

Scoping Review

## Experience of mothers with perinatal depression: a scoping review

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### Abstract

The perinatal period brings physical, emotional, and social changes for mothers, which heighten their risk of experiencing perinatal depression. In 2022, its prevalence reached 20% in low- to middle-income countries. Worldwide, postpartum depression is regarded as a significant public health issue that demands targeted interventions. This study aims to review the results of research on the mothers' experiences with perinatal depression. It used scoping review that consisted stages of conducting a focusing review using the SPIDER framework (Sample size, Phenomenon of Interest, Study Design, Evaluation, and Research type); conducting literature searches using relevant databases, i.e., Pubmed, Wiley, ScienceDirect, ProQuest, Lexis Nexis and Sage Journals; Relevant studies were selected based on inclusion and exclusion criteria; conducting JBI critical appraisal to assess the quality of the literature; and conducting data extraction, analyzing and reporting the results. The PRISMA Flowchart, representing the Preferred Reporting Items for Systematic Reviews and Meta-Analyses, was utilized to formally delineate the process of the literature search. Twenty articles met the inclusion criteria and were included in the review. Through thematic analysis, key concepts were identified and organized into three themes: symptoms, causes, and treatment of perinatal depression. Perinatal depression is a significant condition that requires timely detection and appropriate treatment to safeguard the health of both mothers and their babies. This study highlights how maternal experiences influence mental health and recovery, and it supports the development of interventions that are more sensitive to emotional and cultural needs.

**Keywords:** experience; mothers; perinatal depression; review

### 1. Introduction

Women have a higher risk of experiencing psychological distress throughout the perinatal period, which spans from pregnancy until the end of the first year postpartum (Taylor et al., 2021). Their baseline risk for depression is double that of men, and this risk is further increased during pregnancy, a time of considerable physiological, hormonal, social, and psychological shifts (Baloyi et al., 2024). The postpartum period is a critical stage for mothers, as they undergo significant physical, emotional, and social changes (Asadi et al., 2022). As a result, they are especially vulnerable to mental health problems during this time.

The clinical presentation of postpartum depression commonly includes profound sadness, a sense of being overwhelmed and inadequacy, pervasive low emotion, a diminished capacity for joy in relation to the infant, intense anxiety, altered appetite, impaired cognitive function (such as difficulties with concentrating and remembering things), sleep disturbances, constant tiredness, pulling away from others, suicidal thoughts, and, in some instances, intrusive thoughts concerning infant harm (Nurbaeti & Farida, 2021). Perinatal depression can affect the foetus by increasing the risk of babies being born underweight or before term (Dadi et al., 2020), and has a negative impact on newborn growth and development (Islamiyah & Wasil Sardjan, 2021). The long-term impact can cause developmental delays in children aged 18 months (Westgate et al., 2023). Consequently, enhancing maternal mental health



through the effective treatment of perinatal depression is essential for safeguarding the health of both mothers and their babies (Davies et al., 2016).

Perinatal depression continues to be a global health concern, with prevalence rates reaching 20% in low- and middle-income countries (McNab et al., 2022), 1 in 7 women (14%) in the first postpartum year (American Psychological Association, 2022), and a global average of 17.72% with a peak of 39.96% (Wang et al., 2021). In developed countries, severe depression occurs in 3.1-4.9% and mild depression in 11% (Ben Hayoun et al., 2023; Kinloch & Jaworska, 2021), while Yu et al., (2021) highlight a risk of 1 in 8 new mothers experiencing serious mental impact.

There is a clear conflict between the estimated and observed rates of postpartum depression in Indonesia. While Ammah & Arifiyanto, 2021 estimated that 10% to 15% of new mothers experience postpartum depression, later studies reported significantly higher rates. Dawadi et al., (2020) found that depressive symptoms in postpartum mothers reached 27.5%, which is nearly double the earlier estimate. Furthermore, Desiana & Tarsikah (2021) reported an overall prevalence of postpartum depression at 22.8%, again much higher than the initial estimate. This inconsistency suggests either underestimation in earlier studies or increasing prevalence over time, showing that the true impact and the contributing factors of postpartum depression are still not fully understood in Indonesia. This study aims to review the results of research on mothers' experiences with perinatal depression. By synthesizing these insights, this review hopes to identify key patterns in symptom recognition, coping mechanisms, and barriers to care, ultimately informing targeted interventions to enhance maternal mental health support.

## 2. Research Methods

### 2.1. Identifying Scoping Review Questions

Researchers employed the PRISMA-ScR checklist protocol, and was guided by SPIDER framework (see Table 1).

