

The role of social support in the mental health of primiparous mothers postpartum: A systematic review

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Abstract: The postpartum period is a critical transition for primiparous mothers and is associated with an increased risk of mental health problems, particularly depression and anxiety. This systematic review aims to examine the role of social support in maintaining the mental well-being of first-time mothers. The review was conducted following PRISMA guidelines by analyzing articles published between 2015 and 2025 from PubMed, SpringerLink, ScienceDirect, and Google Scholar using relevant keywords. A total of 20 eligible studies were included in the analysis. The findings indicate that partner support is the most effective form of social support, significantly reducing depressive and anxiety symptoms while enhancing maternal self-efficacy and mother-infant bonding. Support from family members, friends, and community networks also contributes to stress reduction, decreased loneliness, and better adaptation to the maternal role. Additionally, adequate social support was associated with improved breastfeeding outcomes. In conclusion, social support, particularly from partners, plays a vital role in protecting the mental health of primiparous mothers. These findings emphasize the importance of strengthening family- and community-based support interventions to promote maternal mental well-being during the postpartum period. This study did not require ethical approval as it involved secondary data, and no conflicts of interest were declared.

Keywords: *Maternal self-efficacy, Partner support, Postpartum anxiety, Postpartum depression, Postpartum mental health, Primiparous mothers, Social support.*

1. Introduction

Maternal mental health in the postpartum period is a vital aspect of maintaining a woman's health because it directly impacts the welfare of the mother, baby, and family. Disorders like postpartum depression (PPD), anxiety, and stress are common, with global prevalence ranging from 10% to 20%, reaching 60% in some populations [1, 2]. If not handled, disturbance can bother bond between mother and child and contribute to emotional and behavioral disorders [3] development in children. The prevalence of PPD varies based on the social and geographical context; in developed countries, around 10%–20% of mothers experience it [4], while in Asia, the figures are Can reached 60.8% [5]. Factors like social isolation, economic pressure, and limited access to health services make things worse risk of mental disorders in mothers [6-8].

Impact disturbance postpartum mental health is not only limited to the mother but also affects children and family relationships as a whole. Stigma against disturbance adds psychological burden to the mother because many feel embarrassed or reluctant to look for professional help [9]. However,

maternal mental health is very important for the emotional and psychological well-being of the child as well as harmonious relations in the family [10, 11].

Supporting social becomes a significant factor in protecting maternal mental health. It provides emotional, informational, and practical help from couples, family, friends, and the community. Social support is influenced by social and cultural contexts. In some collectivist cultures, the role of family, especially grandparents, increases maternal welfare and reduces parenting burdens [12]. In addition, support for strong social relations is also closely related to the psychological development of older children [13]. Several obstacles can obstruct access to social support, such as cultural norms that stigmatize psychological help, social isolation, and inequality. Economic crises further limit social interaction, increasing the risk of mental disorders in mothers [14, 15]. Therefore, intervention strategies that emphasize the importance of building and maintaining social support networks are crucial.

Based on this background, this study aims to systematically review recent studies evaluating the role of social support on the mental health of primiparous mothers in the postpartum period. The novelty of this study lies in its specific focus on first-time mothers (primiparous mothers), who tend to experience greater emotional distress due to new and unfamiliar role transitions.

2. Search Method

This study used a systematic review method to evaluate the role of social support in the mental health of primiparous mothers during the postpartum period. It was structured according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency and traceability in the process of identifying, screening, and selecting studies, as shown in the PRISMA Flowchart (Figure 1).

