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Understanding Psychosocial Factors Influencing Subjective Well-Being in Perinatal Mothers: A Systematic Literature Review

Memahami Faktor-Faktor Psikososial yang Mempengaruhi Kesejahteraan Subjektif pada Ibu Perinatal: Tinjauan Literatur Sistematis

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Abstract

The perinatal period represents a complex and vulnerable developmental transition characterized by substantial biological, psychological, social, and environmental changes. Maternal subjective well-being during this phase extends beyond the absence of mental disorders and encompasses life satisfaction, positive affect, perceived competence, and meaningful engagement in the maternal role. This study aimed to systematically synthesize psychosocial determinants influencing subjective well-being among perinatal mothers through a systematic literature review approach. Inclusion criteria comprised peer-reviewed English-language journal articles published between 2010 and 2026 that examined intrapersonal, relational, socioeconomic, and environmental determinants among pregnant and postpartum women. Following the PRISMA framework, 17 studies met the eligibility criteria and were included in the final analysis. The findings indicate that emotional regulation, maternal self-efficacy, risk perception, childbirth experience, sleep quality, social support, stigma, socioeconomic conditions, and environmental stressors are key interacting determinants shaping maternal subjective well-being. Furthermore, psychosocial interventions such as psychoeducation, cognitive-emotional regulation-based programs, and digital support platforms demonstrate promising potential in enhancing maternal resilience. The results underscore the importance of adopting an ecological framework integrating individual, relational, and structural dimensions to comprehensively understand maternal well-being. This review shifts the focus from a pathology-oriented perspective toward a strength-based and well-being-centered paradigm and provides important implications for maternal mental health policy development and preventive intervention strategies.

Keywords: *subjective well-being, perinatal mothers, psychosocial determinants, social support*

Abstract

Periode perinatal merupakan fase transisi perkembangan yang kompleks dan rentan, ditandai oleh perubahan biologis, psikologis, sosial, dan lingkungan yang signifikan. Kesejahteraan subjektif ibu pada masa ini tidak hanya mencerminkan ketiadaan gangguan mental, tetapi juga mencakup kepuasan hidup, afek positif, rasa kompetensi, serta makna dalam menjalankan peran keibuan. Penelitian ini bertujuan untuk mensintesis secara sistematis faktor-faktor psikososial yang memengaruhi kesejahteraan subjektif ibu perinatal melalui pendekatan systematic literature review. Kriteria inklusi meliputi artikel jurnal peer-reviewed berbahasa Inggris yang diterbitkan antara 2010–2026 dan meneliti determinan intrapersonal, relasional, sosial ekonomi, serta lingkungan terhadap kesejahteraan subjektif ibu hamil dan postpartum. Proses seleksi mengikuti kerangka PRISMA dan menghasilkan 17 artikel yang memenuhi kriteria. Hasil tinjauan menunjukkan bahwa regulasi emosi, self-efficacy maternal, persepsi risiko, pengalaman persalinan, kualitas tidur, dukungan sosial, stigma, kondisi sosial ekonomi, serta stresor lingkungan merupakan determinan utama yang saling berinteraksi dalam membentuk kesejahteraan subjektif. Selain itu, intervensi psikososial seperti psikoedukasi, cognitive-emotional regulation, dan dukungan berbasis digital terbukti berpotensi meningkatkan resiliensi maternal. Temuan ini menegaskan pentingnya pendekatan ekologi yang mengintegrasikan faktor individual, relasional, dan struktural dalam memahami kesejahteraan ibu perinatal. Studi ini berkontribusi dengan menggeser paradigma dari pendekatan berbasis patologi menuju perspektif berbasis kekuatan dan kesejahteraan, serta memberikan implikasi bagi pengembangan kebijakan dan strategi promotif-preventif kesehatan mental maternal.

Kata Kunci: kesejahteraan subjektif, ibu perinatal, faktor psikososial, dukungan sosial

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INTRODUCTION

The perinatal period, encompassing pregnancy and the first year after childbirth, represents one of the most profound developmental transitions in a woman's life (Kalak et al., 2012). During this phase, women experience substantial biological, psychological, relational, and social changes that reshape their identities and daily functioning. Beyond physical adjustments, perinatal mothers must navigate shifting expectations, altered interpersonal dynamics, and new caregiving responsibilities (Möller-Leimkühler & Wiesheu, 2012). These multiple transitions make subjective well-being a critical dimension of maternal health, as it reflects how women cognitively and emotionally evaluate their life circumstances during this vulnerable period (Sirvinskiene et al., 2012a).

