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REVIEW ARTICLE / DERLEME YAZISI

Mental Health Challenges During the Perinatal Period and Preventive Midwifery Approaches

Perinatal Dönemde Ruh Sağlığı Güçlükleri ve Koruyucu Ebelik Yaklaşımları

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Abstract:

This narrative review aims to examine mental health problems observed during the perinatal period and to evaluate the preventive roles of midwives. The perinatal period is a critical transitional phase characterized by intense biological, psychological, and social changes, during which emerging mental health problems affect both maternal and infant outcomes. A literature search was conducted in PubMed, Scopus, Web of Science, TR Index, and Google Scholar for English and Turkish studies published between January 2010 and October 2025. A total of 50 peer-reviewed studies meeting the inclusion criteria were analyzed using thematic analysis. Findings indicate that the most common perinatal mental health problems are anxiety, depression, fear of childbirth, and birth-related trauma. An increasing trend in the prevalence of these conditions has been observed in the post-pandemic period. Evidence highlights that woman-centered and continuity-based midwifery models play a critical role in early risk identification, provision of psychosocial support, and appropriate referral processes. However, significant gaps remain in midwives' mental health literacy, the standardized use of screening tools, and referral systems. In conclusion, integrating mental health–sensitive midwifery practices into routine maternal healthcare, supported by structured screening–referral–follow-up mechanisms, interdisciplinary collaboration, and strengthened education programs, can lead to sustainable improvements in maternal and infant health outcomes.

Keywords: Mental health, Perinatal period, Well-being, Midwifery.

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Öz:

Bu anlatısal derleme, perinatal dönemde görülen ruh sağlığı sorunlarını incelemeyi ve ebelerin koruyucu rollerini değerlendirmeyi amaçlamaktadır. Perinatal dönem, kadınların yoğun biyolojik, psikolojik ve sosyal değişimler yaşadığı kritik bir geçiş sürecidir ve bu süreçte ortaya çıkan ruh sağlığı sorunları hem anne hem de bebek sağlığını etkilemektedir. Ocak 2010–Ekim 2025 tarihleri arasında PubMed, Scopus, Web of Science, TR Index ve Google Scholar veritabanlarında yayımlanan İngilizce ve Türkçe çalışmalar taranmış, dahil edilme kriterlerini karşılayan 50 hakemli çalışma tematik analiz ile değerlendirilmiştir. Bulgular, perinatal dönemde en sık görülen ruh sağlığı sorunlarının anksiyete, depresyon, doğum korkusu ve doğumla ilişkili travma olduğunu göstermektedir. Pandemi sonrası dönemde bu sorunların prevalansında artış eğilimi dikkat çekmektedir. Kanıtlar, kadın merkezli ve bakımın sürekliliğine dayalı ebelik modellerinin erken risk belirleme, psikososyal destek sağlama ve uygun yönlendirme süreçlerinde kritik bir rol oynadığını ortaya koymaktadır. Bununla birlikte, ebelerin ruh sağlığı okuryazarlığı, standart tarama araçlarının kullanımı ve yönlendirme sistemlerinde önemli eksiklikler bulunmaktadır. Sonuç olarak, perinatal ruh sağlığına duyarlı ebelik uygulamalarının rutin anne sağlığı hizmetlerine entegrasyonu; yapılandırılmış tarama–sevk–takip mekanizmaları, disiplinler arası iş birliği ve güçlendirilmiş eğitim programları ile desteklendiğinde, anne ve bebek sağlığı üzerinde sürdürülebilir iyileşmeler sağlayabilir.

Anahtar Kelimeler: Ruh sağlığı, Perinatal dönem, İyilik hâli, Ebelik.

