

Psychosocial Support to Women During Labour and after Delivery Among Postnatal Mothers in Selected Secondary and Tertiary Hospitals in Benin City

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ARTICLE INFO

Keywords:

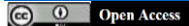
Psychosocial support,
Postnatal mothers,
Labour companionship,
Emotional support,
Empathetic care,
Social support,
Benin City,
Maternal wellbeing,
Healthcare workers,
Culturally sensitive care.

Vol.01, No.04, 2026

<https://doi.org/10.5281/zenodo.22830145>

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ABSTRACT

Psychosocial support during labour and the postnatal period is essential for maternal wellbeing, yet evidence indicates that such support is often inconsistently provided in many healthcare settings. This study assessed the level of psychosocial support received by postnatal mothers during labour and after delivery in secondary and tertiary hospitals in Benin City, as well as its predictors and association with social support. A multistage sampling technique was used to recruit 277 postnatal mothers from three hospitals in Benin City. Data were collected using structured questionnaires and analyzed with SPSS version 27. Descriptive and inferential statistics including binary logistic regression were applied to examine psychosocial support levels, their determinants, and relationships with social support. Findings showed that 51% of mothers reported high psychosocial support, while 49% reported low support. Emotional and empathetic care were the most positively perceived components (59.2% and 55.3%, respectively; mean ≥ 2.6), whereas companionship and spiritual support were rated lower (mean ≤ 2.4). Although 80.5% of respondents reported receiving some form of support, overall social support remained low (grand mean = 2.4), while perceived emotional and psychological benefits were moderate (grand mean = 2.6). Many participants experienced reduced fear and anxiety (51.3%), improved confidence (49.9%), and enhanced mother–infant bonding (51.3%). Logistic regression showed that receiving support significantly predicted higher psychosocial and social support levels (OR = 5.25 and 3.67; $p < 0.001$). A significant association was also found between social and psychosocial support ($p = 0.03$). Psychosocial support for labouring and postnatal mothers in Benin City hospitals is present but inconsistent, with marked gaps in companionship and spiritual care. The study recommends strengthening healthcare worker training, promoting labour companionship, and adopting culturally sensitive support strategies to improve maternal satisfaction and postnatal outcomes.

Introduction

Psychosocial support during and after childbirth is a critical component of maternal healthcare, significantly influencing women's emotional and mental well-being. The perinatal period which includes pregnancy, childbirth, and postpartum is marked by substantial physical and psychological changes, increasing vulnerability to anxiety, depression, and post-traumatic stress disorder (McLeish et al., 2021; Khademi & Kaveh, 2024). Adequate psychosocial support has been shown to improve birth experiences and long-term maternal mental health, with women reporting more positive outcomes and reduced risk of psychological complications when supported effectively during labour and postnatal care (Dag & Deger, 2025; Balde et al., 2022; Khan et al., 2023). Despite its importance, psychosocial support remains inadequate in many healthcare settings, especially in low-resource contexts like Nigeria (Ogbuagu et al., 2024). Maternal care often prioritizes physical health, while emotional and psychological needs are neglected, compounded by overcrowded facilities, limited staffing, and insufficient training for healthcare providers (Garland, McKinney & Meinersmann, 2023; Khan et al., 2023). The lack of support contributes to elevated stress and psychological distress, negatively affecting recovery and maternal well-being.

Childbirth is inherently intense, and emotional support during labour has been shown to reduce anxiety, improve maternal satisfaction, and enhance perceived control (Viirman et al., 2023; Balde et al., 2022). Similarly, the postpartum period requires consistent psychosocial care, as inadequate support can lead to postpartum depression (PPD) and affect both mother and infant (Sharifipour et al., 2022; McLeish et al., 2021). Effective support includes practical guidance on infant care, breastfeeding, and coping strategies, helping mothers adjust to early motherhood. Barriers to psychosocial support include staff focus on physical assessments, healthcare worker stress, and cultural norms discouraging women from expressing emotional distress (Khan et al., 2023; Grewal, 2022). Healthcare workers play a pivotal role in mitigating isolation and stress, yet fragmented services and lack of integrated care limit the effectiveness of support, a situation highlighted during crises such as the COVID-19 pandemic (Sharifipour et al., 2022; Meaney et al., 2022).