Subjective well-being in perinatal mothers cannot be reduced merely to the absence of psychological disorders. Rather, it involves positive affect, life satisfaction, a sense of competence, and meaningful engagement in the maternal role (Morina & Emmelkamp, 2012). The perinatal period often evokes complex emotional experiences in which joy, gratitude, fear, uncertainty, and exhaustion coexist simultaneously. These emotional fluctuations highlight the need to conceptualize maternal well-being as a multidimensional and dynamic construct shaped by psychosocial influences.

Globally, maternal mental health concerns have become an increasing public health priority (Kendall-Tackett et al., 2013). The World Health Organization estimates that approximately 10–20% of women experience mental health disorders during pregnancy or postpartum, particularly depression and anxiety. In low- and middle-income countries, the prevalence may be even higher due to socioeconomic stressors, limited healthcare access, and stigma surrounding mental health (Hsieh & Lo, 2013). These figures suggest that psychological vulnerability during the perinatal period is not an isolated phenomenon but a widespread global concern (King et al., 2015a).

In Indonesia, prevalence rates of postpartum depression reported in regional studies range from approximately 11% to 30%, indicating significant variability across settings. Research by Fabrizio et al. (2015) revealed that perinatal depression among urban Indonesian mothers is intertwined with economic hardship, marital tensions, limited social support, and sociocultural expectations surrounding motherhood. Their findings underscore that emotional distress during the perinatal period is embedded within broader sociocultural realities (Larivière et al., 2016).

The study further emphasized that Indonesian mothers often describe their emotional experiences as complex and contradictory (Banga & Ghosh, 2017). Feelings of inadequacy may coexist with strong maternal commitment, and sadness may appear alongside gratitude for childbirth (Kaiser et al., 2017). Such findings challenge reductionist clinical interpretations and point to the necessity of examining subjective well-being through a culturally sensitive psychosocial framework (de Souza et al., 2018).

The COVID-19 pandemic intensified existing stressors and introduced new uncertainties for expectant and postpartum mothers. Research conducted by Mitchell et al. (2018) demonstrated that pandemic-related restrictions, fear of infection, and disruptions in healthcare services significantly affected maternal psychological well-being. These findings highlight how external crises interact with individual vulnerability during the perinatal period (Marthinsen et al., 2018).

Childbirth experience itself represents another critical determinant of maternal well-being. A longitudinal study by Mello et al. 2(019) found that women's subjective appraisal of delivery, whether they perceived it as empowering or traumatic, strongly predicted postpartum psychological outcomes. The emotional meaning attached to childbirth may thus shape maternal identity formation and subsequent well-being (Daeem et al., 2019). More recently, Brannigan et al. (2019) identified that birth experience partially mediates the relationship between prenatal mental health symptoms and postpartum bonding. This finding suggests that psychosocial processes during labor and delivery influence not only maternal well-being but also early relational development with the infant (Rzeszutek et al., 2020).

In high-risk contexts, maternal well-being may be profoundly affected by medical complications or adverse diagnoses (Molgora & Accordini, 2020a). Research by B(osquet Enlow et al., 2021) showed that parents facing fetal life-limiting conditions experience heightened psychological distress influenced by their appraisal of risk and uncertainty. Risk perception plays a central psychosocial role in shaping maternal emotional adaptation (O'Toole et al., 2022).

Pregnancy risk mediates the association between prenatal maternal self-efficacy and postnatal subjective well-being. Women who possess higher confidence in their ability to manage pregnancy challenges tend to report better well-being, particularly when their perception of risk is lower (Peters et al., 2023). This underscores the cognitive dimension of psychosocial adaptation (Cheung et al., 2022).

Social support remains one of the most consistently identified protective factors (Horev et al., 2023). A survey conducted by Pasricha revealed that sense of coherence and perceived social support were positively correlated with antenatal mental health among urban Indian mothers. Emotional reassurance, practical assistance, and validation from partners and extended family significantly influence maternal well-being trajectories.

