



Psychosocial Interventions and Social Support for Maternal Mental Health and the Prevention of Postpartum Depression: A Literature Review

Silvy Jeny Prasanty¹, Ernawati¹

¹Ilmu Keperawatan, Universitas Muhammadiyah Gresik, Indonesia

*Corresponding Author: Silvy Jeny Prasanty

Email: silvyajeny5@gmail.com



Article Info

Article history:

Received 18 November 2025
Received in revised form 11 December 2025
Accepted 28 December 2025

Keywords:

Postpartum Depression
Pregnant Women
Social Support
Mental Health
Self-Help Psychological

Abstract

Postpartum depression is a significant public health issue that adversely affects maternal well-being and infant development. Psychological, hormonal, and social changes during pregnancy and the postpartum period increase women's vulnerability to depressive symptoms, particularly when psychosocial support is inadequate. This study aimed to systematically review the evidence on psychosocial interventions for the prevention and reduction of postpartum depression among pregnant women in the third trimester and women in the postpartum period. A systematic literature review was conducted following the PRISMA guidelines. Articles were retrieved from Scopus, PubMed, and Garuda databases, limited to publications between 2020 and 2025. Ten studies met the inclusion criteria, encompassing randomized controlled trials, quasi-experimental studies, systematic reviews, meta-analyses, and qualitative meta-syntheses. The reviewed studies examined various psychosocial approaches, including digital and app-based interventions, psychoeducation and psychological self-help programs, as well as social and family support-based interventions. Overall, the findings indicate that psychosocial interventions are effective in reducing postpartum depressive symptoms and improving secondary mental health outcomes such as anxiety, stress, emotional well-being, and self-efficacy. Social support from partners, family members, and supportive healthcare environments emerged as a key protective factor that enhances intervention effectiveness. Digital interventions showed moderate but significant effects and offer advantages in accessibility and scalability. In conclusion, preventing postpartum depression requires a multidimensional and culturally sensitive approach that integrates psychosocial interventions with strengthened social support systems to promote sustainable maternal mental health outcomes.

Introduction

Pregnancy is a critical phase in a woman's life that brings profound changes not only to physical health but also to psychological and emotional well-being (Mirzakhani et al., 2020; Othman, 2024). During this period, women experience hormonal fluctuations, bodily changes, and shifting social roles that can significantly influence their mental state. These changes require continuous psychological adaptation, and when coping mechanisms are insufficient, they may lead to emotional disturbances such as anxiety, prolonged stress, and depressive symptoms. If these conditions are not properly addressed, they may persist and develop into postpartum depression, which poses serious risks to both the mother and the child (Ibtihal et al., 2025).

Postpartum depression is a major public health concern because it affects a mother's ability to care for herself and her infant (Fathi et al., 2018; Closa-Monasterolo et al., 2017). In Indonesia,

the prevalence of postpartum depression is reported to be relatively high, ranging from 22% to 70%, indicating that this condition is far from rare (Wurisastuti & Mubasyiroh, 2020). Common symptoms include persistent sadness, sleep disturbances, loss of energy, feelings of helplessness, and in severe cases, suicidal ideation. These symptoms can interfere with maternal functioning, breastfeeding practices, and early mother–child bonding.

Riecher-Rössler & Hofecker (2003) and Leboffe et al. (2023) said that, despite its high prevalence and serious consequences, postpartum depression often remains underdiagnosed and undertreated. One contributing factor is the widespread social perception that emotional instability during and after pregnancy is normal and temporary. As a result, psychological distress is frequently overlooked or minimized by families and even healthcare providers. This normalization of emotional suffering can delay early detection and intervention, increasing the risk of more severe mental health outcomes (Colizzi et al., 2020; Paulus et al., 2015; O'Connor et al., 2023)

Early preventive efforts during pregnancy are therefore essential in reducing the incidence and severity of postpartum depression (Werner et al., 2015). Interventions implemented during the antenatal period have the potential to strengthen emotional resilience, enhance coping skills, and prepare women for the psychological challenges of motherhood. Integrating mental health promotion into routine maternal and child health services is increasingly recognized as a strategic approach to improving long-term maternal well-being.

Several risk factors have been identified as contributors to a mother's vulnerability to postpartum depression (Smorti et al., 2019). These include extreme maternal age, low educational attainment, cesarean delivery, primigravida status, and strong family or social pressure related to childbirth and parenting expectations (Gusmaladewi & Fadhillah, 2023; Mulyani, 2023). These factors often interact with one another, creating cumulative psychological stress that increases the likelihood of depressive symptoms.

Family dynamics also play a crucial role in shaping maternal mental health. Isaacs & Andipatin (2020) said that, a lack of emotional communication and support from close family members, particularly partners and parents, has been shown to exacerbate psychological distress during pregnancy. When pregnant women feel unheard or unsupported, they may experience heightened feelings of loneliness and anxiety, which can persist into the postpartum period (Knorr & Fox, 2023).