This study explores the types and quality of psychosocial support provided to postnatal mothers in secondary and tertiary hospitals in Benin City. It examines current practices, challenges, and barriers, aiming to identify strategies for improvement and assess the relationship between psychosocial care and maternal mental health outcomes. The ultimate goal is to promote more holistic, integrated maternal care that addresses both physical and psychological well-being during the perinatal period

Statement of problem

Maternal mental health is an increasing global concern, with approximately 10% of pregnant women and 13% of new mothers experiencing mental disorders, predominantly depression (WHO, 2022). These rates are higher in developing countries, affecting 15.6% of women during pregnancy and 19.8% postpartum. Insufficient psychosocial support during the perinatal period exacerbates these challenges, contributing to adverse outcomes such as postpartum depression (PPD), which impacts 10–15% of women worldwide (McLeish et al., 2021). In many low-resource settings, psychosocial care remains underdeveloped, leaving mothers vulnerable to emotional distress (Sharifipour et al., 2022).

In Africa, and particularly in Nigeria, maternal mental health is further constrained by inadequate health infrastructure, a shortage of trained professionals, and persistent stigma surrounding mental illness (Khan et al., 2023). Many women experience psychological distress during and after pregnancy but have limited access to appropriate mental health services. Cultural misconceptions and insufficient awareness among healthcare providers also hinder early recognition and treatment of maternal mental health issues (Grewal, 2022). Although maternal health outcomes have improved in Nigeria, hospitals tend to prioritize physical care, often neglecting emotional and psychological needs (Khan et al., 2023). Urban areas such as Benin City face additional challenges. Limited access to mental health specialists, absence of structured postnatal programs, high patient-to-staff ratios, and inadequate provider training prevent healthcare workers from offering individualized psychosocial support (Sharifipour et al., 2022; Okeoma, 2024). As a result, many mothers remain unsupported, experiencing stress, anxiety, and depression during a critical period for both maternal and infant well-being (McLeish et al., 2021).

Objective of study

The main objective of this study is to assess the psychosocial support to women during labour and after delivery among postnatal mothers in selected secondary and tertiary hospitals in Benin City. The specific objectives are:

1. To determine the level of psychological support provided to women during labour and after delivery in selected secondary and tertiary hospitals in Benin City.
2. To determine the level of social support provided to women during labour and after delivery in selected secondary and tertiary hospitals in Benin City.

Research Questions

1. What is the level of psychological support provided to women during labour and after delivery in selected secondary and tertiary hospitals in Benin City?
2. What is the level of social support provided to women during labour and after delivery in selected secondary and tertiary hospitals in Benin City?

Hypotheses

1. There is no significant statistical relationship between the socio-demographic variables and the level of social support provided to women during labour and after delivery in selected secondary and tertiary hospitals in Benin City.

Literature Review

Psychosocial support is a multidimensional concept referring to emotional, social, practical, and sometimes spiritual assistance provided to individuals during periods of stress or vulnerability. Within maternal health, it encompasses the support systems that help women cope with the emotional and physical demands of pregnancy, childbirth, and the postpartum period. It integrates two central dimensions: psychological support, which addresses emotional states such as fear, anxiety, and stress, and social support, which involves tangible and intangible resources from partners, family members, peers, and healthcare professionals. Khan et al. (2023) highlight that psychosocial support during labour and after delivery may include respectful communication, reassurance, companionship, involvement of birth partners, informational support about procedures, and help with newborn care.

The World Health Organization (WHO, 2022) recognizes psychosocial support as a core component of respectful maternity care, identifying emotional and social needs as essential to safe childbirth. Evidence shows that such support improves maternal mental health, reduces the risk of postpartum depression, enhances satisfaction with childbirth, and strengthens maternal-infant bonding (Sangsawang et al., 2022; McLeish et al., 2021). Psychosocial support is delivered by healthcare providers, spouses, family members, doulas, or trained birth companions through emotional reassurance, information provision, practical help, and validation. Given the stresses women face during childbirth—pain, fear, loneliness, and cultural pressures—psychosocial support mitigates adverse mental health outcomes and promotes resilience (Khademi & Kaveh, 2024; Sharifipour et al., 2022; Cho et al., 2022).