Table 1. SPIDER Framework

| S (Sample)  | PI (Phenomenon of Interest) | D (Design)   | Evaluation | Research Type |
|---|-----------------------------|--|------------|---------------|
| Pregnant women, Labouring women, postpartum women | Perinatal depression        | Phenomenology, Ethnography, Focus Group Discussion | Experience | Qualitative   |

Using the SPIDER framework, the guiding question for the scoping review is: how the experiences of mothers with perinatal depression?

### 2.2. Identify Relevant Articles

The researchers predetermined the criteria for inclusion and exclusion. Articles were included if they met the criteria listed in Table 2.

Table 2. Eligibility Criteria

| Inclusion Criteria   | Exclusion Criteria   |
|--|--|
| Original research papers, Published within the period spanning 2015 to 2025, English language, Full text article<br>Documents or reports from the WHO or specific formal organizations<br>Research articles that use qualitative research methods<br>Relevant articles about the experience of perinatal depression. | Opinion articles<br>Review articles<br>Articles that discuss parenteral postpartum depression. |

## 2.3.Databases

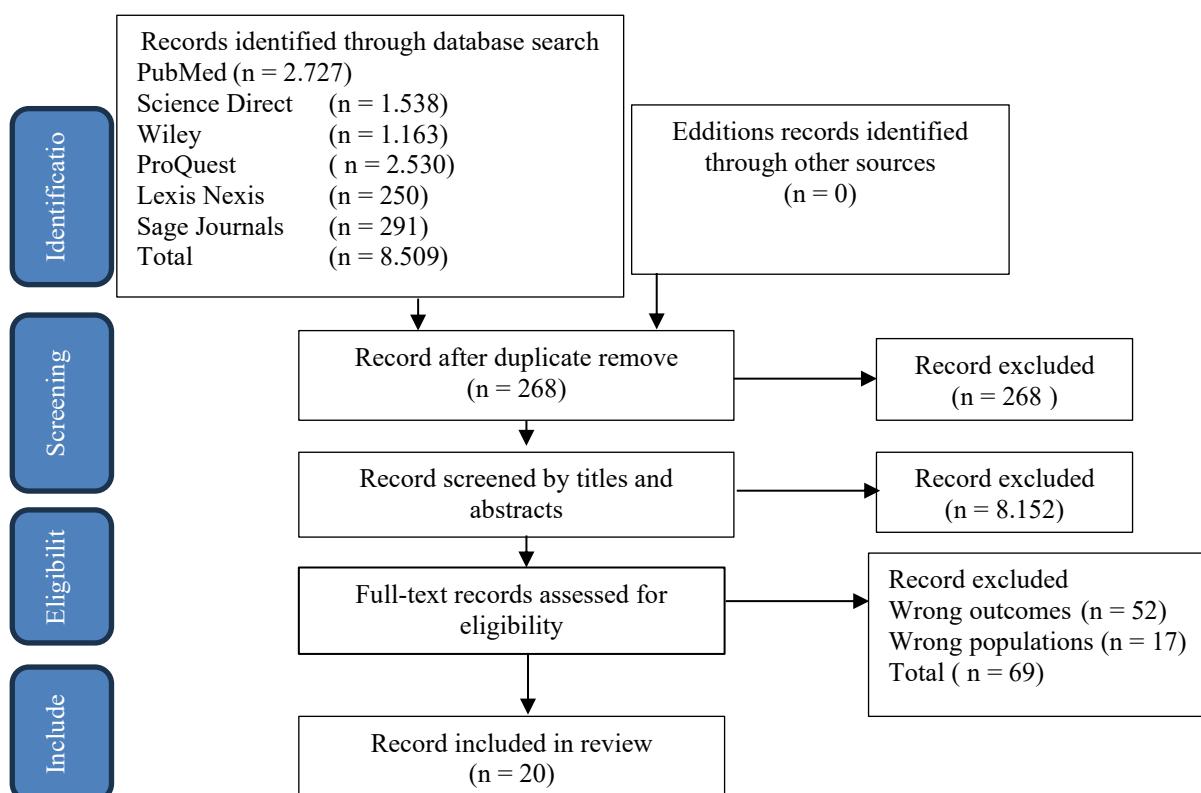
Literature was searched from six major databases: PubMed, Wiley, ScienceDirect, ProQuest, Lexis Nexis, and Sage Journals, covering medical, health, and social science journals relevant to the topic of perinatal depression in the last 10 years. The search was conducted systematically from January to March 2025 to ensure up to date data, using specific keywords with Boolean operators such as AND/OR.