In addition to family communication, a woman's perception of pregnancy itself significantly influences her mental health (Bagadia et al., 2020; Gammage & Nolte, 2020). Research indicates that pregnant women who hold negative perceptions about pregnancy or childbirth are more prone to stress and anxiety (Sunarmi, 2023). These perceptions may stem from fear of childbirth, concerns about parenting competence, or previous negative reproductive experiences.

Social support is widely acknowledged as a protective factor against maternal mental health problems; however, its effectiveness is strongly influenced by cultural context. In certain societies, including Javanese culture, available social support does not always align with the emotional needs of pregnant women. A study by Elsharon & Ambarwari (2021) found that although family involvement is common, it may sometimes increase pressure rather than provide emotional comfort, thereby limiting its protective role.

In response to these challenges, various psychosocial intervention strategies have been developed and implemented to prevent postpartum depression. These interventions range from structured mental health education programs to family-based approaches and individual self-help psychological therapies. Such interventions aim to enhance knowledge, emotional awareness, coping skills, and social support systems for pregnant women.

Self-help psychological interventions, particularly those delivered through structured modules, have demonstrated promising results (Schotanus-Dijkstra et al., 2015). Module-based interventions have been shown to improve pregnant women's knowledge and attitudes toward postpartum depression prevention, empowering them to recognize early symptoms and seek appropriate support (Jannah et al., 2022). These interventions are particularly valuable in resource-limited settings, as they can be delivered flexibly and at relatively low cost.

Family-based educational approaches have also been found to be effective in supporting maternal mental health. Jean Ball's family-centered education model, for example, has been shown to significantly increase maternal self-efficacy while reducing stress levels during pregnancy (Usman & Sudirman, 2022). By actively involving family members, this approach helps create a more supportive home environment for pregnant women.

Beyond the nuclear family, extended family members can also play a critical role in maternal mental health (Aubel et al., 2021). Research among Latina pregnant women indicates that emotional and practical support from maternal grandmothers contributes to a reduction in depressive symptoms during pregnancy and postpartum (Knorr & Fox, 2023). This highlights the importance of culturally sensitive interventions that consider diverse family structures.

Community-based interventions further expand the scope of maternal mental health promotion. Programs that involve family-supported physical activity and exercise have been shown to positively influence antenatal care behaviors and psychological well-being (Kartika et al., 2025). Such approaches not only improve physical health but also foster social interaction and emotional support.

Given the wide range of risk factors and intervention strategies, there is a clear need to systematically evaluate the effectiveness of psychosocial interventions in preventing postpartum depression (Martín-Gómez et al., 2022; Carter et al., 2019). Individual studies provide valuable insights, but their findings need to be synthesized to identify consistent patterns, strengths, and gaps in existing evidence.

The findings of this review are expected to contribute to the development of evidence-based, culturally sensitive, and contextually appropriate maternal mental health policies and practices. By synthesizing existing evidence, this study aims to support healthcare providers and policymakers in designing effective preventive strategies that address postpartum depression and promote overall maternal well-being.

Methods

Research Design

This study adopted a systematic literature review design to synthesize empirical evidence on psychosocial interventions aimed at preventing or reducing postpartum depression among pregnant women in the third trimester and women in the postpartum period. The systematic review approach was selected to ensure a rigorous, transparent, and replicable process in identifying, evaluating, and integrating findings from existing studies. By systematically aggregating evidence across multiple research contexts and methodologies, this design allows for a comprehensive understanding of intervention effectiveness while minimizing bias commonly associated with narrative reviews. The review process was guided by the Preferred Reporting Items for Systematic Reviews to structure the stages of article identification, screening, eligibility assessment, and inclusion.

Data Sources and Search Strategy

A comprehensive literature search was conducted using several reputable academic databases to capture both international and national research relevant to maternal mental health. The databases searched included Scopus, PubMed, and Garuda, which were selected for their broad

coverage of health, medical, and social science research. The search strategy employed combinations of keywords related to pregnancy, postpartum period, depression, psychosocial interventions, mental health education, self-help strategies, and social support, with Boolean operators used to enhance search precision. To ensure relevance to current scientific and policy contexts, the search was limited to studies published between 2020 and 2025. Only full-text articles written in English or Indonesian were considered eligible for inclusion.

Inclusion and Exclusion Criteria

Table 1. Inclusion and Exclusion Criteria

Criterion	Inclusion	Exclusion
Article type	Empirical research articles (quantitative, qualitative, quasi-experimental) and systematic reviews	Editorials, commentaries, opinion papers, letters, conference abstracts
Population	Pregnant women (third trimester) and postpartum women	Non-pregnant populations, fathers, adolescents only, or general population
Intervention	Psychosocial interventions, mental health education, psychological self-help, social or family support	Purely biological, pharmacological, or clinical interventions without psychosocial components
Outcomes	Depression, anxiety, stress, emotional well-being, psychological adjustment	Studies without measurable mental health outcomes
Language	English or Indonesian	Languages other than English or Indonesian
Publication year	2020–2025	Published before 2020
Accessibility	Full-text articles available	Abstract-only articles or inaccessible full texts

The inclusion and exclusion criteria were established prior to the literature screening process to ensure methodological rigor, relevance, and transparency. These criteria guided the selection of studies that were directly aligned with the objectives of this review, namely to synthesize evidence on psychosocial interventions and social support aimed at preventing or reducing postpartum depression among pregnant and postpartum women.