Psychosocial support is a core element of quality maternity care and is commonly described across four interrelated components: emotional, informational, appraisal, and practical (instrumental) support (McLeish et al., 2021; Khan et al., 2023). Together, these forms of support address women's psychological, emotional, and practical needs during labour, childbirth, and the postpartum period, with significant implications for maternal wellbeing and care outcomes.

Emotional support involves empathy, reassurance, and non-judgmental presence, helping women cope with fear, pain, and uncertainty during labour and adjust emotionally after delivery (Low et al., 2023). Continuous emotional presence from healthcare providers or birth companions reduces loneliness, enhances trust, and improves overall birth experiences (Balde et al., 2022). Informational support includes providing clear and accurate guidance on labour processes, delivery options, pain management, breastfeeding, and newborn care. Adequate information increases women's sense of control, reduces anxiety, and improves satisfaction with maternity care, particularly among first-time mothers (Sharifipour et al., 2022). Appraisal support, through validation and positive feedback, strengthens mothers' confidence in coping with childbirth and infant care, reducing feelings of inadequacy (McLeish et al., 2021). Practical or instrumental support refers to tangible assistance such as comfort measures during labour and hands-on help with breastfeeding and newborn care after delivery (Bedaso et al., 2021). In line with this, the World Health Organization recommends the presence of a companion of choice during childbirth because companions provide both emotional and practical support (WHO, 2022).

Psychosocial support plays a critical role in reducing emotional distress during labour and in preventing postpartum mental health problems. Labour is often accompanied by high levels of anxiety and stress, especially among first-time mothers, and continuous support has been shown to reduce fear and improve childbirth experiences (Leinweber et al., 2023; Balde et al., 2022). Low levels of social support are strongly associated with postpartum depression and anxiety, whereas emotional and social support act as protective factors that enhance resilience and emotional stability (Cho et al., 2022; Sangsawang et al., 2022; Khademi & Kaveh, 2024).

Adequate psychosocial support also strengthens mother–infant bonding and caregiving confidence. Mothers who feel supported demonstrate better attachment to their infants, higher breastfeeding success, and greater confidence in newborn care, with positive implications for child development and maternal wellbeing (Myers et al., 2021; Sharifipour et al., 2022). From a healthcare system perspective, training providers in empathetic, respectful, and culturally sensitive psychosocial care improves quality of care, increases patient satisfaction, and fosters supportive care environments (Khan et al., 2023).

The postpartum period is both physically and psychologically demanding, making psychosocial support especially important. Emotional support from healthcare workers, partners, and family members promotes emotional recovery and reduces the risk of postpartum depression (Low et al., 2023; Khademi & Kaveh, 2024). Practical support with breastfeeding and infant care helps mothers overcome challenges such as latching difficulties and fear of infant illness, reducing stress and building confidence (Myers et al., 2021; Jackson et al., 2024). Social networks, including partners, families, community groups, and peer support systems, further reduce isolation and support maternal mental health, although restrictive hospital policies and cultural norms may limit partner involvement in some settings (McLeish et al., 2021; WHO, 2022).

Despite its importance, effective psychosocial support is often constrained by several barriers. These include inadequate provider training in communication, mental health screening, and culturally responsive care, as well as health-system challenges such as staff shortages, overcrowding, and weak integration of mental health services (Khan et al., 2023; Balde et al., 2022). Cultural and institutional restrictions that limit emotional expression, spiritual practices, or the presence of companions during childbirth further hinder holistic support (Al-Mutawtah et al., 2023). Addressing these gaps is essential for improving maternal and postnatal health outcomes.

Methodology

The study employed a descriptive cross-sectional design to assess psychosocial support provided to postnatal mothers in selected secondary and tertiary healthcare facilities in Benin City, Edo State. Data were collected from postnatal mothers attending postnatal and immunization clinics at three major institutions: University of Benin Teaching Hospital (UBTH), Edo Specialist Hospital (ESH), and Central Hospital. These facilities serve diverse socio-economic populations and are representative of maternal healthcare settings in southern Nigeria. The study focused on mothers aged 15–49 years and examined emotional, informational, and practical components of psychosocial support, along with perceived psychological and emotional benefits. The cross-sectional design allowed for the collection of data at a single point in time to describe existing patterns of psychosocial support.

