothers and is characterized by crying, insomnia, irritability, sadness and anxiety [6].

Postpartum fatigue is also a quite common condition affecting approximately 45-95% of mothers after childbirth, which is characterized by persistent lack of energy, reduced physical and mental capacity after childbirth, impaired concentration that is not easily alleviated by rest [7]. It can increase anxiety and negatively impact mother's self-esteem that can also lead to PPD. Apart from these conditions, postpartum anxiety and postpartum post-traumatic stress that results from traumatic birth experiences are also becoming increasingly common among mothers, especially in preterm delivery and is also associated with complicated delivery. These conditions can have adverse impact on the infants, as maternal sensitivity has been highlighted to be related to the development of positive child characteristics such as their ability to regulate emotions, social responsibility and independence [8].

The aim of this review is to provide a descriptive synthesis of the postpartum mental health challenges, including their various forms and the factors influencing maternal mental health, through an analysis of existing research literature.

## Method

This review analyzes research articles published from 2015 onwards, as these studies reflect the current scenario of maternal mental health. The selected articles focus on the struggles of new mothers, perinatal physical and mental health challenges, and the psychological and social factors influencing the mother-child relationship, as well as factors affecting postpartum mental health.

Relevant studies were retrieved from online databases such as Google Scholar, EBSCO, ScienceDirect, and Springer. The keywords used for the search included "new mothers," "motherhood," "postpartum challenges," "postnatal mental health," and "maternal mental health." After a comprehensive review and removal of duplicates, articles that were credible in terms of methodology, results, and conclusions were selected.

## Inclusion and Exclusion criteria

Studies focusing on challenges faced by mothers beyond the postpartum period were excluded; only those examining mothers within one year of delivery were included in this review. Additionally, studies involving mothers of children with special needs were excluded. Out of 180 studies identified, 38 were included for analysis.

## Results and Discussion

### Prevalence of Postpartum Mental Health Issues

**Postpartum Depression:** The prevalence of postpartum depression (PPD) shows considerable variation across regions, though it remains a significant global public health concern. Based on summarized findings, in Western countries, the prevalence of PPD varies between 10 and 15% [9] with slightly higher estimates in specific nations reported in Canada (18%) (Gheorghe et al., 2021), and the US (14 % to 22%), where a sharply increasing trend in the PPD symptoms was reported in all races and ethnicity in the country between 2010 to 2021 [10]. Similarly in Cuba, PPD prevalence has been reported at 16.4%, particularly within the first four weeks postpartum [11].

In European countries, the prevalence of postpartum depression (PPD) is generally reported to range from 13% to 19% (Yakupova & Suarez, 2021) [12], although considerable regional variation exists. For instance, substantially higher prevalence has been observed in Ukraine (39%) [13], whereas lower rates have been reported in Northern European countries such as Norway (9.8%) and Sweden (6.4% at six weeks postpartum to 10.3% at five days postpartum) [14,15]. Notably, disparities have been identified within Norway, with higher prevalence among ethnic minority women (12.7%) compared to Western European women (4.8%) [14]. In contrast, Spain reports a moderate prevalence of 14.8% [16].

In Asian countries, PPD prevalence demonstrates greater variability, ranging from 5.1% to 78.7% [17]. For instance, prevalence in China is estimated at 11.5% [18], which was reported to be 30% during the COVID-19 pandemic [19]. Higher prevalence rates have been reported in South Asia, including India, where rates reach 31.4% among rural women [20] and approximately 22% among urban mothers [21]. Similar findings have been observed in Nepal, where nearly one-third of mothers experience PPD symptoms [22], and in Myanmar (31.8%) [23]. In Japan, prevalence varies by parity, ranging from 6% to 25% among first-time mothers and 6% to 9% among multiparous women [24]. In Iran, approximately 19% of women report PPD symptoms three months postpartum, although higher rates have also been documented [25,26].

Evidence from African settings, such as Ethiopia, indicates that approximately one in four mothers experience PPD symptoms within six months postpartum, with similar findings reported within six weeks of delivery [27,28]. Similar prevalence was also reported in Uganda (27.1%) and Nigeria (22%) [29,30].