Only empirical research articles and systematic reviews were included to ensure that the findings were grounded in scientific evidence. Studies focusing on pregnant women in the third trimester and women in the postpartum period were selected, as these populations represent critical phases of vulnerability to depressive symptoms. Interventions were limited to psychosocial approaches, including psychological self-help, mental health education, digital interventions, and social or family support, while studies centered solely on biological or pharmacological treatments were excluded to maintain conceptual consistency.

Mental health outcomes such as depression, anxiety, stress, and emotional well-being were required to be explicitly measured to allow meaningful synthesis of intervention effects. To enhance the relevance of findings to current clinical and policy contexts, the review was restricted to full-text articles published between 2020 and 2025 in English or Indonesian. Studies that did not meet these criteria, lacked accessible full texts, or failed to report relevant outcomes were excluded. The consistent application of these criteria throughout the screening process strengthened the validity and reliability of the final body of evidence included in this review.

Article Selection and Screening Process

The article selection process followed the PRISMA framework and was conducted in several stages to ensure transparency and rigor. Initially, all records retrieved from the selected databases were compiled, and duplicate articles were removed. The remaining studies were screened based on titles and abstracts to assess their relevance to the research objectives. Only studies that satisfied all inclusion criteria were retained for the final synthesis. This multi-stage screening process was implemented to minimize selection bias and strengthen the reliability of the findings.

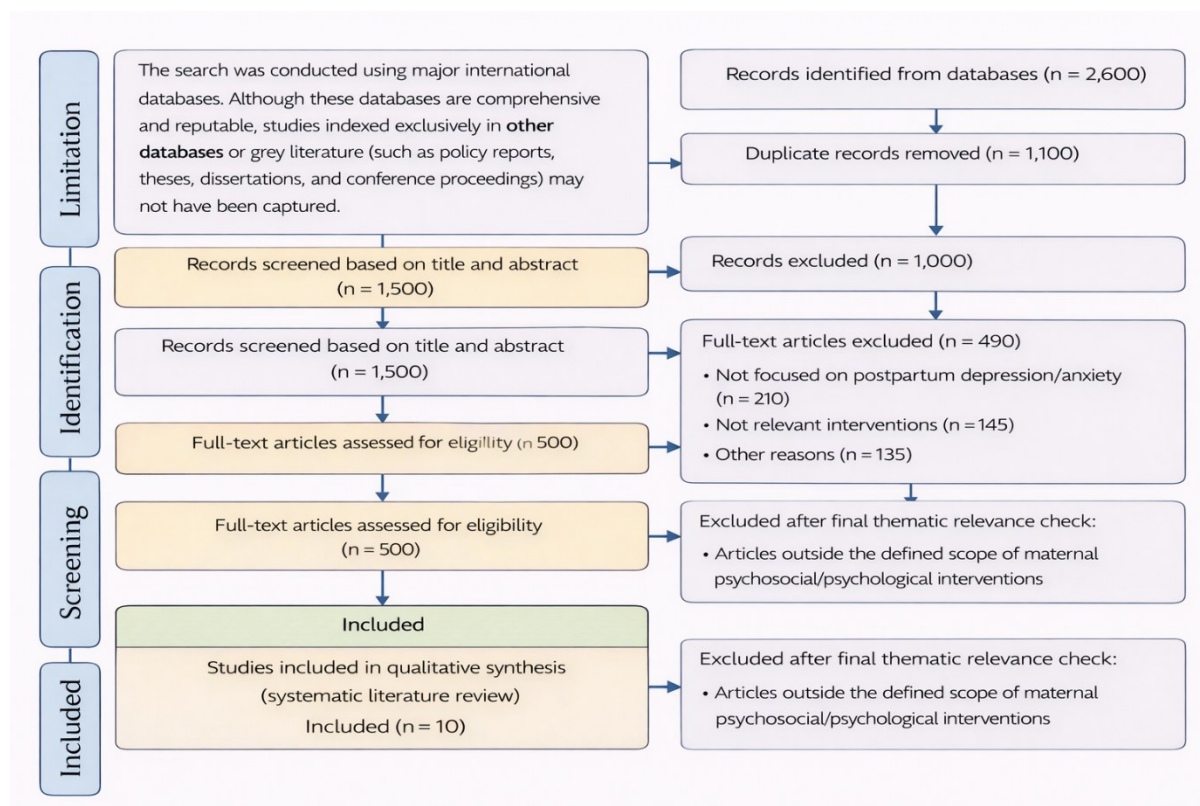


Figure 1. PRISMA Flow Diagram

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) diagram was used in this study to illustrate the systematic and transparent article selection process for a systematic literature review on psychosocial, psychological, and digital-based interventions in the prevention of postpartum depression. The literature search was conducted through several major international databases, namely Ovid MEDLINE, Embase, Scopus, and the Cochrane Central Register of Controlled Trials. This initial identification process yielded 2,600 articles relevant to the research keywords. In the subsequent identification stage, duplicate articles arising from overlap between databases were removed. A total of 1,100 duplicate articles were removed, leaving 1,500 articles to be screened based on title and abstract. During this screening stage, 1,000 articles were excluded for not aligning with the research focus, such as not addressing postpartum depression, not involving psychosocial or digital interventions, or using an irrelevant population.