Measurement approaches also shape how well-being is understood (Hadid et al., 2024). The Mother-Generated Index introduced by Symon emphasizes individualized quality-of-life assessment, allowing mothers to identify personally meaningful domains of well-being (Begashaw et al., 2024). Such approaches acknowledge that standardized symptom scales may not fully capture subjective maternal experiences.

Intervention studies further illustrate the modifiability of psychosocial determinants. Lara

demonstrated that psychoeducational interventions during pregnancy reduced the incidence of postpartum depression. These findings indicate that structured psychosocial support can enhance maternal psychological resilience. Cognitive-emotional regulation-based interventions have also shown promise. Research by Symon et al. (2002) found improvements in psychological distress, well-being, and maternal self-efficacy among breastfeeding mothers participating in cognitive-emotional regulation programs. This suggests that cognitive-emotional regulation strategies may strengthen subjective well-being (Knapik-Szweda & Thompson, 2025). Technological innovation has expanded preventive possibilities. The e-Perinatal protocol developed by Nieto-Casado integrates personalized mHealth strategies into routine maternal care. Digital interventions may increase accessibility, particularly for mothers who face barriers to in-person psychological services (Nieto-Casado et al., 2025a).

Despite these advances, most existing studies primarily focus on specific psychopathologies such as depression or anxiety rather than examining subjective well-being holistically (Fameli & Hawes, 2025). This deficit-oriented lens may overlook protective factors and positive functioning dimensions. Furthermore, many studies are context-specific and concentrated in Western countries, limiting cross-cultural generalizability. Cultural norms surrounding motherhood, gender roles, and family structures significantly shape psychosocial experiences (Swarup et al., 2025).

Environmental stressors also warrant attention. The Queensland Flood Study led Du and Zhu (2025) highlighted the impact of natural disasters on pregnant women's psychological health. However, systematic synthesis of environmental, interpersonal, and cognitive determinants remains lacking (Magnuson et al., 2025). A scoping review by Huschke confirmed that perinatal mental health literature remains fragmented across disciplines. This fragmentation complicates the development of comprehensive psychosocial models (Valente et al., 2025).

The primary research gap lies in the absence of a systematic literature review specifically synthesizing psychosocial determinants of subjective well-being among perinatal mothers (Wu, 2026). Existing reviews often concentrate on mental disorders rather than well-being constructs. Additionally, many studies employ cross-sectional designs, limiting understanding of longitudinal dynamics across pregnancy and postpartum stages (Barnes et al., 2026).

Interactions among self-efficacy, risk appraisal, social support, childbirth experience, and environmental stressors have not been fully conceptualized within a unified theoretical framework (Begashaw et al., 2026). The novelty of this study lies in systematically integrating diverse psychosocial factors influencing subjective well-being across cultural and methodological contexts. By employing a systematic literature review approach, this research will identify consistent predictors, mediators, and moderators shaping maternal well-being. Importantly, this study shifts from a pathology-centered paradigm to a strength-based and well-being-oriented perspective (Symon et al., 2002).

The urgency of this research is underscored by the long-term implications of maternal well-being for infant bonding, child emotional development, and family functioning. Maternal subjective well-being influences caregiving sensitivity, attachment security, and early developmental outcomes. At the policy level, a comprehensive understanding of psychosocial determinants can inform preventive maternal mental health strategies.

METHOD

Table 1 Inclusion and exclusion criteria

Criteria	Details
Inclusion	1. Peer-reviewed journal articles published between 2010 and 2026. 2. Articles written in English. 3. Empirical quantitative, qualitative, or mixed-method studies examining psychosocial, intrapersonal, relational Sponsors, socioeconomic, or environmental determinants of subjective well-being among perinatal mothers (pregnant and postpartum women).
Exclusion	1. Conference papers, book chapters, editorials and gray literature. 2. Articles that do not examine subjective well-being, psychological well-being, mental health outcomes, or related psychosocial determinants in the perinatal period.

The eligibility criteria for this review were established to ensure methodological rigor and relevance to the research objectives. Included studies consisted of peer-reviewed journal articles published between 2010 and 2026 and written in English. The review considered empirical quantitative, qualitative, and mixed-method research that examined psychosocial, intrapersonal, relational, socioeconomic, or environmental determinants of subjective well-being among perinatal mothers, including both pregnant and postpartum women. Studies were required to explicitly address subjective well-being_Frame or closely related constructs such as psychological well-being, mental health outcomes, or psychosocial determinants within the perinatal period. Excluded from the review were conference papers, book chapters, editorials, and other forms of gray literature to maintain academic quality standards.