## 2.4.Search Literature

Relevant studies were identified using the following keywords: Women OR Maternal OR Mothers OR Women AND Experience OR Perspective OR View OR Opinion AND Postpartum Depression OR Depression OR PPD OR Postnatal Depression OR Postnatal Dysphoria OR Perinatal Depression OR Antenatal Depression OR Prenatal Depression AND Qualitative Study

## 2.5. Literature Selection

Zotero is used as reference management software to screen articles, such as removing duplicates, checking titles, and reviewing abstracts and full texts. The total articles retrieved and the steps of the selection process are detailed in **Figure 1**, along with the PRISMA Flowchart (Tricco et al., 2018).



**Figure 1.** PRISMA Flowchart

## 3. Results and Discussion

### 3.1.Result

#### 3.1.1.Data Mapping

After the data were screened, a critical appraisal was performed to evaluate the rigor of the studies included in the review. The Joanna Briggs checklist from the Joanna Briggs Institute was applied

because it provides a reliable framework for judging methodological soundness and addressing potential sources of bias in how the studies were designed, carried out, and analyzed. Twenty (20) qualitative articles were evaluated through this process, with results as shown in **Table 3**. The articles were then mapped by grouping information according to country, research objective, type of study, data collection method, and main findings, as shown in **Table 4**.

**Table 3. JBI Critical Appraisal Result**

| Articles  | Type        | Article Grade Results |
|---|-------------|-----------------------|
| A1, A2, A3, A4, A6, A8, A9, A10, A13, A18, A19, A20 | Qualitative | A                     |
| A5, A7, A11, A12, A14, A15, A16, A17                | Qualitative | B                     |

**Table 4. Data Mapping**

| No | Title/Author   | Country                  | Aim   | Study                                     | Methods   | Result   |
|----|--|--------------------------|---|---|---|--|
| A1 | Women's experiences of perinatal depression: Symptoms, barriers and enablers to disclosure, and effects on daily life and interaction within the family (Pinar et al., 2022) | UK                       | To explore the lived experiences of women affected by perinatal depression, with the aim of improving how it is identified and managed.   | Qualitative with an ethnographic approach | 1. Informants consisted of 15 women aged 28 - 41 years<br>2. In-depth interviews<br>3. Data analysis using reflexive thematic analysis                  | Healthcare workers' attitudes towards women are crucial, given that women's perceptions of being ignored or neglected can significantly affect their willingness to articulate their feelings.   |
| A2 | The perceived mental health experiences and needs of postpartum mothers living in the United Arab Emirates : A focus group study (Hanach et al., 2024)                       | United Emirat Arab (UEA) | To obtain a thorough understanding of postpartum mothers' own reports of their mental health experiences and needs, so as to inform the development of targeted interventions that address their specific mental health challenges. | Qualitative Focus Group Discussion        | 1. Informants 27 mothers, (mean age $32.47 \pm 4.56$ years),<br>2. Participated in four focus groups.<br>3. Descriptive interpretive thematic analysis. | Attention must be given to the cultural and social factors that impact maternal mental health. This requires culturally sensitive multidisciplinary collaboration strategies to support mothers' mental health after childbirth and to design targeted, evidence-based interventions.. |
| A3 | Social Support and Perinatal Depression: The Perspectives of Mexican-American Adolescent Mothers (Recto  | Mexican-American         | To closely explore how Mexican-American adolescent mothers receive social support during pregnancy and parenting, and to understand their   | Qualitative description                   | 1. Pregnant or postpartum females (within the first year)<br>2. Aged 15 to 19<br>3. In-depth interviews   | Findings suggest the importance of identifying the support requirements and expectations among Mexican-American adolescent mothers as a key element in achieving positive mental health outcomes.  |