Next, 500 articles were assessed for eligibility through full-text review. At this stage, 490 articles were excluded for various reasons, including not specifically measuring postpartum depression, interventions not aligned with the study objectives, inappropriate study designs, and limitations in outcome data or reporting. This stage ensured that only articles with substantial methodological quality and relevance were retained. In the final stage, 10 articles met all inclusion criteria and were included in the qualitative synthesis (systematic literature

review). These articles encompassed a variety of research designs, such as randomized controlled trials, quasi-experimental studies, as well as systematic reviews and meta-analyses, which collectively provide scientific evidence regarding the effectiveness of psychosocial interventions, social support, and digital technology in preventing postpartum depression. This rigorous selection process ensures that the research findings are based on relevant, valid, and scientifically sound sources.

Results and Discussion

Characteristics of Included Studies

A total of ten studies met the inclusion criteria and were included in this systematic review, as summarized in Table 2. The included studies were published between 2020 and 2025 and examined psychosocial factors and interventions related to postpartum depression among pregnant women in the third trimester and women in the postpartum period. The studies were conducted across diverse geographical settings, including Asia, North America, and multi-country contexts, providing a broad perspective on maternal mental health across different sociocultural environments.

In terms of research design, the included studies demonstrated considerable methodological diversity. Several studies employed systematic review and meta-analysis designs, synthesizing evidence from randomized controlled trials to evaluate the effectiveness of psychosocial, psychological, and digital interventions in preventing or reducing postpartum depression. Other studies used randomized controlled trials and quasi-experimental designs to assess specific interventions such as app-based health-promoting programs, psychological self-help strategies, and group-based prenatal care. In addition, qualitative systematic reviews and meta-syntheses were included to capture women’s experiences and perceptions of psychosocial and psychological interventions, thereby complementing quantitative findings with contextual and experiential insights.

The populations examined across the studies primarily consisted of pregnant women in their third trimester and women in the postpartum period, with sample sizes ranging from small to moderate cohorts in intervention trials to large aggregated samples in systematic reviews. Several studies focused on specific subgroups, such as primiparous women, teenage mothers, or women receiving community- or facility-based support, highlighting variations in intervention needs and psychosocial risk profiles. Data sources included primary data collection through surveys, interviews, and intervention trials, as well as secondary data derived from comprehensive searches of international databases such as PubMed, Scopus, and Cochrane libraries.

Regarding interventions and main variables, the studies addressed a wide spectrum of psychosocial approaches. These included digital and app-based interventions, psychological self-help and psychoeducational programs, family and social support mechanisms, and structured psychosocial counseling. Outcomes were commonly measured using validated instruments assessing postpartum depression, anxiety, stress, or related indicators of psychological well-being. Overall, the included studies consistently emphasized the importance of psychosocial support and targeted interventions in mitigating depressive symptoms or enhancing protective factors, although the magnitude and consistency of effects varied depending on intervention type, study design, and contextual factors.

Table 2. Summary of Reviewed Studies on Psychosocial Factors and Interventions Related to Postpartum Depression

No	Research Title (Author, Year)	Year	Sample / Data Source	Intervention / Main Variable	Key Results
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1	The effect of digital health interventions on postpartum depression or anxiety: a systematic review and meta-analysis of randomized controlled trials (Lewkowitz et al.)	2024	Literature review using Ovid MEDLINE, Embase, Scopus, and Cochrane Central Register of Controlled Trials	Digital health interventions; postpartum depression and anxiety	Digital health interventions modestly but significantly reduced postpartum depression and anxiety scores.
2	An evolutionary perspective on the association between grandmother–mother relationships and maternal mental health among a cohort of pregnant Latina women (Knorr & Fox)	2023	216 Latina pregnant women in Southern California	Social support from maternal grandmother	Strong maternal grandmother support and communication were associated with significantly lower maternal depression levels.
3	Knowledge and Attitudes of Pregnant Women in Preventing Postpartum Depression (Jannah & Asnuriyanti)	2022	155 pregnant women in the Darussalam Public Health Center area, Aceh Besar	Psychological self-help interventions	Psychological self-help interventions significantly improved knowledge and attitudes toward postpartum depression prevention ($p < 0.05$).
4	App-based interventions for the prevention of postpartum depression: A systematic review and meta-analysis (Miura, Y. et al., 2023).	2023	Systematic review and meta-analysis	App-based psychosocial interventions	App-based intervention significantly reduced postpartum depression scores
5	The preventive effect of psychological and psychosocial interventions on postpartum depression: An overview of	2024	28 systematic reviews on the prevention of postpartum depression with psychosocial/psychological interventions.	Psychological & psychosocial preventive interventions	Consistent evidence that psychosocial interventions are effective in preventing the onset of postpartum depression