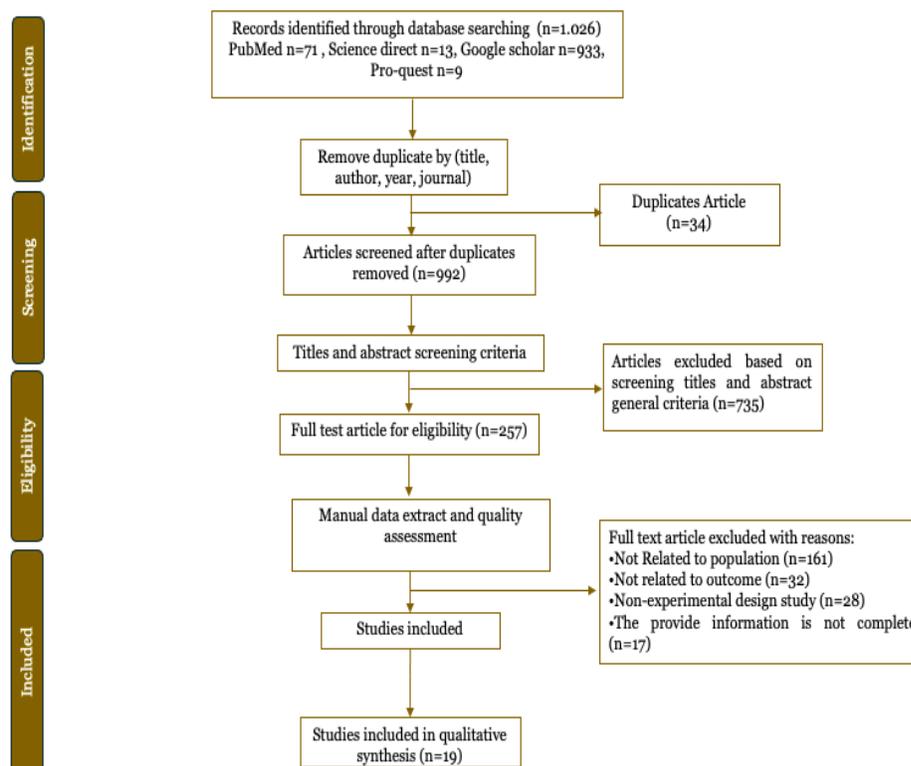


Figure 1.
PRISMA Flowchart.

2.1. Definition of Anemia

Anemia is a condition with a decrease in hemoglobin (Hb) levels and the number of red blood cells below average values, so they are insufficient to meet a person's body's physiological needs [7]. As a consequence, laboratory examinations will show a decrease in the amount of hemoglobin (HGB), hematocrit value (HCT), and number of red blood cells (RBC) [8]. Anemia is often viewed in the US as a disease in itself, even though it is only a symptom or manifestation of another underlying disease (9). Hemoglobin levels in the blood are categorized to determine anemia status. According to the WHO, hemoglobin levels indicating anemia vary by age and gender [7]. The threshold for anemia can be seen in Table 1.

3. Results and Discussion

3.1. Eligibility Criteria

Criteria for inclusion in studies: (1) published studies in peer-reviewed journals, (2) studies evaluating the connection between social support and mental health in primiparous mothers during the postpartum period (up to 12 months) after giving birth, (3) studies using a quantitative design (including randomized controlled trials, cohort, or cross-sectional). Study exclusion includes: (1) review articles, comments, or case reports, (2) studies that do not differentiate between primipara and multipara, and (3) articles not available in English.

3.2. Search Strategy

Search literature done in a systematic way using electronic databases including PubMed, Springer Link, ScienceDirect, and Google Scholar. The keywords used included: “postpartum,” “primiparous mothers,” “maternal mental health,” “social support,” “postpartum depression,” and “anxiety,” which are combined using Boolean operators (AND, OR). The publication timeframe was limited to January 2015 to March 2025 to obtain the most recent and relevant data. The reference lists of included studies were also searched for additional relevant literature (snowballing).

3.3. Study Selection

All articles identified through the initial search process were entered into Mendeley, a reference management software, and duplicates were removed. Two independent researchers screened titles and abstracts, then evaluated the full texts of relevant articles. Discrepancies in study selection were resolved through discussion and the involvement of a third researcher as a mediator.

3.4. Data Extraction

Data from selected studies were extracted using a standardized form that included the following information: author name, year of publication, study location, study design, participant characteristics (age, baseline sample size, and study sample size), the type of social support measured, and the primary outcomes related to social support and mental health. The validity and reliability of the instruments in each study were also recorded for quality analysis purposes.

Table 1.
The Characteristic Data Extraction of Studies.