Data were gathered using a structured, self-administered questionnaire comprising four sections: socio-demographic characteristics, psychological support, social support, and perceived emotional and psychological benefits. Responses were recorded on a 4-point Likert scale for consistency and ease of interpretation. The instrument's validity was ensured through face and content validation by experts in maternal health, midwifery, and statistics. A pilot study with 10% of the sample refined the

questionnaire, and reliability was confirmed using Cronbach's alpha, with a coefficient of 0.8 or higher indicating acceptable internal consistency.

Data analysis was conducted using SPSS version 27.0. Descriptive statistics summarized respondents' characteristics and levels of psychosocial support, while inferential analysis, including Pearson chi-square tests, examined relationships between psychosocial support and socio-demographic factors. Mean scores were used to interpret results, with values of 2.5 or higher indicating high or positive responses and values below 2.5 indicating low or negative responses.

Ethical approval was obtained from the relevant ethics committees, and all procedures adhered to ethical principles, including respect for participants' autonomy, confidentiality, beneficence, and non-maleficence

Analysis, Results and Discussions.

Table 1.1. Level of psychological support provided to women during labour and after delivery in selected secondary and tertiary hospital in Benin City.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
I was emotionally supported and comforted by the healthcare staff during labour.	86 (31.0)	78 (28.2)	62 (22.4)	51 (18.4)	2.7	High
The presence of a companion (e.g., partner, relative, or doula) during my labour helped reduce my anxiety.	58 (20.9)	66 (23.8)	92 (33.2)	61 (22.0)	2.4	Low
The healthcare providers explained each stage of the labour process to me.	67 (24.2)	71 (25.6)	81 (29.2)	58 (21.0)	2.5	High
I was given adequate information about what to expect during labour and delivery.	68 (24.5)	69 (24.9)	80 (28.9)	60 (21.7)	2.5	High
The healthcare staff responded empathetically to my fears and concerns.	75 (27.1)	78 (28.2)	70 (25.3)	54 (19.5)	2.6	High
I was allowed to engage in spiritual or religious practices that helped me cope during labour.	49 (17.7)	59 (21.3)	101 (36.5)	68 (24.5)	2.3	Low
The nurses or midwives encouraged me with words of reassurance throughout my labour.	80 (28.9)	77 (27.8)	61 (22.0)	59 (21.3)	2.6	High
I was helped to change positions or move around during labour to relieve discomfort.	68 (24.5)	71 (25.6)	77 (27.8)	61 (22.0)	2.5	High
My preferences regarding labour and delivery were respected by the medical team.	66 (23.8)	70 (25.3)	81 (29.2)	60 (21.7)	2.5	High



I felt supported and not left alone during any point of my labour.	73 (26.4)	75 (27.1)	73 (26.4)	56 (20.2)	2.6	High
Grand Mean					2.5	High

Mean Cut-off = 2.5

The table indicates that the highest mean scores for psychosocial support during labor were for emotional support (2.7), empathetic responses to fears (2.6), encouragement with reassurance (2.6), and not being left alone during labor (2.6). Other notable scores include explanations of the labor process (2.5), information about expectations (2.5), help with position changes (2.5), and respect for preferences (2.5). Lower scores were reported for the presence of a companion reducing anxiety (2.4) and the allowance for spiritual practices (2.3). The overall grand mean score was 2.5, indicating moderate levels of psychosocial support.