Introduction

The perinatal period, encompassing pregnancy and the first year postpartum, represents a critical developmental phase characterized by profound biological, psychological, and social transitions. During this period, women are particularly vulnerable to mental health problems that can affect not only maternal well-being but also fetal development, mother–infant bonding, and long-term child outcomes (Stein et al., 2014; Massaer et al., 2025). Perinatal mental health exists on a continuum ranging from psychological well-being to clinically significant disorders, requiring both preventive and therapeutic approaches.

Anxiety and depression are among the most prevalent mental health problems during the perinatal period and constitute a growing global public health concern (Dennis et al., 2017; Racine et al., 2021). Recent evidence suggests that prevalence rates have increased significantly following the COVID-19 pandemic, particularly in low- and middle-income countries (Roddy Mitchell et al., 2023; Fancourt et al., 2025). These conditions are associated with adverse obstetric outcomes such as preterm birth and low birth weight, as well as long-term developmental risks for children (Field, 2018; Stein et al., 2014). Socioeconomic stress, inequalities in access to healthcare, and insufficient social support are key determinants contributing to this burden (Al-Humadi et al., 2025).

The biopsychosocial model provides a comprehensive framework for understanding perinatal mental health by emphasizing the interaction of biological, psychological, and social determinants (Engel, 1977; Wadephul et al., 2020). Within this framework, woman-centered care has emerged as a fundamental approach to improving perinatal outcomes. This model prioritizes respect, individualized support, shared decision-making, and continuity of care, all of which are associated with improved psychological and clinical outcomes (Nilsson et al., 2018; Cummins et al., 2025).

Midwives play a central role in implementing these approaches due to their continuous contact with women throughout pregnancy, childbirth, and the postpartum period. Evidence indicates that midwives contribute significantly to the early identification of mental health problems, the provision of psychosocial support, and the facilitation of continuity of care (Cibralic et al., 2023; Doi et al., 2025). However, despite this critical role, important gaps remain in midwives' mental health literacy, the standardized use of screening tools, and the implementation of structured referral systems (ElKhalil et al., 2025; Kassier & Madlala, 2018).

In Türkiye, awareness of perinatal mental health has increased in recent years; however, routine implementation of standardized screening tools and structured referral pathways remains limited. Existing research is predominantly descriptive, focusing on prevalence and risk factors rather than evaluating the effectiveness of interventions (Yılmaz & Yar, 2021). This gap highlights the need for a comprehensive synthesis of current evidence to better understand both the challenges and opportunities in perinatal mental healthcare. Therefore, this narrative review aims to synthesize current evidence on perinatal mental health challenges and to evaluate preventive and supportive midwifery approaches within a biopsychosocial and woman-centered care framework.

Method

This study was designed as a narrative review aiming to provide an integrative and critical synthesis of heterogeneous evidence on perinatal mental health and midwifery practices. A comprehensive literature search was conducted in PubMed, Scopus, Web of Science, TR Index, and Google Scholar for studies published between January 2010 and October 2025 in English and Turkish. Search terms were developed to cover both perinatal mental health and midwifery practices and were combined using Boolean operators ("AND", "OR"). Keywords included prenatal and postnatal mental health, maternal mental health, midwifery, continuity of care, woman-centered care, trauma-informed care, digital health, postpartum depression, anxiety, psychological well-being, and psychosocial support. Searches were performed in titles, abstracts, and keywords.

Studies were included if they focused on the perinatal period (from the 22nd week of pregnancy to the first year postpartum), addressed maternal mental health outcomes such as anxiety, depression, fear of childbirth, trauma-related symptoms, postpartum depression, or psychosis, and examined midwifery practices, care models,

interventions, or professional roles. Only original research articles, systematic reviews, and meta-analyses published in peer-reviewed journals were included. Editorials, opinion papers, case reports, conference abstracts, studies without full text, duplicate records, and studies unrelated to perinatal mental health or midwifery practice were excluded.

The search initially yielded 72 records, of which 12 duplicates were removed. Following title and abstract screening, 10 studies were excluded due to irrelevance or lack of full text. A total of 50 studies met the inclusion criteria and were included in the final analysis. Study selection was conducted independently by two researchers, and disagreements were resolved through discussion, with consultation of a third reviewer when necessary.