	systematic reviews. (Qi, W., et al., 2024).				
6	Impact of mobile health interventions during the perinatal period on maternal psychosocial outcomes: a systematic review (Dol et al., 2020)	2020	Qualitative studies on peer support, partner support, and community support	Social support-based psychosocial interventions	Peer and partner support reduced isolation and stigma; acceptability depended on cultural relevance and trust
7	How health care facilities and family support pregnancy through pregnant women's sports activities (Kartika et al.)	2025	300 third-trimester pregnant women in Pidie District, Aceh	Family support and health facility involvement	Family support and supportive healthcare environments enhanced maternal engagement and well-being.
8	Preventing postpartum depression in pregnant women using an app-based health-promoting behaviors program (Rafat et al.)	2025	108 pregnant women (28–30 weeks gestation)	App-based health-promoting behavior intervention	The intervention significantly reduced depression scores and increased health-promoting behaviors.
9	Women's experiences of psychological treatment and psychosocial interventions for postpartum depression: qualitative systematic review & meta-synthesis (Massoudi et al., 2023)	2023	Systematic review and meta-synthesis	women's perceptions of the effects of the intervention, the therapeutic relationship	Interpersonal support and client empowerment play an important role.
10	A Quasi-Experimental Study: Social Support in Group Prenatal Care's Impact on Postpartum	2025	200 postpartum women	Social support through group prenatal care	Approximately 25% experienced mild-moderate postpartum depression and 3% severe depression; social

	Depression (Robinson et al.)				support showed a protective role.
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The articles reviewed demonstrate consistent findings that psychosocial interventions and social support play a crucial role in maintaining maternal mental health and preventing postpartum depression. Despite using diverse research designs ranging from systematic reviews, meta-analyses, quasi-experimental studies, to qualitative meta-syntheses all studies examined the effectiveness of non-pharmacological approaches such as digital interventions, mental health education, psychological self-help, and family and community support in reducing depressive symptoms and improving maternal psychological well-being during pregnancy and the postpartum period. Studies based on systematic reviews and meta-analyses provide a strong evidence base regarding the effectiveness of psychosocial interventions.

Findings from Lewkowitz et al. (2024) Miura et al. (2023) and Qi et al. (2024) indicate that psychological and psychosocial interventions, including those based on digital applications, significantly contribute to the prevention and risk reduction of postpartum depression, although the magnitude of the effect varies. This evidence is reinforced by primary intervention studies showing that educational programs, promotion of healthy behaviors, and structured social support can increase knowledge, self-efficacy, and reduce stress and depression levels in mothers. In addition to intervention effectiveness, several articles highlight the importance of social and relational context as protective factors.

Support from family, particularly partners and close family members, as well as supportive healthcare environments, have been shown to contribute to maternal psychological well-being and reduce vulnerability to postpartum depression. Qualitative studies also emphasize that the quality of the therapeutic relationship, a sense of empowerment, and cultural relevance influence the effectiveness and success of psychosocial interventions. The articles reviewed align with the aims of this study, which emphasize that preventing postpartum depression requires a multidimensional approach that integrates psychosocial interventions and strengthening social support. These findings reinforce the argument that promotive and preventive efforts in maternal mental health depend not only on the effectiveness of the intervention but also on the social context and accompanying support, as reflected in the title of this study.

Types of Psychosocial Interventions

Various types of psychosocial interventions were identified in the reviewed studies, reflecting a multidimensional approach to the prevention and treatment of postpartum depression. One of the most prominent forms of intervention is digital and app-based interventions, which include mental health education, promotion of healthy behaviors, and remote psychological support. These interventions are considered effective in reducing depression and anxiety scores, particularly due to their flexibility of access, ease of use, and ability to reach pregnant and postpartum women who have limited time or access to conventional mental health services. In addition to digital approaches, educational and self-help-based psychological and psychosocial interventions are also widely used. These interventions include psychoeducation, increasing knowledge about postpartum depression, strengthening coping strategies, and increasing maternal self-efficacy in dealing with the physical and emotional changes during pregnancy and the postpartum period. Studies show that these approaches not only improve knowledge and attitudes but also contribute to reduced stress levels and the risk of depression, especially when implemented in pregnant women in the final trimester.

Social and family support is another form of psychosocial intervention that consistently appears in various studies. Support from partners, immediate family members, and significant figures such as mothers or grandmothers has been shown to have a protective effect on maternal mental health. Group-based interventions, including group prenatal care and community support, also

provide a space for mothers to share experiences, reduce feelings of isolation, and increase feelings of belonging and emotional support, ultimately contributing to a reduction in postpartum depressive symptoms. Several studies have also highlighted the importance of context-based approaches and therapeutic relationships, particularly in qualitative research. Factors such as the quality of the relationship between health workers and mothers, cultural sensitivity, and feelings of empowerment during the intervention process influence the success and acceptability of psychosocial interventions. These findings suggest that intervention effectiveness is determined not only by the type of program provided, but also by how the intervention is tailored to the mother's psychological, social, and cultural needs.