| No | Title/Author   | Country    | Aim   | Study                     | Methods  | Result  |
|----|--|------------|---|---------------------------|--|---|
|    | & Champion, 2020)  |            | perspectives on how this support influences perinatal mental health.  |                           |  |   |
| A4 | 'Mammy's supposed to be strong and supportive – not sitting in a corner rocking and crying': an interpretative phenomenological analysis of British mothers' experiences of postnatal depression (Khalid & Hirst-Winthrop, 2022) | British    | To achieve a profound understanding of the lived reality for women experiencing postnatal depression (PND).                                     | Qualitative Phenomenology | The interviewees comprised six mothers, aged 23 to 40 years, all of whom had taken part in a PND support group. Their interview transcripts were analyzed using Interpretative Phenomenological Analysis (IPA) | The data reveals one major overarching theme, namely 'the conflicted mother,' which is reinforced by four supporting sub-themes: the view of 'the absent and critical biological mother,' the idea of 'the internalized mother,' the experience of 'pregnancy in the journey to motherhood like a sorrowful stranger,' and the concept of 'the ideal mother.'                 |
| A5 | Phenomenological Study: Primiparous experiences of postpartum depression (Palupi, 2020)  | Indonesian | To understand the lived experiences of perinatal depression among first-time mothers.   | Qualitative Phenomenology | 1. Phenomenological descriptive<br>2. Six primiparous mothers<br>3. Purposive sampling,<br>4. analyzed using Collaizi techniques.  | The process of delivery involved hardship and incurred notable financial implications; A notable psychological shift was experienced, leading to feelings of altered personal identity. Obstacles were present that hindered maintaining personal well-being and caring for the newborn. Feelings of being inadequately prepared for the transition to first-time motherhood. |
| A6 | Experiences of Ugandan women who recovered from clinically diagnosed postpartum depression: Findings from a phenomenological study (Atuhaire et al., 2021)   | Uganda     | To understand the post-recovery lived experiences of women in southwestern Uganda who had been clinically diagnosed with postpartum depression. | Qualitative Phenomenology | 1. Explorative phenomenological approach.<br>2. In-depth interviews with 30 purposively selected postpartum mothers<br>3. Thematic analysis  | The negative emotional experiences associated with PPD in mothers are also significantly influenced by factors such as suboptimal relationship quality, intimate partner violence, and insufficient financial means.  |
| A7 | Postpartum mental health experiences   | USA        | To qualitatively assess the coping mechanisms and   | Descriptive Qualitative   | 1. Implemented March - July 2022<br>2. 25 participants aged  | Among the eleven individuals who reported such symptoms, Two  |

| No  | Title/Author   | Country               | Aim   | Study                     | Methods  | Result   |
|-----|--|-----------------------|---|---------------------------|--|--|
|     | among Black and biracial women during the COVID-19 pandemic (Dwarakanath et al., 2023)   |                       | desired forms of support utilized by Black and Biracial women during pregnancy and childbirth in their adolescence and young adulthood throughout the COVID-19. |                           | 16 - 24 years old)<br>3. Semi-structured interview<br>4. Interviews were zoomed in   | participants felt apprehensive about sharing these experiences with healthcare providers, fearing possible intervention from child protective services and anticipating unfair treatment because of their race.  |
| A8  | A qualitative exploration of Ghanaian pregnant women's views and experiences related to prenatal mental health (Agyekum, 2023) | Ghana                 | Explored individuals' views and encounters regarding to mental health concerns during pregnancy   | Qualitative Phenomenology | 1. Informants 21 pregnant women in Accra<br>2. Gestational age 32-40 weeks<br>3. Semi-structured interview<br>4. Interpretative phenomenological analysis (IPA) was conducted                    | The majority of participants admitted to having little understanding of prenatal mental disorders. Symptoms such as irritability, Participants identified changes in appetite and episodes of excessive crying as negative emotional experiences during the prenatal period.                 |
| A9  | Experiences of women with postpartum depression (Cook et al., 2019)  | Western United States | to examine the lived experiences of women with present PPD or significant risk, participating in a professionally guided postpartum support group.              | Descriptive Qualitative   | 1. Participants over 18 years old<br>2. Have given birth in the last 2 years<br>3. Interviews were conducted between 14 - 47 minutes   | The qualitative content analysis revealed three overarching themes: participation, influence, and medication adherence, each accompanied by relevant subthemes. This analysis was based on data from participants, all of whom reported using antidepressant medications for their symptoms. |
| A10 | The Malaysian Women's Experience of Care and Management of Postnatal Depression (Arifin et al., 2021)                          | Malaysia              | To investigate Malaysian women's experiences concerning the provision and handling of PND symptoms.   | Qualitative               | This qualitative study involved 33 women receiving care at MCH clinics in Kuala Lumpur, conducted via semi-structured interviews in person, and the data were examined using framework analysis. | In terms of coping, a religious approach constituted the primary strategy for all Malay women, whereas this was largely not the case for the majority of women of Indian and Chinese descent.  |
| A11 | “The sun has set even though it is morning”: Experiences and explanations of perinatal depression in an urban township,        | South Africa          | To examine the perceptions and understanding of perinatal depression among women living in township communities in urban Cape Town.                             | Qualitative               | 1. Qualitative exploratory design<br>2. Semi-structured interview<br>3. 12 pregnant women with depression and 9 women without depression and 13  | Importantly, all the symptoms mentioned stem directly from the life pressures these women face, including poverty, job loss, lack of partner support, violence, and the grief of losing loved ones. This   |