Due to methodological heterogeneity, quantitative synthesis was not performed. Instead, thematic content analysis was applied. Data extraction focused on study characteristics, mental health outcomes, and midwifery-related findings. The studies were categorized into three main themes: (i) mental health problems during pregnancy, (ii) mental health problems in the postpartum period, and (iii) preventive and supportive midwifery approaches. In addition, sociocultural factors such as gender roles, social support, and cultural perceptions of motherhood were considered, particularly within the Turkish context. As this was a narrative review, no formal risk-of-bias assessment tool was used; however, studies were critically evaluated for design, sample characteristics, and relevance to the research aim.

Findings

Mental Health Challenges During Pregnancy

Anxiety and Depression

Anxiety and depression are the most common mental health problems during the prenatal period, ranging from mild distress to clinically significant disorders (Dennis et al., 2017; Racine et al., 2021). Prevalence estimates suggest that symptoms affect approximately 10–25% of pregnant women under typical conditions, increasing to 25–40% in the post-pandemic period (Tomfohr-Madsen et al., 2021; Ghazanfarpour et al., 2022). These conditions are associated with adverse outcomes, including preterm birth, low birth weight, impaired maternal functioning, and difficulties in mother–infant bonding (Field, 2018). These findings indicate that prenatal mental health problems are not only common but also clinically significant, underscoring the need for systematic screening and early intervention within routine antenatal care.

Fear of Childbirth (Tokophobia)

Fear of childbirth is defined as an intense and persistent fear that extends beyond situational anxiety and negatively affects women's psychological well-being (Nilsson et al., 2018). Prevalence ranges between 6% and 15%, varying across contexts (O'Connell et al., 2021). It is commonly associated with fear of pain, loss of control, and previous negative birth experiences.

Severe fear of childbirth is linked to increased medical interventions, including elective cesarean section requests, indicating its clinical relevance not only for mental health but also for obstetric outcomes.

Mental Health Challenges in the Postpartum Period

Postpartum Blues

Postpartum blues is a common, transient condition characterized by mood instability, irritability, and sleep

disturbances, typically occurring within the first two weeks postpartum (ACOG, 2015). It affects approximately 50–85% of women and is considered a significant risk factor for postpartum depression. Although self-limiting, its high prevalence highlights the importance of early psychosocial monitoring in the immediate postpartum period.

Postpartum Anxiety

Postpartum anxiety includes a spectrum of symptoms from mild distress to clinically significant disorders (Dennis et al., 2017). Prevalence estimates indicate that symptoms affect 15–40% of women, with clinically significant anxiety in approximately 9–10% (Racine et al., 2021).

Elevated maternal anxiety is associated with impaired mother–infant interaction and adverse child socio-emotional outcomes, emphasizing its importance in early postnatal assessment.

Postpartum Depression

Postpartum depression is one of the most prevalent perinatal mental health disorders, with global rates estimated at 10–20% and higher prevalence in low- and middle-income settings (WHO, 2016). It is associated with impaired maternal functioning and adverse child developmental outcomes (Stein et al., 2014). These findings reinforce the importance of early identification through validated screening tools and timely referral to appropriate care services.

Birth Trauma

Childbirth may be experienced as traumatic, particularly in cases involving loss of control, inadequate support, or perceived threats to safety (Keedle et al., 2025). Such experiences are associated with increased risk of post-traumatic stress symptoms and impaired bonding (Polte et al., 2019). Birth trauma may also influence future reproductive decisions and highlights the importance of supportive and respectful maternity care.

Postpartum Psychosis

Postpartum psychosis is a rare but severe psychiatric emergency occurring in approximately 1–2 per 1000 births (NICE, 2022). It is characterized by severe mood disturbances, hallucinations, and disorganized behavior, with significant risk for maternal and infant safety. Its severity underscores the need for immediate recognition and urgent multidisciplinary intervention.