**Postpartum Anxiety (PPA):** In addition to postpartum depression, postpartum anxiety is increasingly recognized as a significant mental health concern. In Canada, 12.6% of mothers reported persistent anxiety symptoms at eight weeks postpartum [31]. In India, mild postpartum anxiety appears highly prevalent during the first six months postpartum (88.17%), although generalized (10%) and severe anxiety (1.3%) were also reported among new mothers [32].

**Postpartum PTS:** Postpartum post-traumatic stress (PTS) has also been documented, particularly in relation to childbirth experiences. In the United States, childbirth-related PTSD has been reported in one in three mothers, especially following unplanned caesarean deliveries [33]. In the United Kingdom, approximately 10% of women experience PTSD symptoms within six months postpartum, with one fourth of the women reporting trauma due to childbirth while others reported due to current to past trauma [34].

### Factors Affecting Postnatal Mental Health

**Biological and Clinical Factors:** Prenatal depression, chronic stress during pregnancy are reported in several studies as important risk factors of postpartum mental health issues like PPA and PPD [35]. Pre-existing mental health issues can worsen after childbirth because of sudden hormonal change and significant disruptions in daily routines due to childcare activities. Genetic and neuroendocrine factors such as estrogen and progesterone fluctuation are also considered as risk factors, even for women without pre-existing conditions [36]. Apart from neuroendocrine factors, drug use and other medical conditions are considered as risk factors. Medication like methyl dopa, recreational drug use and hypertension are considered to be important factors that can induce PPD [6,37]. Diseases like HIV also greatly impact the postpartum mental health of women [29].

**Psychological Factors:** Psychological factors play an equally important role in coping with postpartum stress. Ability to be aware of and regulate one's emotions is usually related to better coping to stress and enhanced psychological well-being. This is also confirmed in the study by Marques R, et al. [38] which highlighted that emotional regulation and emotional intelligence serves as protective factors against PPD and PPA. Other factors like parenting self-efficacy and sense of belongingness also play a key role in enhancing the maternal mental health [39,40]. On the other hand, negative

attitude towards pregnancy, feeling of loneliness and neuroticism were reported to be risk factors for postpartum mental health issues [41-43].

**Pregnancy and Birth Factors:** Anxiety is common during pregnancy, as possibilities for clinical complications during delivery and subsequent health risks can be threatening. This becomes even more evident when women have previous history of stillbirth or adverse birth outcomes. Pregnancy factors like unplanned pregnancy, threatened loss of pregnancy, preterm labour, emergency caesarean section, having obstetrical complications, being primiparas are reportedly risk factors for PPD and posttraumatic stress symptoms [23,29,33,42-45].

As new mothers are often concerned about their infant's feeding behavior and weight gain, challenges in breastfeeding plays an important role in influencing maternal mental health. Results of this review indicates that initiation of breastfeeding, mode of feeding, infant's birth weight and their health issues greatly influence the PPD and PPA symptoms among new mothers [37,45-47].

**Social Factors:** With respect to social factors, lack of social or partner support has been identified as one of the major causes for postpartum mental health issues, in several studies [35], on the other hand having familial or general social support serves as a strong protective factors for postnatal mental health issues [48]. Other social factors like immigrant status, previous history of child death, stressful life events, social media usage during prenatal and perinatal period can influence the risk of PPA and PPD [21-23,28,40,42,47].

**Socio-Demographic Factors:** Socio-demographic factors like maternal age, marital status (single/divorced), low education and employment status (being unemployed), low socio-economic status, low income, being in rural setup have greater impact on postpartum mental health issues [20,29,49,50,51]. Lower levels of education and unemployment can contribute to financial strain and may also limit psychological coping resources, as these factors are often associated with reduced self-esteem among mothers. Since young mothers may lack the necessary financial and psychological resources to cope with maternal mental health challenges, they are also highly susceptible to mental health conditions. Additionally, single motherhood presents significant challenges, as caring for a newborn without partner support can increase both emotional and practical burdens. Other factors like being in joint family setup and being in rural setup could increase the risk of maternal mental health issues [20].