| No  | Title/Author   | Country            | Aim  | Study                      | Methods   | Result   |
|-----|--|--------------------|--|----------------------------|---|--|
|     | Cape Town<br>(Davies et al., 2016)   |                    |  |                            | health care provider Framework analysis approach  | difficult situation is further exacerbated by unplanned or unwanted pregnancies, coupled with positive HIV test results during pregnancy check-ups.  |
| A12 | “I can’t stop worrying about everything” Experiences of rural Bangladeshi women during the first postpartum months<br>(Edhborg et al., 2015)   | Bangladesh         | To describe the lived realities and worries of rural Bangladeshi mothers exhibiting symptoms of PND.   | Qualitative                | 1. Longitudinal study<br>2. 21 mothers with depressive symptoms at 2-3 months postpartum<br>3. Narrative interviews<br>4. Content analysis.   | Adverse family relationships, encompassing intimate partner violence and familial aggression, were shown to influence the psychological well-being of the mothers.   |
| A13 | Exploring care from extended family through rural women’s accounts of perinatal mental illness – a qualitative study with implications for policy and practice<br>(Jackson et al., 2020) | England            | To examine the experiences of women in rural northern England regarding the support they receive from extended family while navigating perinatal mental health issues. | Qualitative                | 1. Conducted in March and August 2017<br>2. Qualitative interviews with regional mixed methods<br>3. Purposive sampling<br>4. Analyses were conducted in two phases, with thematic analysis | Crucial forms of support such as someone to talk to, practical assistance (informal childcare and transportation), as well as emotional support managed to cover the shortcomings of official service provision. |
| A14 | Living with severe perinatal depression: a qualitative study of the experiences of labour migrant and refugee women on the Thai-Myanmar border<br>(Fellmeth et al., 2018)                | Thailand - Myanmar | To investigate the actual life experiences of migrant women living along the Thailand-Myanmar border.  | Qualitative                | In-depth interview approach,<br>Thematic analysis   | The women participants shared deep insights about various life challenges they considered to contribute to their state of depression.  |
| A15 | No space for mother's mind: A psychoanalytically oriented qualitative study  | Ireland            | To develop a clearer understanding of the characteristics of postpartum depression experiences by exploring  | Qualitative<br>Descriptive | 1. The study involved six participants who had previously received a formal diagnosis of PND.<br>2. Interviews were conducted for 60  | This study reveals the vulnerability of the pregnancy and childbirth period and the adverse consequences of a lack of support during this time, while also highlighting the                                      |

| No  | Title/Author  | Country   | Aim   | Study                     | Methods  | Result  |
|-----|---|-----------|---|---------------------------|--|---|
|     | of the experiences of women with a diagnosis of postnatal depression (Hesse Tyson et al., 2021)   |           | information considered significant by the participants, as well as examining factors in their lives that may influence the development of these experiences |                           | minutes over a 4 week period<br>3. Semi-structured interview<br>6 participants between the ages of 26 and 38.  | importance of paying attention to maternal mental health as it relates to the experiences of childbirth, parenting responsibilities, and general well-being.  |
| A16 | The Experiences of Pregnancy and Childbirth in Women with Postpartum Depression: A Qualitative Study (Kazemi et al., 2018)                                      | Iran      | To understand the lived experiences of mothers experiencing depression in the context of pregnancy and childbirth.  | Qualitative               | 1. Qualitative investigation<br>2. participants who had previously experienced postnatal depression<br>3. Semi-structured interviews<br>Analysis utilizing the content analysis approach advocated by Graneheim and Lundman. | These women feel a need for support that is not easily obtained, are anxious about limited privacy and reduced personal control, which leads to psychological stress. Partners need to receive adequate education to cope with postpartum depression risk.  |
| A17 | Inner experience of postpartum depression in women: a qualitative study (Y. Liu et al., 2019)   | China     | To investigate the inner experience of PPD among women through surveys, and analyses of PPD   | Qualitative Phenomenology | 1. Conducted from May to July 2017<br>2. Participants 14 women postpartum depression<br>3. Purposive sampling<br>4. Unstructured interview<br>Analysed using the Colaizzi method   | The primary issues explored through the interviews centered on the dynamics of the mother-in-law and daughter-in-law relationship, the marital relationship, family economic circumstances, and matters concerning childcare.   |
| A18 | Influences on physical activity and screen time amongst postpartum women with heightened depressive symptoms: a qualitative study (Apostolopoulos et al., 2021) | Australia | To investigate the perceived impacts on physical activity levels and screen time amongst postpartum women presenting with heightened depressive symptoms.   | Qualitative               | 1. Twenty mothers, three to nine months postpartum,<br>2. Semi-structured<br>3. Telephone interviews.<br>Thematic analyses   | Findings indicate that physical activity in postpartum mothers showing signs of depressive symptomatology is influenced by personal aspects (such as sleep quality, household limitations, single income), social factors (such as childcare, support from partners and friends), as well as physical environmental conditions (such as weather and local safety levels). |
| A19 | Postpartum Depression and Social Support  | China     | To understand the impact of Chinese cultural context on   | Qualitative               | 1. In-depth interviews using skype and webchat   | These problematic dynamics are profoundly influenced by the Chinese cultural context,   |