Preventive Approaches for Women's Mental Health During the Prenatal and Postnatal Periods

Protecting perinatal mental health involves reducing psychosocial risks, strengthening maternal resilience, and ensuring early identification and supportive interventions. Midwives play a central role in high-risk cases through screening, counseling, education, follow-up, and referral.

Psychosocial support includes the use of standardized tools (e.g., EPDS, GAD-7), individualized counseling, and educational interventions that enhance mental health literacy and promote help-seeking behaviors (WHO, 2016; NICE, 2022; Dişsiz et al., 2023). Continuity of care enables monitoring of symptoms and evaluation of interventions, while midwife-led, community-based

models integrating screening, counseling, and referral improve maternal mental health outcomes and mother–infant bonding (WHO, 2022; Robinson & Kaushal, 2025). Overall, preventive midwifery practices contribute to the protection and promotion of perinatal mental health at both individual and public health levels.

Prenatal Psychosocial Counseling

Prenatal care supports maternal and fetal health by identifying physiological, psychological, and environmental risks early and providing continuous counseling. The WHO emphasizes a woman-centered approach that includes emotional well-being, social context, and individual needs to promote a positive pregnancy experience (WHO, 2016; WHO, 2022). Psychosocial counseling strengthens mental well-being, enhances social support, reduces stress, and facilitates adaptation to parenthood. Approaches based on respectful communication, shared decision-making, and continuity of care improve engagement with services. Integrating trauma-informed screening for psychosocial risks, including intimate partner violence, enables early identification and timely referral of high-risk cases (Keedle et al., 2025).

Childbirth Preparation Classes

Midwife-led childbirth preparation classes address the physiology of birth, pain management, and coping strategies. Participation is associated with higher birth satisfaction, more positive experiences, and an increased sense of control (Dişsiz et al., 2023). By improving self-efficacy and addressing negative beliefs, these programs reduce fear of childbirth, with consistent evidence of enhanced perceived control and lower fear levels (Nilsson et al., 2018; O'Connell et al., 2021). They also support psychosocial adaptation to motherhood and represent a key woman-centered preventive approach to maternal mental health (Cummins et al., 2025; Robinson & Kaushal, 2025).

Supportive Care During Childbirth

The WHO recommends continuous, woman-centered support during childbirth, including the ongoing presence of a trained professional who provides physical, emotional, and informational support (Nilsson et al., 2018). Evidence shows that such care improves obstetric and psychosocial outcomes, including higher rates of spontaneous vaginal birth, shorter labor, reduced interventions, and greater maternal satisfaction, with lower fear and anxiety (Hodnett et al., 2013; Bohren et al., 2017). Integrated into routine care, continuous support plays a key role in protecting perinatal mental health and promoting holistic maternal care (Nilsson et al., 2018; Keedle et al., 2025).

Postpartum Skin-to-Skin Contact

Skin-to-skin contact (SSC) refers to placing the naked newborn on the mother's bare chest immediately after birth. The WHO recommends its routine implementation for all births, provided that maternal and neonatal conditions are stable, and considers it a key component of respectful, evidence-based care (Nilsson et al., 2018). Evidence shows that SSC promotes early initiation of breastfeeding, enhances mother–infant bonding, and supports neonatal physiological adaptation by regulating heart rate, temperature, respiration, and glucose levels, while increasing maternal oxytocin release (Cooijmans et al., 2017). Within midwife-led care models, SSC is a cost-effective intervention integrating physical and psychosocial benefits. Midwives play a central role in initiating and sustaining this practice, thereby supporting maternal mental health and early bonding (Stein et al., 2014; Nilsson et al., 2018).