Table 1.2. The level of social support provided to women during labour and after delivery in secondary and tertiary hospital in Benin City

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
The nurse stayed with me and provided constant support throughout my labour.	59 (21.3)	67 (24.2)	91 (32.9)	60 (21.7)	2.5	High
The nurse encouraged me with positive words during the different stages of labour.	64 (23.1)	69 (24.9)	89 (32.1)	55 (19.9)	2.5	High
I was guided on how to use breathing techniques and comfortable positions during labour.	57 (20.6)	63 (22.7)	97 (35.0)	60 (21.7)	2.4	Low
The nurse provided massage or physical comfort that helped relieve my labour pain.	52 (18.8)	59 (21.3)	102 (36.8)	64 (23.1)	2.4	Low
I was clearly informed about the procedures and what to expect during labour.	61 (22.0)	66 (23.8)	92 (33.2)	58 (20.9)	2.5	High
The nurse listened to my concerns and made me feel emotionally supported.	66 (23.8)	71 (25.6)	88 (31.8)	52 (18.8)	2.5	High
My preferences and choices regarding labour were respected by the nursing staff.	54 (19.5)	65 (23.5)	99 (35.7)	59 (21.3)	2.4	Low
The nurse helped my partner/family understand how to support me during labour.	48 (17.3)	61 (22.0)	104 (37.5)	64 (23.1)	2.3	Low
I was allowed to express my cultural or spiritual needs during labour.	46 (16.6)	59 (21.3)	108 (39.0)	64 (23.1)	2.3	Low



The nurse advocated for my needs and ensured I received respectful care. 63 (22.7) 68 (24.5) 91 (32.9) 55 (19.9) 2.5 High

Grand Mean 2.4 Low

Mean Cut-off = 2.5

Table 1.2 shows that the highest mean scores were for “The nurse stayed with me and provided constant support throughout my labour” (2.5), “The nurse encouraged me with positive words during the different stages of labour” (2.5), “I was clearly informed about the procedures and what to expect during labour” (2.5), “The nurse listened to my concerns and made me feel emotionally supported” (2.5), and “The nurse advocated for my needs and ensured I received respectful care” (2.5), followed by “I was guided on how to use breathing techniques and comfortable positions during labour” (2.4), “The nurse provided massage or physical comfort that helped relieve my labour pain” (2.4), “My preferences and choices regarding labour were respected by the nursing staff” (2.4), “The nurse helped my partner/family understand how to support me during labour” (2.3), and “I was allowed to express my cultural or spiritual needs during labour” (2.3), with a grand mean of 2.4, indicating that the overall level of social support provided by healthcare workers during labour was generally low.

Hypothesis Testing:

Table 4.9: Difference between the Level of Psychological Support and Social Support Provided

Table 4.9 will likely present a statistical comparison of the levels of psychological and social support to evaluate if significant differences exist between the two, considering the socio-demographic characteristics. This will help assess whether women experience different levels of psychological and social support, or if they are equally influenced by factors such as marital status, education, and occupation.

Social support	Psychological support		Test Statistics (χ^2)	df	P value	Decision
	High	Low				
High	26(35.6)	127(71.4)	4.682	1	0.03	Rejected
Low	99 (20.8)	116 (52.2)				

Discussion of Major Findings

The findings reveal that the psychological support provided to women during labour and after delivery in selected hospitals in Benin City was generally moderate, with a grand mean of 2.5, which meets the cut-off mean. Emotional support and comfort from healthcare staff during labour scored the highest (2.7), followed by empathetic responses, reassurance from nurses or midwives, and not being left alone during labour (all 2.6). Other moderate levels of support were found in areas such as explanations of the labour process, adequate information, help with movement or positioning, and respect for mothers' preferences (all 2.5). Lower scores were noted for the presence of a companion during labour (2.4) and opportunities for spiritual practices (2.3). Despite 51% of mothers reporting high support, 49% still felt the support was inadequate.

Social support during labour was generally perceived as low, with a grand mean of 2.4, which is below the cut-off mean. Highest scores were reported for constant support from nurses, encouragement, being informed about procedures, emotional support, and advocacy for patients' needs (all 2.5). However, lower levels of support were perceived in areas like guidance on breathing techniques, physical comfort to relieve pain, respect for preferences, helping families understand support needs, and allowing cultural or spiritual expression (all below 2.5, with some as low as 2.3). Overall, 44% of

mothers reported high social support, while 56% reported low, indicating that most women found social support during labour inadequate.