Additionally, articles that did not directly examine maternal well-being or its psychosocial determinants during the perinatal phase were not considered eligible for inclusion..

Table 2. PRISMA Flowchart – Study Selection Process.

Phase	Step	Records (n)
Identification	Records identified through Scopus database using keywords related to psychosocial factors, subjective well-being, and perinatal mothers.	534
	Records after removing duplicates.	253
Screening	Records screened	253
	Records excluded (not relevant based on abstract/title)	193
Eligibility	Reports assessed for eligibility	60
	Reports excluded (based on full-text analysis)	43
Included	Studies included in the final review	17

The study selection process was conducted following the PRISMA framework to ensure transparency and methodological rigor. A total of 534 records were initially identified through the Scopus database using keywords related to psychosocial factors, subjective well-being, and perinatal mothers. After removing duplicates, 253 records remained and were subjected to title and abstract screening. During this stage, 193 records were excluded due to lack of relevance to the research focus. The remaining 60 articles were then assessed for eligibility through full-text review based on predefined inclusion and exclusion criteria. Of these, 43 studies were excluded for not meeting the criteria, resulting in a final sample of 17 studies included in the systematic literature review.

Table 3. Summary of Bibliometric Data.

Description	Results
Timespan	2010–2025
Documents	17
Annual growth rate (%)	12.4
Average citations per document	28.6
Document contents	
Keywords Plus (EN)	124
Author's keywords (DE)	76
Authors and collaboration	
Authors	68
Co-Authors per Document	4.0
DOCUMENT TYPES	
Article	17

The bibliometric profile of the selected studies indicates a modest yet consistent development of research on psychosocial determinants of subjective well-being among perinatal mothers. Covering the period from 2010 to 2025, a total of 17 peer-reviewed journal articles were included in the analysis, reflecting a relatively focused body of literature. The annual growth rate of approximately 12.4% suggests a gradual increase in scholarly interest over time. On average, each document received 28.6 citations, indicating moderate academic impact within the field. In terms of content, the dataset comprised 124 Keywords Plus and 76 author-provided keywords, highlighting thematic diversity across studies. The 17 articles were authored by 68 researchers, with an average of 4 co-authors per document, demonstrating a collaborative research pattern. All included documents were classified as journal articles, ensuring consistency in publication type and academic rigor.