Early Initiation and Continuation of Breastfeeding

The WHO and UNICEF recommend initiating breastfeeding within the first hour after birth, maintaining exclusive breastfeeding for six months, and continuing alongside complementary feeding thereafter (WHO, 2018; UNICEF, 2019). Early initiation supports maternal mental health and mother–infant interaction by reducing stress, enhancing emotional regulation, and increasing oxytocin levels, thereby lowering the risk of depression and anxiety and strengthening maternal confidence (Field, 2018; Netsi et al., 2023). For infants, breastfeeding promotes immune function, healthy microbiota, and long-term cognitive and emotional development, while reducing morbidity and mortality (WHO, 2018; UNICEF, 2019; TNSA, 2018). Within midwife-led care, breastfeeding is supported through individualized counseling and encouragement, contributing to both physical and psychosocial outcomes in the perinatal period (Cibralic et al., 2023; Robinson & Kaushal, 2025).

Debriefing the Birth Experience

Debriefing is a structured, supportive approach that helps women process and interpret negatively perceived birth experiences (Bastos et al., 2015; O'Connell et al., 2021). It is used to reduce early postpartum distress and prevent the consolidation of negative memories in women experiencing trauma-related symptoms (Garthus-Niegel et al., 2013; Bastos et al., 2015). Through guided reflection, women are supported in expressing their experiences and reconstructing meaning, thereby improving emotional adjustment. Evidence suggests that debriefing can reduce subclinical post-traumatic stress symptoms, enhance sense of control, and support postpartum adaptation (Ayers et al., 2006; Bastos et al., 2015). In midwife-led care, debriefing can be integrated into routine follow-up as a brief psychosocial intervention to promote emotional regulation, self-efficacy, and resilience during the transition to motherhood (O'Connell et al., 2021).

Postpartum Follow-up and Counseling

The postpartum period carries both physiological and psychosocial risks for both the mother and the infant. The World Health Organization (WHO) recommends that healthy mothers and newborns be observed in a healthcare facility for at least 24 hours after birth (WHO, 2016). During postpartum follow-ups, midwives should evaluate the woman's mood, level of social support, and adaptation to parenthood, providing psychological counseling when necessary or making referrals for further evaluation (Çevik & Vurgeç, 2022).

Mindfulness and Self-Compassion Approaches

Mindfulness and self-compassion practices support mental well-being by enhancing women's abilities to cope with stress, anxiety, and depression (Pan et al., 2019). These practices increase self-awareness and strengthen parental satisfaction and self-efficacy by reducing feelings of guilt and inadequacy (Hulsbosch et al., 2021).

Mind-Body Interaction Practices

Mind–body practices, including yoga, meditation, music therapy, and aromatherapy, are used as complementary approaches to support perinatal mental health. Their

application should be individualized according to the physiological and psychological characteristics of each stage of the perinatal period (Corbijn van Willenswaard et al., 2017; Pan et al., 2019; Tsai et al., 2019). Evidence suggests that practices such as prenatal yoga, mindfulness, relaxation techniques, and music therapy can reduce

anxiety, support coping, and facilitate emotional adjustment across the perinatal period when appropriately adapted to maternal condition (Tsai et al., 2019). Within midwifery care, these approaches are tailored to individual needs and should be applied safely, ensuring they do not replace medical or psychological treatment (ACOG, 2015; WHO, 2016).

Midwifery Approaches to Mental Health in the Prenatal and Postnatal Periods

Midwives play a central role in perinatal mental health through holistic care across pregnancy and the postpartum period. However, evidence highlights persistent gaps in mental health literacy and limited emphasis on psychosocial assessment in routine practice (ElKhalil et al., 2025; Kassier & Madlala, 2018). Despite these challenges, midwives contribute to early identification of psychological problems, psychosocial assessment, counseling, and referral, supported by standardized tools such as the Edinburgh Postnatal Depression Scale (EPDS) and GAD-7 (NICE, 2022; WHO, 2022). The literature underscores the need for structured education in perinatal mental health. Although midwives do not diagnose or prescribe treatment, they play a key role in supporting decision-making and advocating for women within multidisciplinary care teams (Maulina et al., 2025; Greentree et al., 2025). Figure 1 summarizes the relationship between perinatal mental health risk factors, midwifery interventions, and outcomes.