## Impact of Postnatal Mental Health Conditions

Postnatal mental health issues can adversely affect both physical health and psychological well-being of mothers, while also having far-reaching consequences for the infants, particularly when these issues are not promptly addressed and treated. Perinatal mental health conditions such as PPD and PPA can make mothering more challenging leading them to perceive the caregiving demands as overwhelming, thereby negatively influencing their psychological well-being [42]. Physiologically, these conditions can also interfere with breast-milk production, which in turn can affect the mother-child bond. Furthermore, maternal mental health challenges can also create difficulty in providing care for the child leading to maternal stress and guilt [52]. Humphreys KL, et al. [53] has highlighted that even mild depressive symptoms can reduce the mother's readiness to care for the child and affects their confidence in caregiving. In addition, postpartum post-traumatic stress can create fear of childbirth and avoidance of further pregnancy [44].

Maternal mental health challenges also have significant implications for infant development. Avoidant or neglectful caregiving behaviors can greatly affect the infant's emotional security and disrupt attachment formation. In cases of PPD, reduced maternal responsiveness has been associated with child neglect, which may negatively affect cognitive outcomes such as IQ [54]. Similarly, postpartum PTS symptoms—including hypervigilance, irritability, and emotional instability—can impair a mother's sensitivity to infant cues, such as crying, thereby affecting the child's emotional and social development [44].

Additionally, intrusive maternal behaviors associated with PTS symptoms can contribute to avoidance responses in infants. Children of mothers experiencing postpartum PTS symptoms may also exhibit behavioral problems and impaired language development (Simpson & Catling, 2016). Beyond the mother-infant dyad, postpartum PTS symptoms can strain family and social relationships, ultimately disrupting overall family functioning and dynamics.

## Implications to Mental Health Professionals

Research has shown that the maternal social support, which is an important protective factor against postpartum mental health conditions, and the mother-child bond, grows stronger over time [44]. It is the first year of postpartum that would be challenging for mothers, especially the first few weeks. It has been highlighted in several studies that necessary medical help during the hospital stay, reasonable maternity leave policies, family and partner support, early diagnosis of postpartum mental health issues and providing necessary interventions can help them during this challenging period.

Combination medications and psychotherapy enables faster recovery from even severe conditions of PPD or postpartum PTSD. Several research studies have indicated that Cognitive Behavioral Therapy (CBT) works well for PPD and other postpartum mental health conditions like maternal stress and anxiety [55-58]. CBT helps to identify unhelpful thought patterns and triggers associated with depression and anxiety. In the postpartum context, this includes addressing the automatic negative thoughts related to parenting and childbirth, such as feelings of inadequacy or perceived rejection by the infant. Increasing awareness of these thoughts can help the mothers to critically evaluate and challenge these irrational beliefs, and replace them with more realistic and effective beliefs. This cognitive restructuring process can enhance coping strategies and contribute to the effective management of postpartum depression, stress, and anxiety.

Studies have also shown that Interpersonal therapy (IPT) is effective in improving the maternal mental health after childbirth. This therapy technique involves addressing interpersonal issues and educating about the role transitions following childbirth, which can enhance family relationships and overall social functioning of the mothers [36]. Since emotional support from partners and family members is a significant protective factor against maternal mental health conditions, it is also important to provide them with psychoeducation on risk factors, triggers, and the support systems they can establish for the mothers during the postpartum period.

## Conclusion

Postpartum mental health conditions constitute a critical public health concern with significant implications for both mothers and their infants. Given that maternal psychological well-being often declines following childbirth and is closely linked to infant development and well-being, it is essential to understand the factors influencing maternal mental health and to address them in a timely manner. This study has examined the prevalence of postpartum mental health conditions and reported the key contributing factors, while also highlighting important implications for mental health professionals. The findings underscore the importance of increasing awareness of postpartum mental health, strengthening social support systems through psychoeducation, and ensuring timely intervention through early screening and diagnosis. Overall, these efforts are crucial in promoting maternal well-being and fostering healthier developmental outcomes for future generations.

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## Data Availability Statement

No new data was created in this study. Data sharing is not applicable to this article.

## Conflicts of Interest

The author declares no conflicts of interest.

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