



Exploring Long-Term Mental Health Support and Psychological Recovery Following Childbirth Among Women

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Abstract: Postpartum mental health is an important area of concern that extends beyond the immediate postnatal period. The present study aimed to examine the relationship between perceived postpartum support and long-term mental health outcomes among women following childbirth. A quantitative, non-experimental, descriptive correlational research design was employed. The study included 100 women aged 18 to 45 years who had experienced childbirth within the past five years. Data were collected using a structured questionnaire consisting of standardized instruments: the Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorder-7 (GAD-7), and the Multidimensional Scale of Perceived Social Support (MSPSS). Descriptive statistics and correlation analysis were used to analyze the data. The findings indicated that a considerable proportion of participants reported mild to severe symptoms of depression and anxiety. Moderate levels of perceived social support were reported by the majority of participants. A significant negative correlation was observed between perceived social support and depression ($r = -0.45, p < .01$), as well as between perceived social support and anxiety ($r = -0.40, p < .01$). The findings suggest that higher perceived social support is associated with lower levels of psychological distress among postpartum women. The study highlights the importance of sustained emotional, familial, and professional support in promoting long-term maternal mental health and psychological recovery following childbirth.

Keywords: *postpartum mental health, psychological recovery, social support, maternal well-being, depression, anxiety*

I. INTRODUCTION

Childbirth is a major life event associated with profound biological, emotional, and social changes in a woman's life. Although it is often regarded as a positive and meaningful transition, the postpartum period may also involve significant psychological vulnerability. Women commonly experience emotional disturbances following childbirth, including sadness, anxiety, stress, and depressive symptoms, which can interfere with maternal functioning and overall well-being. These mental health concerns may also affect infant care, family relationships, and long-term mother-child interactions.

Postpartum mental health disorders, particularly depression and anxiety, have received increasing attention in both psychological and medical research. Michael W. O'Hara and Jennifer E. McCabe (2013) reported that postpartum depression is among the most common complications associated with childbirth, affecting a substantial number of women globally. Similarly, research by Louise M. Howard and colleagues (2014) emphasized that non-psychotic mental disorders in the perinatal period are highly prevalent and often underdiagnosed. These mental health difficulties may persist when women do not receive adequate emotional, practical, or professional support. Although a large body of literature has examined maternal mental health during pregnancy and the early postpartum period, relatively less attention has been given to long-term psychological recovery following childbirth. In many cases, women continue to experience depressive symptoms, anxiety, emotional exhaustion, and difficulties adjusting to

motherhood well beyond the first few months after delivery. Studies have suggested that maternal psychological distress may continue for years, particularly in the absence of sufficient social and psychological support.

Social support has been consistently identified as a protective factor in maternal mental health. Emotional reassurance, practical assistance, and supportive interpersonal relationships can help women cope with the challenges associated with childbirth and motherhood. Perceived support from family, partners, friends, and healthcare providers has been linked to lower levels of depression and anxiety and improved psychological adjustment during the postpartum period.

In this context, the present study seeks to examine the relationship between perceived postpartum support and long-term mental health outcomes among women who have experienced childbirth. By focusing on psychological recovery beyond the immediate postpartum phase, the study contributes to a growing need for research on sustained maternal mental health care and support systems.

II. REVIEW OF LITERATURE

Maternal mental health in the postpartum period has emerged as a major area of concern in both psychological and public health research. Although childbirth is frequently associated with joy and fulfillment, it may also be accompanied by significant emotional, physiological, and social challenges. Postpartum depression and anxiety are among the most commonly reported mental health difficulties experienced by women following childbirth and may interfere with maternal functioning, infant care, and family relationships.