Summary

This study investigated the psychosocial and social support provided to women during labour and after delivery, as well as the perceived emotional and psychological benefits of such support, among postnatal mothers in selected secondary and tertiary hospitals in Benin City, Nigeria. The study was motivated by growing evidence that adequate psychosocial support during childbirth is essential for positive maternal experiences, psychological well-being, and improved birth outcomes.

A descriptive cross-sectional survey design was adopted. A total of 277 postnatal mothers were selected using a multistage sampling technique, and data were analyzed using SPSS version 27.0. The study assessed multiple dimensions of psychosocial support, including emotional, informational, practical, companionship, spiritual, and social support, alongside women's perceptions of the emotional and psychological benefits derived from such care.

Findings revealed that although a majority of women (80.5%) reported receiving some form of psychological support during labour and after delivery, the overall level of support was moderate and inconsistent, with a grand mean score of 2.5. Emotional support emerged as the most frequently provided component of care. More than half of the respondents reported that healthcare providers offered reassurance, empathy, and encouragement during labour, indicating that emotional reassurance was prioritized in maternity care. However, a notable proportion of women perceived this emotional support as insufficient, suggesting gaps in the depth and consistency of compassionate care.

Informational and practical support was provided at moderate levels. Approximately half of the women received explanations about the stages of labour, pain management, or postnatal care, while practical assistance such as help with positioning and mobility during labour was inconsistently offered. These findings indicate that while some informational support was available, it was not comprehensive enough to adequately prepare or empower women throughout the childbirth process.

Spiritual support and companionship were the least addressed aspects of psychosocial care. Only 39% of participants reported being allowed to engage in spiritual or religious practices during labour, and less than half (44.7%) had a companion present to provide comfort and reassurance. This highlights a lack of holistic and culturally responsive care, particularly in contexts where spiritual beliefs and family presence are important sources of emotional strength for women during childbirth.

In terms of social support from nurses, the study found generally low levels of support, with a grand mean score of 2.4. More than half of the respondents (56%) reported low social support. Continuous presence and attentive care from nurses during labour were lacking, as fewer than half of the women experienced sustained support despite evidence that continuous labour support improves maternal satisfaction and outcomes. Although some women received verbal encouragement and felt listened to, practical social support such as guidance on breathing techniques, physical comfort measures like massage, and hands-on assistance was limited.

The study further examined women's perceptions of the emotional and psychological benefits of the psychological support received. Overall perceptions were mixed but slightly positive, with 51% expressing positive views and 49% reporting negative perceptions. The grand mean score of 2.6 suggests that while psychological support contributed to some positive outcomes, its benefits were moderate and uneven. The most positively perceived outcomes included reduced fear and anxiety, increased feelings of safety, enhanced maternal–infant bonding, and perceived protection against postpartum depression. However, fewer than half of the women reported increased confidence, emotional empowerment, or improved ability to cope with labour pain, indicating that psychological support was insufficient in fostering empowerment and self-efficacy.

Analysis of associated factors showed that sociodemographic characteristics did not significantly predict the level of psychosocial support received. Instead, the actual receipt and quality of support were the strongest determinants of positive emotional and psychological experiences. A significant association between social support and psychological support further emphasized the interconnected nature of these care components, suggesting that deficiencies in one area negatively affect the overall childbirth experience.

conclusion, the study demonstrates that while psychological support particularly emotional reassurance is commonly provided to women during labour and after delivery in selected hospitals in Benin City, the overall quality, consistency, and comprehensiveness of psychosocial and social support remain inadequate. Critical gaps exist in companionship, spiritual care, cultural sensitivity, empowerment, and practical assistance. These findings underscore the need for healthcare providers, especially nurses and midwives, to adopt a more holistic, culturally appropriate, and woman-centered approach to maternity care. Strengthening psychosocial support systems has the potential to significantly improve maternal satisfaction, emotional well-being, and childbirth outcomes.