Study	Year	Country	Design	Age (yr)	Baseline sample size	End of Study Sample size
Tania et al. [16]	2022	Spain	Cross-sectional Study	30-40	102	102
Maleki-Saghooni et al. [17]	2023	India	cross-sectional study	18-30	161	161
Annisa and Hermaleni [18]	2023	Indonesia	Cross-sectional Study	18-38	40	40
Bassi et al. [19]	2017	Italy	observational study	33	39	38
Martinez et al. [20]	2022	Argentina	Cohort Study	24-26	49,185	49,185
Thwin et al. [21]	2023	Myanmar	RCT	18-35	36	36
Nezamodini et al. [22]	2017	Iran	Cross-sectional study	38	465	465
Eslahi et al. [23]	2020	Iran	Cross-sectional study	27-32	250	248
Minas and Ganga-Limando [24]	2016	Ethiopia	Cohort Study	17-40	233	233
Hickey et al. [25]	2019	Ireland	Cross-sectional study	31	190	190
Hoffmann et al. [26]	2020	Australia	Mixed-method	<17	5087	5087
Hudson et al. [27]	2016	USA	Longitudinal Study	<18	35	32
Maleki-Saghooni et al. [17]	2019	Iran	Cross-sectional study	23	300	300
Li et al. [28]	2021	China	RCT	27	44	40
White-Traut et al. [29]	2021	USA	Longitudinal Study	>15	194	194
Saeieh et al. [30]	2017	Iran	Longitudinal Study	28	100	100
Razurel and Kaiser [31]	2015	Swiss	Longitudinal Study	21-43	235	176
Cinar et al. [32]	2015	Turkey	Cross-sectional study	25	122	122
Osenga [33]	2019	Canada	Longitudinal Study	18-43	201	201

3.5. Quality Assessment

The authors conducted a quality analysis using the JBI Critical Appraisal Checklist for Cross-sectional, JBI for Randomized Controlled Trials, and JBI for Cohorts available at JBI Global (Joanna Briggs Institute) to assess the quality of the included articles and the risk of bias in each study. This method was chosen to evaluate whether the review followed available guidelines and to identify potential areas for improvement. The questions used for quality assessment can be found in Table 2, Table 3, and Table 4.

Table 2.
JBI Critical Appraisal Checklist for Cross-sectional Studies (n= 7) and Mixed-Method Studies (n=1).

Authors	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Risk
Tania et al. [16]	√	√	√	√	√	√	√	√	Low
Preksha et al. [34]	√	√	√	√	√	√	√	√	Low
Annisa and Hermaleni [18]	√	√	√	√	√	√	√	√	Low
Jalal et al. [35]	√	√	√	√	√	√	√	√	Low
Eslahi et al. [23]	√	√	√	√	√	√	√	√	Low
Hickey et al. [25]	√	√	√	√	√	√	√	√	Low
Maleki-Saghooni et al. [17]	√	√	√	√	√	√	√	√	Low
Cinar et al. [32]	√	√	√	√	√	√	√	√	Low
Hoffmann et al. [26]	Yes	Low							

Q1 Are the criteria for inclusion in the sample clearly defined?

Q2 Were the study subjects and the setting described in detail?

Q3 Was the exposure measured in a valid and reliable way?

Q4 Are objective, standard criteria used for measurement of the condition?

Q5 Were confounding factors identified?

Q6 Were strategies to deal with confounding factors stated?

Q7 Are the outcomes measured in a valid and reliable way?

Q8 Was an appropriate statistical analysis used?

Table 3.
JBI Critical Appraisal Checklist for Randomized Controlled Trials Studies (n=2).

Authors	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Risk
Thwin, et al. [21]	√	√	√	√	√	√	√	√	√
Li, et al. [28]	√	√	√	√	√	√	√	√	√

Q1 Was the study employed randomization to allocate participants to treatment groups?

Q2 Was allocation to treatment groups concealed?

Q3 Were treatment groups similar at the baseline?

Q4 Were participants blind to the treatment assignment?

Q5 Were those delivering treatment blind to the treatment assignment?

Q6 Were outcomes assessors blind to the treatment assignment?

Q7 Were treatment groups treated identically, other than the intervention of interest?

Q8 Was the follow-up complete, and if not, were the differences between groups in terms of their follow-up thoroughly described and analyzed?

Q9 Were participants analyzed in the groups to which they were randomized?

Q10 Were outcomes measured in the same way as treatment groups?

Q11 Are outcomes measured in a reliable way?

Q12 Was an appropriate statistical analysis used?

Q13 Was the trial design appropriate, and were any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trials?