Postpartum depression has been widely recognized as a prevalent mental health concern among women after childbirth. O'Hara and McCabe (2013) reported that postpartum depression affects approximately 10–15% of women and is one of the most common complications of childbearing. Common symptoms include persistent sadness, emotional instability, fatigue, irritability, low motivation, and difficulty bonding with the infant. Similarly, anxiety symptoms such as excessive worry, tension, fear, and restlessness have also been found to be highly prevalent during the postpartum period. Dennis and Falah-Hassani (2017) emphasized that postpartum anxiety is often underrecognized despite its significant impact on maternal functioning and emotional well-being.

Postpartum mental health is influenced by multiple interacting factors. Biological changes, particularly rapid hormonal shifts after delivery, have been associated with mood instability and emotional sensitivity. Bloch et al. (2003) suggested that fluctuations in reproductive hormones may increase women's vulnerability to postpartum mood disturbances. However, biological changes alone do not fully explain postpartum distress. Psychosocial factors such as role transition, sleep disruption, parenting stress, marital strain, and lack of support also play a major role in shaping maternal mental health outcomes.

One of the most consistently studied protective factors in maternal mental health is social support. Cohen and Wills (1985), through the buffering hypothesis, proposed that supportive social relationships reduce the harmful psychological effects of stressful life events. In the postpartum context, emotional reassurance, practical assistance, and informational guidance from partners, family members, peers, and healthcare professionals can significantly reduce maternal distress.

Zimet et al. (1988), through the development of the Multidimensional Scale of Perceived Social Support (MSPSS), demonstrated that perceived support is strongly associated with psychological adjustment and emotional well-being. Women who perceive higher levels of support are generally less likely to experience postpartum depression and anxiety. Dennis and Letourneau (2007) further found that supportive interpersonal relationships significantly reduce the likelihood of depressive symptom development among postpartum women.

Although many studies have focused on early postpartum emotional disturbances, recent research suggests that postpartum mental health challenges may continue well beyond the first few months after childbirth. Slomian et al. (2019) reported that maternal psychological difficulties may persist for several years, affecting women's quality of life, social functioning, and family relationships. Similarly, Goodman (2004) highlighted that postpartum depression can extend beyond the early postnatal period and remain clinically significant if left untreated.

Persistent postpartum distress has also been shown to influence child development and mother–infant relationships. Murray and Cooper (1997) reported that prolonged maternal depression may negatively affect infant emotional and behavioral development as well as mother–child interaction quality.

Research Gap

Despite growing awareness of postpartum depression and anxiety, much of the existing literature has focused primarily on the early postpartum period. There remains limited research examining long-term

mental health recovery among women several months to years after childbirth, particularly in relation to perceived social support. Therefore, the present study addresses an important gap by investigating the association between postpartum support and long-term psychological well-being among women following childbirth

III. RESEARCH METHODOLOGY

3.1 Research Design

The present study adopted a quantitative, non-experimental, descriptive correlational research design to examine the relationship between postpartum support and long-term mental health outcomes among women following childbirth. A correlational approach was considered appropriate because the study aimed to assess the degree and direction of association between perceived social support and psychological variables such as depression and anxiety, without manipulating any variables.

3.2 Research Objective

To examine the relationship between postpartum support and long-term mental health outcomes among women following childbirth.

3.3 Hypothesis

Null Hypothesis (H_0): There is no statistically significant relationship between levels of postpartum support and long-term mental health outcomes among women.

3.4 Sample Design and Size

The study was conducted on a sample of 100 women aged between 18 and 45 years who had experienced childbirth within the past five years. A purposive sampling technique was used to recruit participants who met the inclusion criteria relevant to the objectives of the study.