References

1. Al-Mutawtah, M., Campbell, E., Kubis, H. P., & Erjavec, M. (2023). Women's experiences of social support during pregnancy: a qualitative systematic review. *BMC Pregnancy and Childbirth*, 23(1), 782.
2. Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis. *Reproductive health*, 18(1), 162.
3. Brown, A., & Shenker, N. (2021). Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support. *Maternal & child nutrition*, 17(1), e13088.
4. Cho, H., Lee, K., Choi, E., Cho, H. N., Park, B., Suh, M. & Choi, K. S. (2022). Association between social support and postpartum depression. *Scientific reports*, 12(1), 3128.
5. Dag, I., & Deger, V. B. (2025). The Importance of Psychological Well-Being for Women: Ways to Cope with Stress and Postnatal Depression.
6. Dagla, M., Mrvoljak-Theodoropoulou, I., Vogiatzoglou, M., Giamalidou, A., Tsolaridou, E., Mavrou, M., & Antoniou, E. (2021). Association between breastfeeding duration and long-term midwifery-led support and psychosocial support: outcomes from a Greek non-randomized controlled perinatal health intervention. *International journal of environmental research and public health*, 18(4), 1988.
7. Garland McKinney, J. L., & Meinersmann, L. M. (2023). The cost of intersectionality: Motherhood, mental health, and the state of the country. *Journal of Social Issues*, 79(2), 596-616.
8. Grumi, S., Provenzi, L., Accorsi, P., Biasucci, G., Cavallini, A., Decembrino, L & Borgatti, R. (2021). Depression and anxiety in mothers who were pregnant during the COVID-19 outbreak in Northern Italy: the role of pandemic-related emotional stress and perceived social support. *Frontiers in Psychiatry*, 12, 716488.
9. Hijazi, H. H., Alyahya, M. S., Al Abdi, R. M., Alolayyan, M. N., Sindiani, A. M., Raffee, L. A, & Al Marzouqi, A. M. (2021). The impact of perceived social support during pregnancy on postpartum infant-focused anxieties: A prospective cohort study of mothers in Northern Jordan. *International journal of women's health*, 973-989.
10. Iwanowicz-Palus, G., Mróz, M., & Bień, A. (2021). Quality of life, social support and self-efficacy in women after a miscarriage. *Health and quality of life outcomes*, 19(1), 16.

11. Jackson, L., De Pascalis, L., Harrold, J. A., Fallon, V., & Silverio, S. A. (2021). Postpartum women's psychological experiences during the COVID-19 pandemic: a modified recurrent cross-sectional thematic analysis. *BMC pregnancy and childbirth*, 21(1), 625.
12. Jackson, L., Fallon, V., Harrold, J. A., & De Pascalis, L. (2024). Psychosocial predictors of post-natal anxiety and depression: Using Structural Equation Modelling to investigate the relationship between pressure to breastfeed, health care professional support, post-natal guilt and shame, and post-natal anxiety and depression within an infant feeding context. *Maternal & Child Nutrition*, 20(1), e13558.
13. Khademi, K., & Kaveh, M. H. (2024). Social support as a coping resource for psychosocial conditions in postpartum period: a systematic review and logic framework. *BMC psychology*, 12(1), 301.
14. Khan, B., Hameed, W., & Avan, B. I. (2023). Psychosocial support during childbirth: development and adaptation of WHO's Mental Health Gap Action Programme (mhGAP) for maternity care settings. *Plos one*, 18(5), e0285209.
15. Khoury, J. E., Atkinson, L., Bennett, T., Jack, S. M., & Gonzalez, A. (2021). COVID-19 and mental health during pregnancy: The importance of cognitive appraisal and social support. *Journal of affective disorders*, 282, 1161-1169.
16. Kukulskienė, M., & Žemaitienė, N. (2022, January). Experience of late miscarriage and practical implications for post-natal health care: qualitative study. In *Healthcare* (Vol. 10, No. 1, p. 79). MDPI.
17. Lee, J. Y., & Lee, E. (2022). What topics are women interested in during pregnancy: exploring the role of social media as informational and emotional support. *BMC pregnancy and childbirth*, 22(1), 517.
18. Leinweber, J., Fontein-Kuipers, Y., Karlsdottir, S. I., Ekström-Bergström, A., Nilsson, C., Stramrood, C., & Thomson, G. (2023). Developing a woman-centered, inclusive definition of positive childbirth experiences: A discussion paper. *Birth*, 50(2), 362-383.
19. Low, S. R., Bono, S. A., & Azmi, Z. (2023). The effect of emotional support on postpartum depression among postpartum mothers in Asia: A systematic review. *Asia-Pacific Psychiatry*, 15(2-3), e12528.
20. McLeish, J., Harvey, M., Redshaw, M., & Alderdice, F. (2021). A qualitative study of first time mothers' experiences of postnatal social support from health professionals in England. *Women and Birth*, 34(5), e451-e460.
21. Meaney, S., Leitao, S., Olander, E. K., Pope, J., & Matvienko-Sikar, K. (2022). The impact of COVID-19 on pregnant women's experiences and perceptions of antenatal maternity care, social support, and stress-reduction strategies. *Women and Birth*, 35(3), 307-316.
22. Myers, S., Page, A. E., & Emmott, E. H. (2021). The differential role of practical and emotional support in infant feeding experience in the UK. *Philosophical Transactions of the Royal Society B*, 376(1827), 20200034.
23. Ogbuagu, O. O., Mbata, A. O., Balogun, O. D., Oladapo, O., Ojo, O. O., & Muonde, M. U. R. I. D. Z. O. (2024). Expanding access to mental health in low-resource settings: Strategies for policy, supply chain, and implementation. *IRE Journals*, 7(9), 407-412.
24. Okeoma, O. C. (2024). Negligence of medical personnel in Nigeria A human right discuss. *The Journal of Social Sciences Studies and Research*, 4(06), 218-227.
25. Pebryatie, E., Paek, S. C., Sherer, P., & Meemon, N. (2022). Associations between spousal relationship, husband involvement, and postpartum depression among postpartum mothers in West Java, Indonesia. *Journal of Primary Care & Community Health*, 13, 21501319221088355.