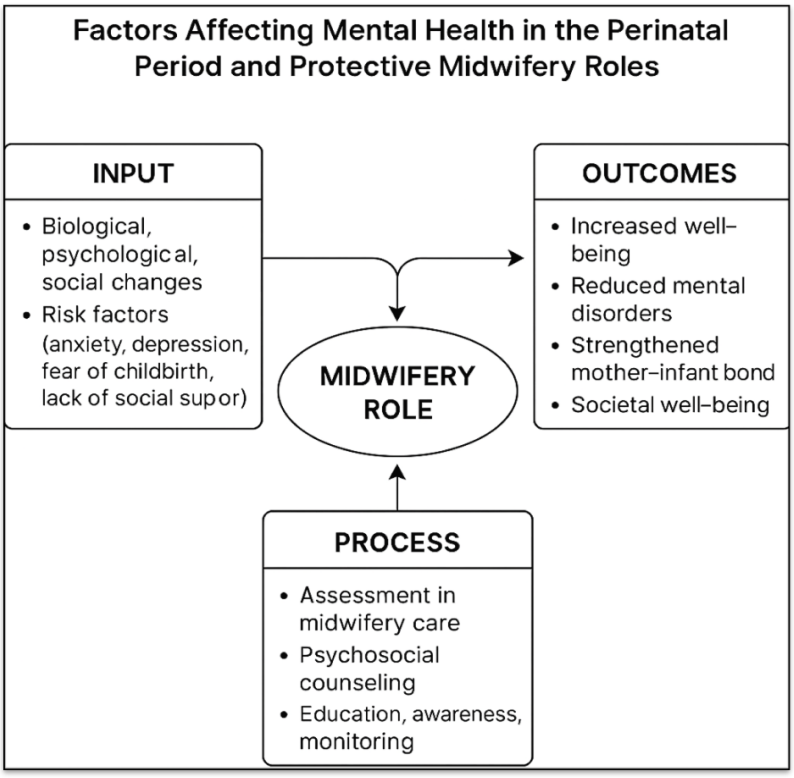

Figure 1. *Factors affecting mental health in the perinatal period and protective midwifery roles*

Discussion

This review highlights that integrating mental health–sensitive practices into midwifery care is essential for improving women's psychological well-being during the perinatal period. The findings confirm that the perinatal period represents a complex biopsychosocial phase characterized by increased vulnerability to anxiety, depression, fear of childbirth, and trauma-related symptoms (Stein et al., 2014; Dennis et al., 2017; Racine et al., 2021). These conditions are not only prevalent but also associated with significant short- and long-term consequences for both mothers and their children, reinforcing the importance of early identification and preventive interventions (Field, 2018).

A key contribution of this review is the synthesis of evidence demonstrating the central role of midwives in addressing perinatal mental health challenges. Preventive and supportive midwifery practices—particularly routine screening, individualized psychosocial support, and continuity-based care models—emerge as fundamental components of effective perinatal mental healthcare (WHO, 2022; Cibralic et al., 2023). International studies consistently show that midwife-led models integrating screening, counseling, and referral pathways are associated with improved psychological outcomes, reduced maternal distress, and enhanced birth experiences (Hodnett et al., 2013; Bohren et al., 2017).

However, despite the availability of validated screening tools such as the Edinburgh Postnatal Depression Scale, their use in routine clinical practice remains inconsistent. This limitation is particularly evident in settings where structured referral systems are lacking, reducing the effectiveness of early detection and delaying access to appropriate care (NICE, 2022). Furthermore, persistent gaps in midwives' mental health literacy—especially in trauma-informed care—continue to limit their capacity to respond effectively to psychosocial needs (Maulina et al., 2025; ElKhalil et al., 2025).