3.6. Data Analysis

Review a systematic review involving a synthesis of qualitative studies discussing the role of social support in supporting the mental health of primiparous mothers during the postpartum period. Extracted data covers main findings about types of social support (emotional, instrumental, and informational), sources of support (partner, family, friends, community), and mental health outcomes. Analysis compares study designs, intervention characteristics, and respondent demographics to identify consistent trends and patterns, including the influence of social and cultural contexts on support effectiveness. The goal of this analysis is to understand how social support functions as a protective factor against postpartum mental disorders in primiparous mothers.

4. Results and Discussion

Summary review systematic study. This is presented in Table 4, which shows comparison studies from various countries regarding social support in primiparous mothers. The table covers aspects such as the type of assessment used, the outcomes measured, and the main findings or results of each study discussed. These studies evaluate the influence of social support in the context of primiparous mothers, noting variables that may influence the welfare of mother and baby. The results provide insight into the role of social support in the adaptation process of primiparous mothers, including emotional, psychological, and physical aspects. These studies also demonstrate diverse approaches and findings across different countries, enriching the understanding of the importance of social support for first-time mothers after childbirth.

Table 4.
 JBI Critical Appraisal Checklist for Randomized Controlled Trials Studies (n=2).

Authors	Assessment	Outcomes	Result
Tania et al. [16]	Perceived social support and mental health	Perception Variables Support Social, measured with the Duke-UNC-11 Functional Social Support Questionnaire	A total of 75.8% of mothers received normal social support during the pandemic, with adequate confidential support and low affective support. Higher levels of social support were associated with better mental health. Primiparous mothers received higher levels of confidential support, with no differences based on infant feeding method.
Preksha et al. [34]	Perceived social support was assessed using the standardized Multi-dimensional Scale of Perceived Social Support (MDSPPSS)	Support level perceived social categorized as Bad (12-30), Fair (31-60), and Good (61-90).	90.7% of primiparous mothers felt good social support; these results are useful for providing social support that helps primiparous mothers' adjustment.
Annisa and Hermaleni [18]	Husband's social support scale based on Sarafino's theory	Level of social support from husband and breastfeeding self-efficacy in primiparous mothers.	The majority of mothers received moderate social support from their husbands (70%) and moderate breastfeeding self-efficacy (55%). Higher levels of social support from their husbands increased breastfeeding self-efficacy in primiparous mothers.
Bassi et al. [19]	Psychological Well-being Scales	Depression level, Well-being, Psychological, and social support in primipara.	There isn't any significant difference in depression levels between groups; primiparous women showed more psychological welfare after personal growth and self-acceptance increased significantly in primiparous women after childbirth.
Martinez et al. [20]	Birth weight (SGA, AGA, LGA classification), maternal variables (age, BMI, education, etc.)	Environmental Factors, including support for social.	Supportive social networks can help primiparous mothers manage stress and improve health during pregnancy, reducing the risk of the birth of SGA or LGA babies. Mothers with good social support tend to be more capable of maintaining healthy life patterns.
Thwin et al. [21]	Baseline (32-36 weeks of pregnancy) and 6 weeks postpartum	Knowledge maintenance, self-postpartum support, social, efficacy self-postpartum	Significant improvement in the group intervention in all results compared to the control group.
Jalal et al. [35]	Anxiety, depression, stress, perceived social support, and breastfeeding behavior	Exclusive breastfeeding prevalence (68.4%), a significant relationship with social support	Maternal anxiety generally significantly reduces the opportunity for mothers to provide exclusive breastfeeding. Strong social support can help reduce this anxiety and increase the likelihood of successful breastfeeding.
Eslahi et al. [23]	Postpartum Partner Support Scale (PPSS), Edinburgh Postpartum Depression Scale (EPDS)	Spouse's support, life satisfaction	Inverse relationship between spousal support and postpartum depression.