| No  | Title/Author  | Country | Aim  | Study                     | Methods  | Result  |
|-----|---|---------|--|---------------------------|--|---|
|     | in China: A Cultural Perspective (Tang et al., 2016)  |         | the interplay between social support and postpartum depression   |                           | 2. Snowball sampling 38 mothers who have experienced postpartum depression   | characterized by its specific gender roles and family structures. Such cultural norms also act as a disincentive for women to seek social support.  |
| A20 | “I Gotta Carry the Burden by Myself:” Experiences of Peripartum Depression among Low-Income Mothers of Color (Keefe et al., 2021) | America | Explore low-income mothers' experiences of peripartum depression | Qualitative Phenomenology | 1.30 low-income mothers of colour living with PPD 2. Semi-structured interview 3. Interviews conducted between 2013 – 2015 4. Narrative analysis | Even with the presence of depression, mothers discussed their capacity for resilience, navigating the substantial burden of child-rearing concurrently with inhabitation in high-crime, low-income areas. |

### 3.1.3 Themes Mapping

The subsequent points represent several themes identified during the scoping review undertaken by the researcher shown in **Table 5**.

**Table 5. Themes Mapping**

| No | Theme           | Sub-Themes  | Article Code  |
|----|-----------------|---|---|
| 1  | Symptoms of PPD | Symptoms of PPD   | A1, A6, A7, A8, A11, A12  |
| 2  | Causes          | 1. Pregnancy and childbirth experience<br>2. Breastfeeding<br>3. Conflicts with family (husband, in-laws)/ including physical violence<br>4. Barriers to self-care<br>5. Unprepared for motherhood<br>6. Lack of support<br>7. Socio-economic | A2, A12, A16<br>A2, A6, A15<br>A4, A12, A14, A16<br>A5, A16<br>A5, A16, A17<br>A2, A6, A11, A14, A15, A16<br>A5, A6, A12, A14, A16, A20 A12 |
| 3  | Treatment       | 1. Openness/Communication<br>2. Social support<br>3. Treatment<br>4. Spiritual  | A1, A9, A17<br>A2, A3, A7, A8, A13, A18, A19<br>A2, A9, A10, A14<br>A6, A8, A14   |

## 3.2.Discussion

### 3.2.1.Symptoms of PPD

Prenatal depression symptoms such as irritability, changes in appetite, anxiety, and suicidal ideation (Agyekum, 2023) indicate continuity with postpartum depression as reported by Pinar et al. (2022) and Atuhaire et al. (2021) through the persistence of anxiety and altered appetite, which evolves into lethargy, social isolation, reduced bonding with the baby, and self-blame (Edhborg et al., 2015), while Dwarakanath et al., (2023) reinforce physical symptoms such as fatigue and sleep disturbances. Davies et al. (2016) add additional symptoms including poor concentration, fear, as well as extreme symptoms like jaundice, gastric disturbances, and impaired ambulation, which overlap with pain and blood pressure abnormalities reported in other studies, forming a holistic multifactorial pattern. We assess that the relationship of these symptoms supports early screening during pregnancy to prevent postpartum depression, but for unusual symptoms like throat tumors reported by Davies et al. (2016),

further research is needed to distinguish depression from other illnesses, so that CBT therapy and social support can be more appropriate.