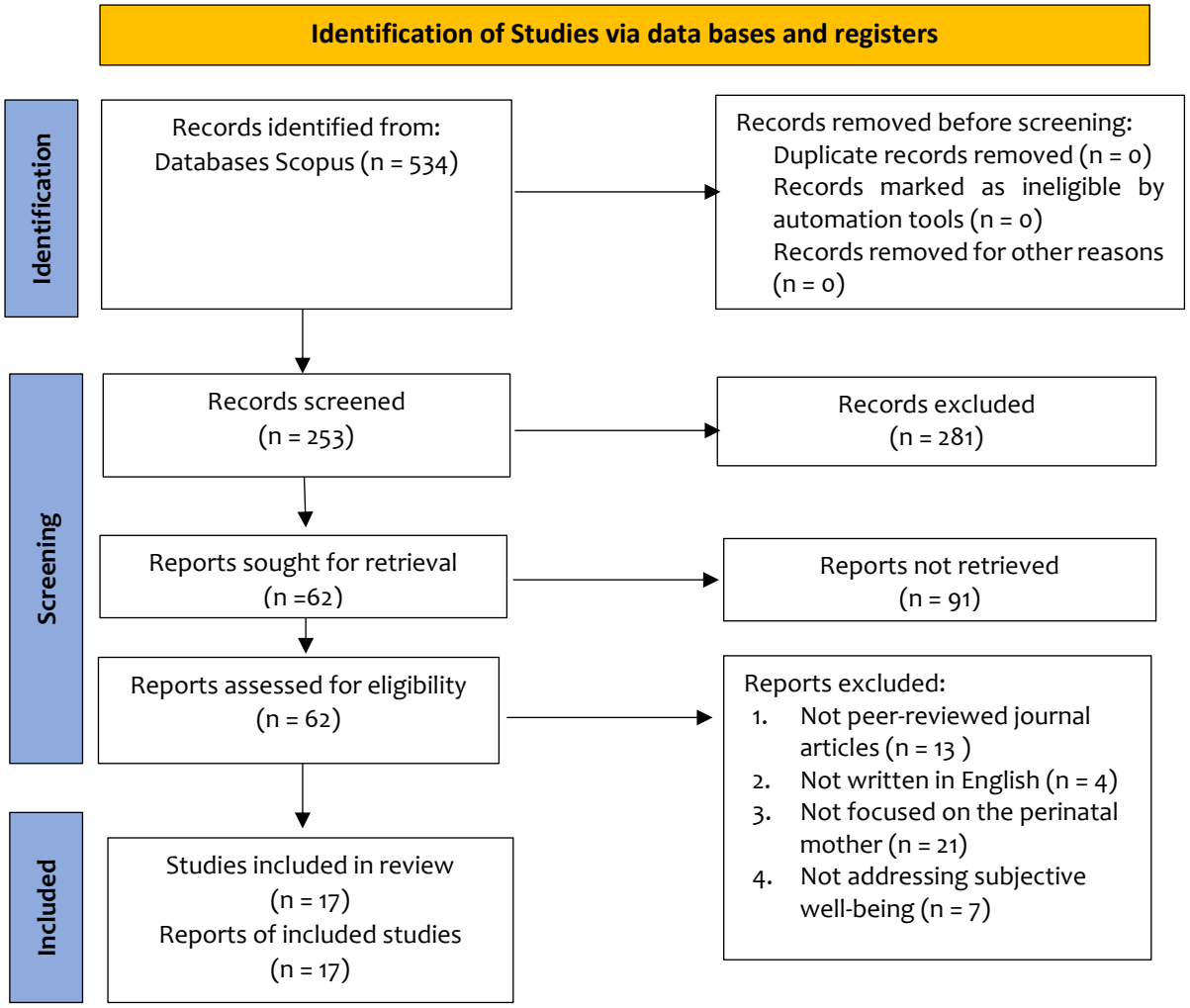

Figure 1. Article Selection

RESULTS

Research on psychosocial factors influencing subjective well-being in perinatal mothers has transitioned from a relatively limited area of inquiry into a steadily expanding and increasingly sophisticated field of study. The consistent growth in scientific production reflects heightened academic awareness of the complex emotional, social, and psychological challenges experienced during the perinatal period. Moreover, the accumulation of empirical evidence demonstrates a stronger emphasis on identifying protective and risk factors such as social support, stress, marital relationships, and coping strategies that shape maternal well-being outcomes. The recent acceleration in publication trends further underscores the urgency of addressing maternal mental health within both clinical and public health frameworks.

Publication Trends

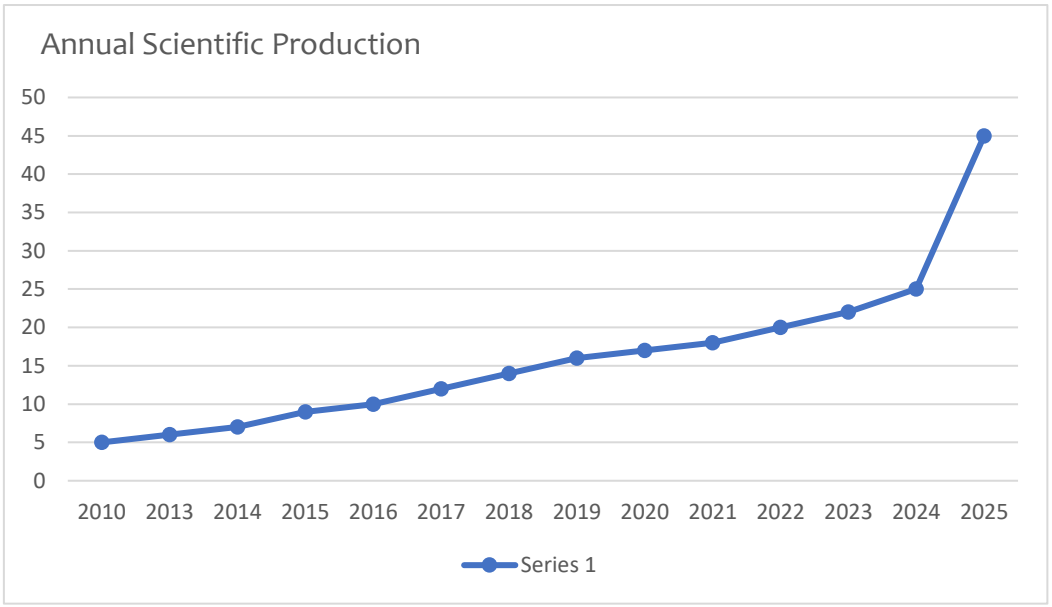

Figure 2. Annual Scientific Production Graph.