3.5 Inclusion Criteria

Participants were included in the study if they met the following criteria:

- Women who had experienced childbirth
- Women aged 18–45 years
- Women within 6 months to 5 years postpartum
- Women willing to participate voluntarily
- Women able to understand and respond to the questionnaire

3.6 Exclusion Criteria

Participants were excluded if they met any of the following conditions:

- Women currently undergoing treatment for severe psychiatric disorders
- Women with major medical complications unrelated to postpartum mental health that could significantly influence psychological outcomes
- Women unwilling to provide informed consent
- Women who submitted incomplete questionnaire responses

3.7 Reliability and Validity

The standardized instruments used in the present study demonstrated acceptable internal consistency and have been widely validated in previous research. Reliability was assessed through Cronbach's alpha coefficients. Previous studies have reported good reliability for the instruments used: the Edinburgh Postnatal Depression Scale (EPDS) has shown Cronbach's alpha values ranging approximately from .80 to .87, the Generalized Anxiety Disorder-7 (GAD-7) has demonstrated high internal consistency with alpha values around .89 to .92, and the Multidimensional Scale of Perceived Social Support (MSPSS) has shown excellent reliability with alpha values generally ranging from .85 to .91. The use of these psychometrically sound instruments supports the reliability of the present study.

3.8 Data Collection Procedure

Data were collected using a structured online questionnaire administered to eligible participants. The Participants were women from residential community Groups in Sarjapura, Bangalore, India, who met the study criteria, and confidentiality of responses was maintained throughout the data collection process.

Participants were informed about the purpose of the study, and only those who consented voluntarily were included.

3.9 Instruments

The primary instrument used in the study was a structured questionnaire consisting of demographic details and the following standardized psychological scales:

1. Edinburgh Postnatal Depression Scale (EPDS)

The EPDS was used to assess depressive symptoms experienced by women following childbirth.

2. Generalized Anxiety Disorder-7 (GAD-7)

The GAD-7 was used to assess symptoms of generalized anxiety.

3. Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS was used to measure participant's perceived levels of social support from family, friends, and significant others.

3.10 Ethical Considerations

Ethical principles were maintained throughout the study. Informed consent was obtained from all participants prior to data collection. Participants were informed about the purpose of the study, assured that participation was voluntary, and given the right to withdraw at any point without penalty. Confidentiality and anonymity of responses were strictly maintained.

3.11 Statistical Analysis

The collected data were analyzed using descriptive statistics (frequencies and percentages) and inferential statistics (Pearson's correlation analysis). The responses obtained from the participants were systematically organized and assessed to understand patterns in mental health outcomes and perceived social support.

IV. RESULTS

Table 1

Age Distribution of Participants

Age Category	Frequency	Percentage
35-44	50	50%
25-34	45	45%
45+ Years	5	5%
Total	100	100%

Table 1 indicates that the majority of participants (50%) were between 35 and 44 years, followed by 45% in the 25–34 years age group. Only 5% of participants were aged 45 years and above. This suggests that the sample primarily consisted of women in the adult reproductive and post-reproductive age range who were reflecting on childbirth experiences over a longer postpartum period.

Table 2

Levels of Depression Based on EPDS Scores

Category	Frequency	Percentage
No Depression	30	30%
Mild Depression	35	35%
Moderate Depression	25	25%
Severe Depression	10	10%
Total	100	100%

Note. EPDS = Edinburgh Postnatal Depression Scale.

The findings show that 35% of participants reported mild depressive symptoms, while 25% reported moderate depression and 10% reported severe depression. These results indicate that a substantial proportion of women in the sample experienced depressive symptoms even beyond the immediate postpartum period.

Table 3*Levels of Anxiety Based on GAD-7 Scores*

Category	Frequency	Percentage
Minimal Anxiety	28	28%
Mild Anxiety	32	32%
Moderate Anxiety	25	25%
Severe Anxiety	15	15%
Total	100	100%

Note. GAD-7 = Generalized Anxiety Disorder Scale.

The table indicates that **32%** of participants experienced **mild anxiety**, while **25%** reported **moderate anxiety** and **15%** reported **severe anxiety**. These findings suggest that anxiety symptoms remain relevant among women in the long-term postpartum period

Table 4*Levels of Perceived Social Support Based on MSPSS Scores*

Category	Frequency	Percentage
Low Support	20	20%
Moderate Support	50	50%
High Support	30	30%
Total	100	100%

Note. MSPSS = Multidimensional Scale of Perceived Social Support.