26. Sangsawang, B., Deoisres, W., Hengudomsub, P., & Sangsawang, N. (2022). Effectiveness of psychosocial support provided by midwives and family on preventing postpartum depression among first-time adolescent mothers at 3-month follow-up: A randomised controlled trial. *Journal of Clinical Nursing*, 31(5-6), 689-702.
27. Sharifipour, F., Javadnoori, M., Moghadam, Z. B., Najafian, M., Cheraghian, B., & Abbaspoor, Z. (2022). Interventions to improve social support among postpartum mothers: A systematic review. *Health promotion perspectives*, 12(2), 141.
28. Sharifipour, F., Javadnoori, M., Moghadam, Z. B., Najafian, M., Cheraghian, B., & Abbaspoor, Z. (2023). Primiparous mothers' perception and expectations regarding social support during the postpartum period: A qualitative study. *Iranian journal of nursing and midwifery research*, 28(1), 38-46.
29. Tariq, N., Habib, M., Tariq, A., Noor, M., & Jamal, A. (2021). Impact of Covid-19 on post natal mental health. *Journal of Ayub Medical College Abbottabad*, 33(4), 654-658.
30. Venta, A., Bick, J., & Bechelli, J. (2021). COVID-19 threatens maternal mental health and infant development: possible paths from stress and isolation to adverse outcomes and a call for research and practice. *Child Psychiatry & Human Development*, 52(2), 200-204.
31. Viirman, F., Engström, A. H., Sjömark, J., Hesselman, S., Poromaa, I. S., Ljungman, L. & Wikman, A. (2023). Negative childbirth experience in relation to mode of birth and events during labour: a mixed methods study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 282, 146-154.
32. White, L. K., Kornfield, S. L., Himes, M. M., Forkpa, M., Waller, R., Njoroge, W. F. & Gur, R. E. (2023). The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic. *Archives of women's mental health*, 26(4), 531-541.
33. World Health Organization. (2022) WHO guide for integration of perinatal mental health in maternal and child health services. <https://www.who.int/publications/i/item/9789240057142>
34. Yue, C., Liu, C., Wang, J., Zhang, M., Wu, H., Li, C., & Yang, X. (2021). Association between social support and anxiety among pregnant women in the third trimester during the coronavirus disease 2019 (COVID-19) epidemic in Qingdao, China: The mediating effect of risk perception. *International Journal of Social Psychiatry*, 67(2), 120-127.