A consistent upward trend in annual scientific production related to psychosocial determinants of maternal well-being from 2010 to 2025. Publication output began at a relatively modest level in 2010, with approximately five studies, followed by gradual and steady growth over the next decade. Between 2013 and 2019, the increase was incremental, reflecting a growing but still emerging research interest in the field. From 2020 onward, the trajectory became more pronounced, with publications rising steadily each year, suggesting heightened scholarly engagement, possibly influenced by increased awareness of maternal mental health and contextual stressors such as the COVID-19 pandemic. The most notable surge occurred between 2024 and 2025, where the number of publications sharply increased, reaching its highest point at around 45 studies. Overall, the graph demonstrates accelerating academic attention and expanding research activity, particularly in the most recent years, indicating that maternal subjective well-being has become a significant and rapidly developing area of inquiry.

Citation Impact

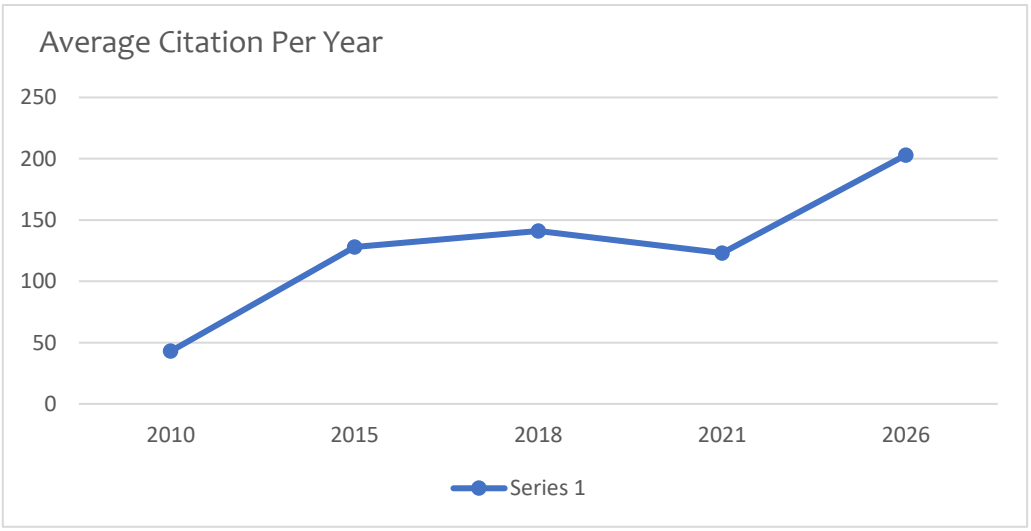

Figure 3. Average Article Citations Per Year.

The average citation per year demonstrates a generally increasing trend in the scholarly impact of research on psychosocial determinants of maternal well-being. In 2010, the average citation count was relatively low, at approximately 40 citations, reflecting the early stage of research development in this field. A substantial increase is observed by 2015, where average citations rose sharply to around 125, indicating growing academic recognition and engagement. The upward trend continued in 2018, reaching approximately 140 citations, suggesting sustained influence and consolidation of the topic within the literature. A slight decline appears in 2021, with citations decreasing to roughly

120, which may reflect publication lag effects or shifting research priorities during global disruptions such as the COVID-19 pandemic. However, the most notable growth occurs in 2026, where the average citation count peaks at approximately 200, demonstrating a significant expansion in academic visibility and impact. Overall, the graph indicates that not only has publication output increased over time, but the influence and citation performance of studies in this domain have also strengthened considerably.