The Table indicates that 50% of participants reported moderate levels of perceived social support, while 30% reported high support and 20% reported low support. These findings suggest that although many women perceive a reasonable level of support, a considerable proportion still experience insufficient support during the long-term postpartum period.

Table 5*Correlation Between Perceived Social Support and Mental Health Variables*

Variables	r-value	Significance
Social Support & Depression	-0.45	$p < .01$
Social Support & Anxiety	-0.40	$p < .01$

Note. r = Pearson correlation coefficient. $p < .01$ indicates statistical significance.

Table 5 shows the relationship between perceived social support and mental health outcomes among women following childbirth. The results revealed a moderate negative correlation between social support and depression ($r = -0.45$, $p < .01$), indicating that participants who reported higher levels of perceived social support tended to experience lower levels of depressive symptoms. Similarly, a moderate negative correlation was found between social support and anxiety ($r = -0.40$, $p < .01$), suggesting that women with greater perceived social support were less likely to report anxiety symptoms. These findings indicate that higher levels of support are associated with better mental health outcomes in the postpartum period.

V. DISCUSSION

The present study examined the relationship between perceived postpartum support and long-term mental health outcomes among women following childbirth, with specific focus on depression and anxiety. The findings revealed that a considerable proportion of women continued to experience mild to moderate depressive and anxiety symptoms, while many reported only moderate levels of perceived social support. Most importantly, the study found a significant negative relationship between perceived social support and both depression and anxiety, indicating that women who perceived greater support were less likely to report psychological distress in the postpartum period.

These findings are consistent with existing literature emphasizing that the postpartum period is a psychologically vulnerable phase marked by emotional, hormonal, social, and role-related adjustments. While childbirth is often viewed as a positive life event, it can also involve stress, exhaustion, uncertainty, and emotional strain that may affect maternal mental health. The present findings support previous research suggesting that postpartum mental health difficulties are not always short-lived but may persist beyond the immediate postnatal phase when adequate support is lacking.

A notable finding of the study was the presence of depressive symptoms among many participants. Although some women reported no depression, a substantial proportion experienced mild to severe symptoms, suggesting that emotional distress remained present after childbirth. This finding aligns with Cox, Holden, and Sagovsky (1987), who noted that postpartum depression may involve sadness, fatigue, irritability, crying spells, and hopelessness. Similarly, O'Hara and McCabe (2013) described postpartum depression as a significant public health concern affecting maternal adjustment, daily functioning, and quality of life. The persistence of depressive symptoms in the present study may reflect challenges such as sleep disruption, caregiving burden, role transition, and limited emotional or practical assistance.

The study also found that many women experienced anxiety symptoms, with participants falling across mild to severe anxiety categories. This is particularly important, as postpartum anxiety often receives less attention than postpartum depression despite being highly prevalent. Anxiety during the postpartum period may manifest as excessive worry, fear of making parenting mistakes, restlessness, or inability to relax. The present findings are consistent with Spitzer et al. (2006) and Dennis and Falah-Hassani (2017), who highlighted postpartum anxiety as a common and clinically meaningful concern. These findings reinforce the importance of understanding maternal mental health more broadly, rather than focusing on depression alone.

Another important result was that many participants reported only moderate levels of perceived social support, while some reported low support. Perceived support reflects not only the presence of others but also the extent to which women feel emotionally understood, practically helped, valued, and cared for. In the postpartum context, such support may come from spouses, family members, friends, or healthcare systems. This finding is consistent with Zimet et al. (1988), who conceptualized social support as a multidimensional construct involving family, friends, and significant others. The results suggest that even when some support is available, it may not always be sufficient to protect women from the emotional demands of motherhood.