Effects of Psychosocial Interventions on Postpartum Depression

Table 3. Summary of Intervention Effects

Intervention Category	Number of Studies	Primary Outcome	Effect Direction
Self-help & psychoeducation	3	Depression score, knowledge, self-efficacy	Significant reduction / improvement
Social and family support	4	Emotional well-being, depressive symptoms	Improvement / protective effect
Digital and app-based interventions	3	Depression and anxiety scores	Moderate but significant reduction

The effects of psychosocial interventions on postpartum depressive symptoms are summarized in Table 3. Overall, the reviewed studies consistently indicate that psychosocial interventions contribute to improved maternal mental health outcomes, particularly in reducing depressive symptoms and enhancing emotional well-being during pregnancy and the postpartum period. Self-help and psychoeducational interventions demonstrated the most consistent effects, with three studies reporting statistically significant reductions in depression scores alongside improvements in maternal knowledge and self-efficacy. These interventions were particularly effective when implemented during the antenatal period, suggesting that early psychological preparation may reduce vulnerability to postpartum depression.

Social and family support-based interventions were examined in four studies and were associated with improvements in emotional well-being and a protective effect against depressive symptoms. Support from partners, family members, and group-based prenatal care settings appeared to reduce feelings of isolation and psychological distress, underscoring the importance of interpersonal relationships and supportive environments in maternal mental health. Digital and app-based psychosocial interventions were evaluated in three studies and showed moderate but statistically significant reductions in depression and anxiety scores. Although the magnitude of effect was generally smaller compared to face-to-face interventions, these approaches offer advantages in accessibility, scalability, and continuity of support, highlighting their potential role as complementary strategies in postpartum depression prevention.

Secondary Mental Health Outcomes

In addition to reductions in postpartum depressive symptoms, several studies included in this review reported positive effects of psychosocial interventions on secondary mental health outcomes. These outcomes encompassed anxiety levels, perceived stress, emotional well-being, self-efficacy, and overall psychological adjustment during pregnancy and the postpartum period. Improvements in these secondary outcomes suggest that psychosocial interventions exert broader mental health benefits beyond the prevention of postpartum depression alone. Anxiety reduction was one of the most frequently reported secondary

outcomes, particularly in studies evaluating digital and app-based interventions. These interventions demonstrated moderate but statistically significant decreases in anxiety symptoms, likely due to increased access to mental health information, continuous self-monitoring, and timely psychosocial support. Lower anxiety levels during pregnancy and early postpartum may indirectly contribute to reduced risk of depressive symptoms by enhancing emotional regulation and coping capacity.

Several studies also documented improvements in maternal stress levels and emotional well-being following psychosocial and social support-based interventions. Enhanced family and peer support, as well as supportive healthcare environments, were associated with reduced psychological distress and feelings of isolation. These findings highlight the role of interpersonal relationships in fostering emotional stability and resilience among pregnant and postpartum women. Furthermore, psychosocial interventions focusing on education and self-help strategies were associated with increased self-efficacy, knowledge, and positive attitudes toward maternal mental health. Improved self-efficacy may serve as a protective factor by empowering women to recognize early symptoms of psychological distress and seek appropriate support. Collectively, these secondary outcomes reinforce the value of psychosocial interventions as comprehensive approaches that address multiple dimensions of maternal mental health.

Conclusion

Based on the results of a systematic literature review of ten studies that met the inclusion criteria, it can be concluded that psychosocial interventions play a significant role in preventing and alleviating postpartum depression and improving maternal psychological well-being during pregnancy and postpartum. Various non-pharmacological approaches, including digital and app-based interventions, psychoeducation and psychological self-help, and social and family support, have consistently demonstrated positive impacts on reducing symptoms of depression, anxiety, and stress, as well as increasing knowledge, self-efficacy, and emotional well-being. Social support from partners, family, and the healthcare environment has been shown to be an important protective factor that strengthens the effectiveness of interventions, while the quality of the therapeutic relationship, maternal empowerment, and cultural sensitivity also determine the success and acceptability of the program. Overall, these findings confirm that preventing postpartum depression requires a multidimensional approach that integrates psychosocial interventions with strengthening the social context and environmental support, so that promotive and preventive efforts for maternal mental health can be implemented more effectively and sustainably.

References

- Aubel, J., Martin, S. L., & Cunningham, K. (2021). Introduction: A family systems approach to promote maternal, child and adolescent nutrition. *Maternal & Child Nutrition*, 17, e13228. <https://doi.org/10.1111/mcn.13228>
- Bagadia, A., Nanjundaswamy, M. H., Ganjekar, S., Thippeswamy, H., Desai, G., & Chandra, P. S. (2020). Factors influencing decision-making around pregnancy among women with severe mental illness (SMI): A qualitative study. *International Journal of Social Psychiatry*, 66(8), 792-798. <https://doi.org/10.1177/0020764020925104>
- Carter, T., Bastounis, A., Guo, B., & Jane Morrell, C. (2019). The effectiveness of exercise-based interventions for preventing or treating postpartum depression: a systematic review and meta-analysis. *Archives of Women's Mental Health*, 22(1), 37-53. <https://doi.org/10.1007/s00737-018-0869-3>
- Closa-Monasterolo, R., Gispert-Llaurado, M., Canals, J., Luque, V., Zaragoza-Jordana, M., Koletzko, B., ... & Escribano Subias, J. (2017). The effect of postpartum depression and