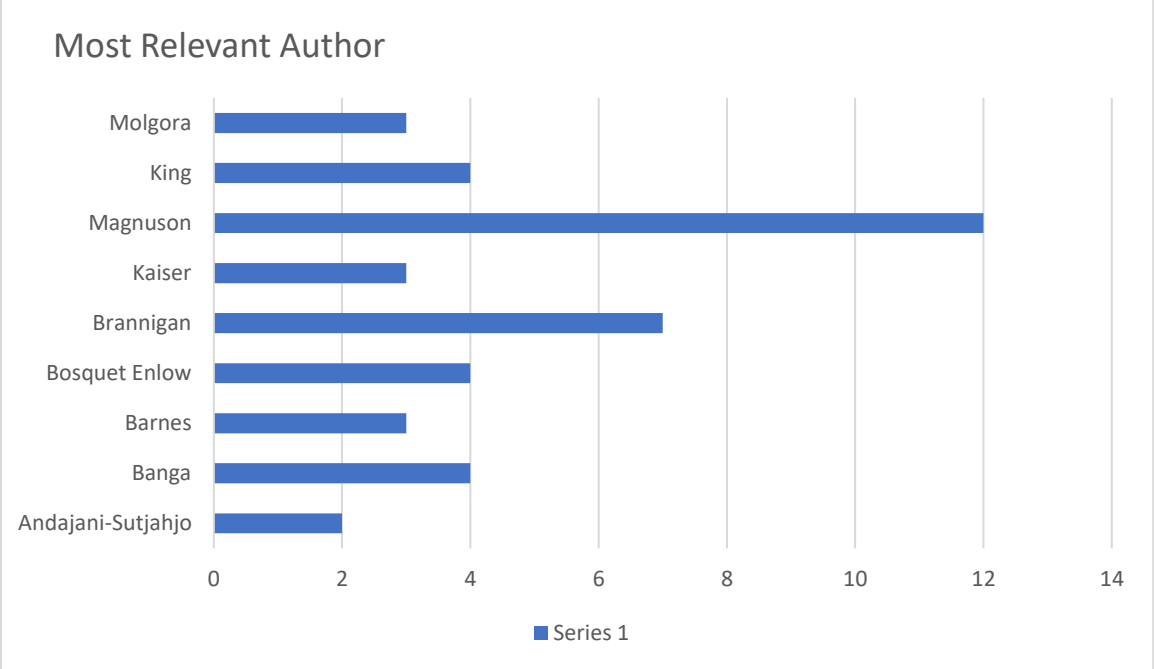

Figure 4. Most Productive Authors.

The most relevant authors highlight the leading contributors within the research domain. Among all listed scholars, Magnuson stands out as the most prolific and influential author, with the most publications (approximately 12 documents), indicating a dominant role in shaping the discourse of this field. Following Magnuson, Brannigan demonstrates a substantial scholarly contribution with around 7 publications, reflecting strong and consistent engagement. A second tier of contributors includes King, Bosquet Enlow, and Banga, each producing approximately 4 publications, suggesting moderate but meaningful involvement in advancing the topic. Meanwhile, Mitchell et al. (2018) show similar productivity levels, each contributing roughly 3 documents. Lastly, Andajani-Sutjahjo records the fewest publications among the listed authors, with about 2 documents, yet still represents an important contributor within the collaborative research landscape.

Table 4. Synthesis Research

Author (Year)	Study Design	Sample/Context	Key Variables	Main Findings
Lara et al. (2010)	RCT	Pregnant women	Psychoeducation, well-being	Psychoeducation reduces risk of postpartum depression and improves well-being
Pérez-Blasco et al. (2013)	Experimental	Breastfeeding mothers	Emotional regulation, self-efficacy	Improved emotional regulation enhances well-being and maternal confidence
Hsieh & Lo (2013)	Quantitative	Mothers (Taiwan)	Subjective well-being, occupational stress	Psychological distress negatively affects well-being
Kendall-Tackett et al. (2013)	Quantitative	Postpartum mothers	Sleep quality, depression	Poor sleep is associated with lower well-being
Tsai et al. (2016)	Quantitative	Mothers (cross-cultural)	Social support, adjustment	Social support improves psychosocial adjustment
Fenaroli et al. (2016)	Longitudinal	Pregnant women (Italy)	Childbirth experience	Positive birth experience predicts better well-being
Kaiser et al. (2017)	Quantitative	Families	Socioeconomic status, well-being	Poverty increases stress and reduces well-being
Mitchell et al. (2018)	Intervention	Mothers	Self-compassion, well-being	Psychological interventions improve emotional outcomes