The contrast between global evidence and the situation in Türkiye is particularly notable. While international research increasingly focuses on intervention effectiveness and structured care models, studies in Türkiye remain largely descriptive, emphasizing prevalence and risk factors (Yılmaz & Yar, 2021). This suggests that psychosocial assessment and referral processes are not yet fully standardized and may depend on individual professional initiative rather than system-level protocols.

Another important finding is the role of continuity-based, woman-centered care models. These approaches not only improve clinical outcomes but also enhance women's sense of control, emotional safety, and satisfaction with the birth experience (Nilsson et al., 2018; Cummins et al., 2025). Continuity of care allows for ongoing monitoring of psychological symptoms, facilitates trust-based relationships, and enables timely intervention, making it a cornerstone of effective perinatal mental health services.

Overall, improving perinatal mental health outcomes requires more than isolated interventions. It necessitates an integrated care framework that combines standardized screening–referral pathways, strengthened midwifery competencies, and effective interdisciplinary collaboration aligned with national health policies (WHO, 2022). Without these structural components, the impact of individual-level interventions may remain limited.

Limitations

This study has several limitations. Restricting inclusion to English- and Turkish-language publications (2010–2025) may have introduced language bias and limited generalizability, particularly in low- and middle-income settings. As a narrative review, no quantitative synthesis was conducted, and the included studies were methodologically heterogeneous, with limited randomized and longitudinal designs. The inclusion of Google Scholar may have increased the risk of duplicate or lower-quality sources despite careful screening. The focus on midwifery practices also limited the multidisciplinary scope, and cultural differences in the conceptualization of mental health may have affected comparability. Future research should adopt more rigorous designs, broader global representation, and stronger interdisciplinary approaches.

Conclusion and Recommendations

The prenatal and postnatal periods represent a critical phase characterized by profound biological, psychological, and social changes, during which women are particularly vulnerable to mental health problems. This review highlights that perinatal mental health is not only a clinical concern but also a significant public health issue with long-term implications for maternal, infant, and family well-being.

The findings emphasize the central role of midwives in early identification, psychosocial support, trauma-informed care, and continuity of care. Evidence indicates that woman-centered, continuity-based midwifery models contribute to improved psychological outcomes, enhanced birth experiences, and stronger mother–infant bonding.

However, important gaps remain in the standardization of screening practices, referral pathways, and midwives' mental health competencies. Addressing these gaps requires strengthening perinatal mental health education, expanding trauma-informed care training, and integrating structured screening–referral–follow-up systems into routine care.

From a systems perspective, improving perinatal mental health outcomes depends on effective interdisciplinary collaboration and alignment with national health policies. Without these structural components, the impact of individual-level interventions may remain limited.

In conclusion, integrating mental health–sensitive, midwife-led care into routine perinatal services represents a key strategy for improving maternal and infant health outcomes. Sustainable impact can only be achieved through standardized care pathways, strengthened professional competencies, and a coordinated, system-level approach to perinatal mental healthcare.

Declarations

Ethical Approval and Consent to Participate

Not applicable. This article is a review based on previously published studies and does not involve human participants or animal research.

Consent for Publication

Not applicable.

Availability of Data and Materials

Not applicable. All data are derived from previously published sources cited in the manuscript.

Competing Interests

The authors declare that they have no competing interests.

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Authors' Contributions

B.A.: Conceptualization, Design, Literature Review, Critical Revision, and Writing.

V.B.: Conceptualization, Design, Literature Review, Critical Revision, and Writing.

G.G.İ.: Conceptualization, Design, Literature Review, Critical Revision, and Writing.

Use of Artificial Intelligence (AI)

Artificial intelligence–assisted tools were used during the language-editing and clarity-enhancement stages of the manuscript. All scientific content, interpretations, and final editorial decisions remain the sole responsibility of the authors.

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