### 3.2.2. Causes

#### 3.2.2.1. Pregnancy and Childbirth Experience

Pregnancy and labour are very unsafe times for the mother associated with risk to her life (Inthaphatha et al., 2020). The persistence of depression from the initial trimesters into the third trimester, if not identified or managed, the negative, traumatic and physical experience of childbirth causes unhappiness and allows for depression in postpartum mothers (Edhborg et al., 2015; Hanach et al., 2024; Hualin et al., 2023). The process of labor is widely recognized as a highly challenging psychological event for mothers, with estimates indicating that 10-34% of all parturient experience birth as traumatic (Kazemi et al., 2018). Numerous studies have independently verified that a mother's satisfaction with her birth experience is a significant indicator of an elevated risk for PPD (Unsal Atan et al., 2018; Unsal Atan et al., 2018; Urbanová et al., 2021). We believe that the risk to a mother's life during pregnancy and childbirth, which can lead to persistent depression and birth trauma, strongly triggers postpartum depression through dissatisfaction with the birth experience.

#### 3.2.2.2. Breastfeeding

Research by Tesfaye et al (2023) explained that mothers who did not breastfeed immediately after giving birth showed a higher likelihood of experiencing PPD than those who breastfed immediately. This is in accordance with the research that explaining that mothers who breastfeed well involve skin-to-skin contact, affecting the affectionate touch behaviour of mothers and babies (Alshikh Ahmad et al., 2021; Dagnaw et al., 2022; Liu et al., 2017). Breastfeeding presents a significant challenge during the postpartum period. Mothers voiced worries about their ability to breastfeed successfully and whether their milk supply was sufficient (Atuhaire, et al., 2021). These breastfeeding difficulties are often attributed to factors such as mastitis, and post-operative pain and the problem of the baby's short tongue (Hanach et al., 2024; Hesse Tyson et al., 2021). Furthermore, mothers returning to work after childbirth were obliged to discontinue breast milk expression due to an unsupportive occupational setting (Rollins et al., 2016). Thus, it is recommended that mothers encountering breastfeeding difficulties receive early identification and suitable midwifery support (Mulugeta et al., 2023).

#### 3.2.2.3. Conflict and Violence (With Husband, Mothers and In-Laws)

Conflict and violence either with husband, own mother or in-laws can lead to postpartum depression (Khalid & Hirst-Winthrop, 2022). Some studies has addressed the influence of women's interactions with their mothers-in-law (Ali-Saleh et al., 2022; Hajipoor et al., 2021; Qi et al., 2022). Evidence from these studies consistently shows that these relationships can significantly and negatively affect postpartum mental health. Relationships with partners characterized by poor quality are often marked by interpersonal violence, including verbal violence (hurtful words, accusations) as well as physical violence (kicking, shoving, punching, and strangling) and to a lesser degree, instances of sexual violence (rare), mood differences that affect the marital relationship where the husband does not care about the mother's pregnancy are causes of depression (Ankerstjerne et al., 2022; Edhborg et al., 2015; Fellmeth et al., 2018; Kazemi et al., 2018).

#### 3.2.2.4. Barriers to Self-Care

Postpartum mothers experience a negative self-image where mothers experience physical changes resulting in increased sensitivity among women (Kazemi et al., 2018). They find it difficult to care for their children, even caring for themselves is difficult (Palupi, 2020).

### 3.2.2.5. Unprepared for Motherhood

The concept of "failure to embody motherhood" is described through the subjective experiences of being unable to raise children, feeling helpless, and perceiving oneself as incapable and ineffective in breastfeeding (Kazemi et al., 2018), despite being old enough to fulfil the role (Palupi, 2020). First-time mothers lack knowledge and experience in parenting, and new mothers are often overwhelmed, making them anxious and at risk of depression (Wyunn et al., 2024). Many women express a sense of being unprepared for the demands and responsibilities of motherhood, which can be detrimental to their mental well-being (Sari, 2020).

### 3.2.2.6. Lack of Support

The mental health of mothers after childbirth is negatively influenced by a combination of factors, including insufficient support from family particularly husbands and inadequate mental health assistance from healthcare providers (Antoniou et al., 2022; Davies et al., 2016; Hanach et al., 2024). Husband is the principal source of support for the mother in managing the typical challenges and emotional lability experienced postpartum (Hannon et al., 2022). Insufficient attention, empathy, and understanding from partners can lead to maternal dissatisfaction within the household and subsequent of sadness (Fellmeth et al., 2018). Furthermore, mothers with limited social support exhibit a fivefold increased likelihood of experiencing depression (Kazemi et al., 2018; Tesfaye et al., 2023). The cumulative effect of this labor often leaves mothers feeling exhausted and weary, a condition exacerbated by the lack of partner support with certain tasks during the mother's rest periods (Atuhaire, et al., 2021).