Minas and Ganga-Limando [24]	Breastfeeding self-efficacy, outcome expectancy, and socio-structural factors	Exclusive breastfeeding (EBF) practice and social support	A predictor significant for exclusive breastfeeding is the efficacy of self-breastfeeding and hope for results. Social support can strengthen both, increasing mothers' opportunities to succeed in exclusive breastfeeding.
Hickey et al. [25]	Depressive symptoms, parenting self-efficacy, emotional support, and cognitive stimulation	Parent well-being, parenting attitudes, and home environment	A mother with low social support and depression has lower self-efficacy, and a poor environment and emotional support affect their welfare negatively, impacting overall well-being and stability.
Hoffmann et al. [26]	Longitudinal Survey (LSAC), In-depth Interviews, Focus Groups	Social support, relationship with family, and informational support	Primiparous mothers who are younger accept more support from non-resident families and have a positive connection with their mother, who helps them face pregnancy challenges.
Hudson et al. [27]	Social Support Measure	Emotional support, loneliness, and self-esteem	Support emotional own correlation positive with price self, while support problematic social related with a sense of loneliness.
Maleki-Saghooni et al. [17]	Breastfeeding Self-Efficacy Scale, Perceived Social Support Questionnaire	Social support's relationship with breastfeeding self-efficacy	Support social own correlation significant positive with self-efficacy in breastfeeding.
Li et al. [28]	Postpartum Social Support Scale (PSSS)	Maternal Self-Efficacy (MSE), Postpartum Depression (PPD), Social Support	Group intervention shows higher MSE, lower PPD, and supports higher social at T1.
White-Traut et al. [29]	Social support, Mental health (PHQ-9), Parenting practices (observed home environment)	Relationship between social support and maternal mental health and parenting outcomes	Support social relationships related to better mental health outcomes, good, and more nurturing. A mother with more support has better results; low support results are bad.
Saeieh et al. [30]	Perceived Social Support (PSS)	Social support during postpartum	Support social own connection directly with a competent mother at 6 and 16 weeks postpartum. Competence Mother decreases during research, but support social remains stable. Support perceived social.
Razurel and Kaiser [31]	Social Support Satisfaction Scale, STAI (State-Trait Anxiety Inventory)	Depressive symptoms, Anxiety, Parental self-efficacy, Social support satisfaction	Support from mother and partner correlates positively with anxiety and depression symptoms, while efficacy and self-esteem are higher in the postnatal period, indicating complex emotional and psychological dynamics during this time.
Cinar et al. [32]	Multidimensional Scale of Perceived Social Support (MSPSS), Breast-feeding Self-Efficacy Scale (BSES-SF)	Maternal attachment, perceived social support, and breastfeeding sufficiency	There is a positive current correlation between maternal attachment (MAI) and breastfeeding adequacy (BSES-SF). Social support from family (MSPSS) also positively impacts breastfeeding sufficiency.
Unternährer et al. [36]	Parental Bonding Instrument (PBI), Center for Epidemiological Studies Depression Scale (CES-D)	Parenting stress, maternal depression, care regulation, and social support	Childhood maltreatment and maternal parenting predict parenting stress. Support social and path regulations mediate effects on parenting.

This study aims to study the impact of social support from various aspects, such as husband, parents, friends, and mental health. The table shows that most studies report a positive correlation. Additionally, the study highlights that social support from family positively influences breastfeeding adequacy. However, some studies indicate that the impact of attachment and support can vary depending on factors like adequate support and resource support (partner, family, friends, health workers). These varied results suggest that although maternal attachment and social support can increase breastfeeding success, their effectiveness largely depends on individual conditions and existing support systems.

5. Conclusion

Conclusion of review: This confirms that social support plays a crucial role in safeguarding the mental health of primiparous mothers during the postpartum period. Among various forms of support analyzed, support from the partner (husband) is the most effective. This effectiveness is seen through his abilities to increase the mother's self-efficacy, reduce the risk of depression and anxiety, and strengthen emotional attachment between mother and baby. The success of partner support is driven by emotional proximity, direct involvement in parenting, and consistency in providing practical and emotional support in daily life. Additionally, the partner's role as a central figure in the mother's life makes him the most influential support source. Support from family and friends also proves helpful, especially in reducing loneliness and providing experience and relevant information. However, the impact is maximized when support from the couple is also present. Therefore, efforts to improve the mental health of primiparous mothers should focus on strengthening the couple's role and integrating broader social support through community and health services to create a comprehensive and sustainable support system.

Institutional Review Board Statement:

Based on the literature review content, considerations of ethics are explicitly stated at the end of the document. This research states no need for ethics approval ("Ethics approval: Not required"), which is appropriate because this is a systematic review using secondary data from published articles and not involving human subjects directly.

Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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