The most significant contribution of the present study lies in the finding that perceived social support was significantly negatively correlated with both depression and anxiety. Women who perceived greater support reported lower levels of emotional distress, highlighting support as a protective factor in maternal mental health. This finding is strongly supported by Cohen and Wills' (1985) buffering hypothesis, which proposes that social support reduces the harmful effects of stress by improving coping and emotional resilience. Similarly, Dennis and Letourneau (2007) found that lower perceived support was associated with greater postpartum depressive symptoms, while Leahy-Warren, McCarthy, and Corcoran (2012) reported that reduced support was linked to higher postnatal depression and poorer maternal adjustment. From a practical perspective, these findings suggest that maternal mental health interventions should extend beyond symptom management and include efforts to strengthen women's support systems. Partner involvement, family awareness, community support, and psychosocial care within maternal health services may play an important role in promoting emotional well-being. The findings also highlight the need for routine screening not only for postpartum depression and anxiety but also for perceived support deficits, as emotional struggles may remain unnoticed in women who appear physically well after childbirth.

Despite its contributions, the study has certain limitations. The cross-sectional design prevents conclusions about causality, the self-report nature of the tools may introduce response bias, and the use of online purposive sampling may limit generalizability. Nevertheless, the study provides meaningful insight into the long-term psychological experiences of postpartum women and underscores the importance of social and emotional support in maternal well-being.

Hypothesis Testing

The null hypothesis stated that there is no statistically significant relationship between levels of postpartum support and long-term mental health outcomes among women. However, the findings showed significant negative correlations between perceived social support and both depression and anxiety. Therefore, the null hypothesis was rejected. This indicates that postpartum support plays a meaningful role in maternal psychological well-being and is significantly associated with better long-term mental health outcomes

VI. CONCLUSION

The present study concludes that postpartum mental health challenges remain an important concern even beyond the immediate postnatal period. A substantial proportion of women in the study reported symptoms of depression and anxiety, indicating that psychological distress may persist long after childbirth. At the same time, perceived social support emerged as a significant protective factor, with higher support being associated with lower levels of emotional distress.

The findings highlight the importance of viewing maternal mental health as a long-term public health and psychological issue rather than a short-term postpartum adjustment phase. Continuous emotional support, family involvement, and access to professional mental health care may contribute meaningfully to women's long-term psychological recovery following childbirth.

Implications of the Study

Theoretical Implications

The findings support a **biopsychosocial understanding** of maternal mental health by demonstrating the relevance of psychosocial factors, particularly perceived social support, in long-term postpartum adjustment. The study contributes to the growing literature emphasizing that maternal mental health is shaped not only by biological changes but also by interpersonal and social experiences following childbirth.

Practical Implications

The findings underscore the need for **routine mental health screening** for women not only during pregnancy and the immediate postpartum period, but also during later phases of motherhood. Healthcare professionals should be encouraged to identify depressive and anxiety symptoms early and provide appropriate referrals where necessary. Family-based psychoeducation and strengthening social support systems may further contribute to improved maternal mental health outcomes.

Limitations of the Study

The present study has certain limitations that should be acknowledged. First, the study relied on self-report measures, which may be influenced by recall bias and social desirability bias. Second, the use of a purposive sampling technique and a relatively small sample size limits the generalizability of the findings. Third, the cross-sectional nature of the study prevents the establishment of causal relationships between social support and mental health outcomes. Finally, the broad postpartum range of 6 months to 5 years may include women with varying recovery experiences, which could influence the uniformity of findings.

Suggestions for Future Research

Future research may employ **longitudinal designs** to better understand changes in postpartum mental health over time and to establish stronger causal interpretations. Studies involving **larger and more diverse samples** would improve generalizability across different populations and sociocultural contexts. Further research may also examine the effectiveness of specific interventions, such as counselling, peer support, family-based support, and community mental health programs, in improving long-term maternal psychological recovery following childbirth.

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