### 3.2.2.7. Socio-Economic

Low socioeconomic factors pose a bitter experience for women and have been shown to be one of the biggest predictors of perinatal depression (Kazemi et al., 2018; Keefe et al., 2021). Family income plays a significant role in influencing an individual's health status, with greater financial resources generally correlating with improved health conditions. Research by Abenova et al. (2022) specifically highlights that the employment status of the husband directly impacts the propensity for developing postpartum depression. Consequently, job loss or disruption to income streams for some mothers can substantially affect their emotional and psychological well-being (Atuhaire, et al., 2021). Having a child is an economic burden on the family as it adds to their needs and increases expenses (Edhborg et al., 2015; Fellmeth et al., 2018; Palupi, 2020).

## 3.2.3. Management of Perinatal Depression

### 3.2.3.1. Openes (Communication)

Communication by fellow mothers who experience depression can foster a sense of community and the emotional connection they experience. They build relationships and find others who have the same experiences as them (Cook et al., 2019). Women disclose their emotional states to a range of contacts, including partners, close confidantes, friends, through social media platforms, and with healthcare professionals such as general practitioners, midwives, and other health workers, as well as with peers in mother and baby groups or through occupational health services. This act of sharing is highly beneficial, contributing significantly to an improvement in their mood and fostering a sense of relief subsequent to the disclosure (Pinar et al., 2022; Savory et al., 2022; Wang et al., 2021).

### 3.2.3.2. Social Support

Support provided by the husband or mother is one way to overcome mental health challenges and is a major source of postpartum parenting support (Agyekum, 2023; Hanach et al., 2024).

Instrumental support such as providing care for the mother, baby, financial support, providing equipment for the baby, and helping with housework (cooking and grocery shopping) can reduce maternal fatigue and stress which can lead to postpartum depression (Dwarakanath et al., 2023; Jackson et al., 2020; Recto & Champion, 2020; Tang et al., 2016). Mothers also expected their husbands to provide emotional support such as being understood, loved and accompanied. Information support, such as doctors, friends and online resources, are the main sources of information support about pregnancy and newborn care (Tang et al., 2016). Husbands and family members should be educated about postpartum depression, as they are the closest people to the mother (Tesfaye et al., 2023).

### 3.2.3.3. Treatment

Mothers suffering from postpartum depression expressed their desire to seek professional healthcare support, with certain healthcare providers such as physiotherapists and paediatricians empathising with and concerned about their mental well-being, scheduling regular mental health check-ups and extending affirmative support (Hanach et al., 2024). Some women even consulted with traditional healers regarding the symptoms of depression experienced by taking medication, in addition to many women counselling with health workers (Fellmeth et al., 2018). Some of the mothers who experience depression take antidepressant drugs according to the doctor's prescription (Cook et al., 2019; Fellmeth et al., 2018). Therefore, it is important for health workers to detect and alleviate the symptoms of postpartum depression.

### 3.2.3.4. Spiritual

Spirituality by praying, reading the Bible and visiting churches, temples and mosques is considered a beneficial way to manage depressive symptoms (Agyekum, 2023; Atuhaire et al., 2021; Fellmeth et al., 2018).

## 3. Conclusion

Mothers with perinatal depression are at increased risk due to physiological, hormonal, social, and psychological changes during pregnancy, showing symptoms like fatigue, sadness, low energy, anxiety, social withdrawal, changes in appetite or sleep, and thoughts of suicide. The causes are multifaceted, including difficulties with childbirth or breastfeeding, domestic violence, family conflicts, feeling unprepared for motherhood, poor self-care, lack of partner support, and financial or social hardships. Coping strategies include talking with partners, friends, or healthcare providers through social media or support groups, getting help from family (emotional, practical, or informational support, childcare, or household tasks), medical treatments like antidepressants or regular check-ups, and spiritual practices such as prayer.

This finding result highlights the importance of having a comprehensive and personalized support system, including encouraging the implementation of enhanced screening protocols in prenatal and postnatal care to facilitate early detection and reduce long-term risks for mother-baby pairs. Future research should focus on longitudinal studies and the evaluation of integrated interventions on family relationships, culturally and spiritually based coping strategies, the long-term impact of socioeconomic conditions, and access to mental health services. Clinically, integrating thematic insights into midwife training can promote empathetic, patient-centered care, while policymakers are encouraged to expand mental health resources within the public health system, promoting family recovery and well-being.

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