- current mental health problems of the mother on child behaviour at eight years. *Maternal and child health journal*, 21(7), 1563-1572. <https://doi.org/10.1007/s10995-017-2288-x>
- Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?. *International journal of mental health systems*, 14(1), 23. <https://doi.org/10.1186/s13033-020-00356-9>
- Devy, S. R., Haksama, S., & Rakhman, F. (2025). How health care facilities and family support pregnancy through pregnant women's sports activities: a case study in Pidie district, Aceh, Indonesia. *Retos*, 2025, 77–85
- Dol, J., Richardson, B., Murphy, G. T., Aston, M., McMillan, D., & Campbell-Yeo, M. (2020). Impact of mobile health interventions during the perinatal period on maternal psychosocial outcomes: a systematic review. *JBI Evidence Synthesis*, 18(1), 30-55. <https://doi.org/10.11124/JBISRIR-D-19-00191>
- Fathi, F., Mohammad-Alizadeh-Charandabi, S., & Mirghafourvand, M. (2018). Maternal self-efficacy, postpartum depression, and their relationship with functional status in Iranian mothers. *Women & health*, 58(2), 188-203. <https://doi.org/10.1080/03630242.2017.1292340>
- Gammage, R. J., & Nolte, L. (2020). Family understanding and communication about an adult relative's mental health problem: A systematic narrative review. *Journal of psychiatric and mental health nursing*, 27(6), 763-788. <https://doi.org/10.1111/jpm.12617>
- Gusmaladewi, R., & Fadhillah, S. (2023). Faktor Risiko Depresi Post Partum. *Journal of Andalas Medica*, 1(1), 17-33. <https://doi.org/10.1186/s12884-023-05749-5>
- Ibtihal, N. D., Zhasvir, S. A. Z., Marwa, N., A'zzula, C. T. J., Kaswari, D. T., Kardianti, W., ... & Hidayah, H. (2025). Literature Review: Analisis Pentingnya Dukungan pada Ibu Saat Postpartum Blues. *Science: Indonesian Journal of Science*, 1(5), 1182-1186. <https://doi.org/10.31004/science.v1i5.218>
- Isaacs, N. Z., & Andipatin, M. G. (2020). A systematic review regarding women's emotional and psychological experiences of high-risk pregnancies. *BMC psychology*, 8(1), 45. <https://doi.org/10.1186/s40359-020-00410-8>
- Jannah, S. R., & Asnuriyanti, R. (2022). Knowledge and Attitudes of Pregnant Women in Preventing Postpartum Depression. *International Journal of Current Science Research and Review*, 05(08), 2952–2959. <https://doi.org/10.47191/ijcsrr/V5-i8-17>
- Jannah, S. R., Asnuriyanti, R., & Fithria. (2022). Peningkatan pengetahuan dan sikap ibu hamil dalam mencegah depresi postpartum melalui intervensi selfhelp psychological. *Jurnal Ilmiah Kebidanan*, 13(2), 115–122. <https://doi.org/10.25077/jik.13.2.2022.115-122>
- Kartika, K., Devy, S. R., Haksama, S., Ismuntania, I., & Rakhman, F. (2025). How health care facilities and family support pregnancy through pregnant women's sports activities: a case study in Pidie district, Aceh, Indonesia. *Retos: nuevas tendencias en educación física, deporte y recreación*, (65), 77-85.
- Knorr, D. A., & Fox, M. (2023). An evolutionary perspective on the association between grandmother-mother relationships and maternal mental health among a cohort of pregnant Latina women. *Evolution and Human Behavior*, 44(1), 30-38. <https://doi.org/10.1016/j.evolhumbehav.2022.10.005>

- Leboffe, E. N., Pietragallo, H. C., Liu, G., Ba, D., Leslie, D., & Chuang, C. H. (2023). The impact of the 2015 ACOG screening guidelines on the diagnosis of postpartum depression among privately insured women. *Journal of Affective Disorders*, 328, 103-107. <https://doi.org/10.1016/j.jad.2023.02.020>
- Lewkowitz, A. K., Whelan, A. R., Ayala, N. K., Hardi, A., Stoll, C., Battle, C. L., ... & Miller, E. S. (2024). The effect of digital health interventions on postpartum depression or anxiety: a systematic review and meta-analysis of randomized controlled trials. *American journal of obstetrics and gynecology*, 230(1), 12-43. <https://doi.org/10.1016/j.ajog.2023.06.028>
- Martín-Gómez, C., Moreno-Peral, P., Bellón, J. A., Conejo-Cerón, S., Campos-Paino, H., Gómez-Gómez, I., ... & Motrico, E. (2022). Effectiveness of psychological interventions in preventing postpartum depression in non-depressed women: a systematic review and meta-analysis of randomized controlled trials. *Psychological Medicine*, 52(6), 1001-1013. <https://doi.org/10.1017/S0033291722000071>
- Massoudi, P., Strömwall, L. A., Åhlen, J., et al. (2023). *Women's experiences of psychological treatment and psychosocial interventions for postpartum depression: A qualitative systematic review and meta-synthesis*. *BMC Women's Health*, 23, 604. <https://doi.org/10.1186/s12905-023-02772-8>
- Mirzakhani, K., Ebadi, A., Faridhosseini, F., & Khadivzadeh, T. (2020). Well-being in high-risk pregnancy: an integrative review. *BMC Pregnancy and Childbirth*, 20(1), 526. <https://doi.org/10.1186/s12884-020-03190-6>
- Miura, Y., Ogawa, Y., Shibata, A., Kamijo, K., Joko, K., & Aoki, T. (2023). *App-based interventions for the prevention of postpartum depression: A systematic review and meta-analysis*. *BMC Pregnancy and Childbirth*, 23, 441.
- Mulyani, N. H. S. (2023). *Meta Analisis: Pengaruh Dukungan Keluarga, Tingkat Pendapatan Keluarga Dan Kekerasan Dalam Rumah Tangga Terhadap Risiko Depresi Pasca Persalinan* (Doctoral dissertation, UNS (Sebelas Maret University)).
- O'Connor, R. C., Worthman, C. M., Abanga, M., Athanassopoulou, N., Boyce, N., Chan, L. F., ... & Yip, P. S. (2023). Gone Too Soon: priorities for action to prevent premature mortality associated with mental illness and mental distress. *The Lancet Psychiatry*, 10(6), 452-464.
- Othman, A. (2024). The effects of pregnancy and childbirth on women's health-related quality of life: A scoping review. *Evidence-Based Nursing Research*, 6(1), 39-52.
- Qi, W., Huang, S., Zhao, J., Cui, X., Wei, Z., Cui, G., & Guo, Q. (2024). *The preventive effect of psychological and psychosocial interventions on postpartum depression: An overview of systematic reviews*. *Journal of Psychiatric Research*. <https://doi.org/10.1016/j.jpsychires.2024.11.050>
- Rafat, N., Bakouei, F., Delavar, M. A., & Nikbakht, H. (2025). Preventing postpartum depression in pregnant women using an app-based health-promoting behaviors program (Pender's health promotion model): a randomized Controlled Trial. *BMC Psychology*, 13(243), 1–10. <https://doi.org/10.1186/s40359-025-02547-w>
- Riecher-Rössler, A., & Hofecker Fallahpour, M. (2003). Postpartum depression: do we still need this diagnostic term?. *Acta Psychiatrica Scandinavica*, 108, 51-56. <https://doi.org/10.1034/j.1600-0447.108.s418.11.x>
- Robinson, K. A., Hemphill, T. E., & Atlas, R. O. (2025). A Quasi-Experimental Study: Social Support in Group Prenatal Care's Impact on Postpartum Depression in Black and

- Hispanic Women. *International Journal of Environmental Research and Public Health*, 22(7), 1046. <https://doi.org/10.3390/ijerph22071046>
- Schotanus-Dijkstra, M., Drossaert, C. H., Pieterse, M. E., Walburg, J. A., & Bohlmeijer, E. T. (2015). Efficacy of a multicomponent positive psychology self-help intervention: study protocol of a randomized controlled trial. *JMIR research protocols*, 4(3), e4162. <https://doi.org/10.2196/resprot.4162>
- Smorti, M., Ponti, L., & Pancetti, F. (2019). A comprehensive analysis of post-partum depression risk factors: The role of socio-demographic, individual, relational, and delivery characteristics. *Frontiers in public health*, 7, 295. <https://doi.org/10.3389/fpubh.2019.00295>
- Sunarmi, A. (2023). Faktor Yang Mempengaruhi Kesehatan Mental Pada Ibu Hamil: Scoping Review. *Detector: Jurnal Inovasi Riset Ilmu Kesehatan*, 1(3), 32-38. <https://doi.org/10.55606/detector.v1i3.2068>
- Usman, S., & Sudirman, J. (2022). Efektifitas Edukasi Maternal Mental Health terhadap Kesehatan Mental Ibu Selama Masa Kehamilan. *Jurnal Ilmu Kesehatan Indonesia*, 3(4), 317-322. <https://doi.org/10.25077/jikesi.v3i4.1041>
- Werner, E., Miller, M., Osborne, L. M., Kuzava, S., & Monk, C. (2015). Preventing postpartum depression: review and recommendations. *Archives of women's mental health*, 18(1), 41-60. <https://doi.org/10.1007/s00737-014-0475-y>
- Wurisastuti, T., & Mubasyiroh, R. (2020). Prevalensi dan prediktor depresi pasca persalinan: Data komunitas Riskesdas 2018. In *Prosiding Seminar Nasional Kesehatan Masyarakat 2024* (Vol. 1, No. 1, pp. 147-163).