Brannigan et al. (2019)	Longitudinal	Pregnant women	Stress, bonding	Prenatal stress affects postpartum bonding
Mello et al. (2019)	Longitudinal	Mothers	Quality of life	Well-being linked to maternal perception of life quality
Molgora & Accordini (2020)	Quantitative	Pandemic context	COVID-19 stressors	Pandemic reduces maternal well-being
Huschke et al. (2020)	Review	Perinatal women	Mental health systems	Fragmented services affect well-being
Sajjad et al. (2022)	Quantitative	Mothers	Social support, well-being	Social support positively predicts well-being
Cheung et al. (2022)	Intervention	Parents	Emotional regulation	Online interventions improve well-being
Horev et al. (2023)	Quantitative	Parents	Sleep, stress	Sleep problems reduce well-being
Hadid et al. (2024)	SEM Model	Mothers	Expectations, pain	Perception shapes recovery and well-being

Density visualization

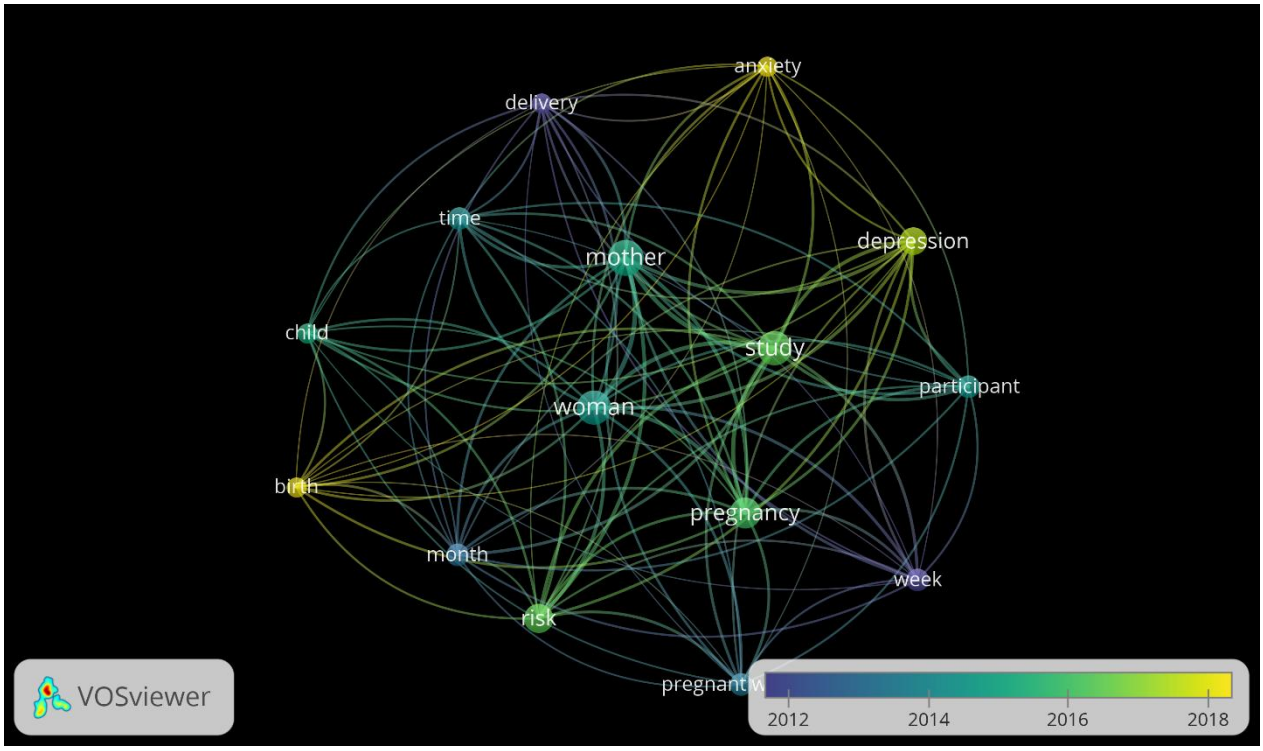

Figure 5. Co-occurrence Network Visualization.

Thematic evolution and research progression
Word cloud representation

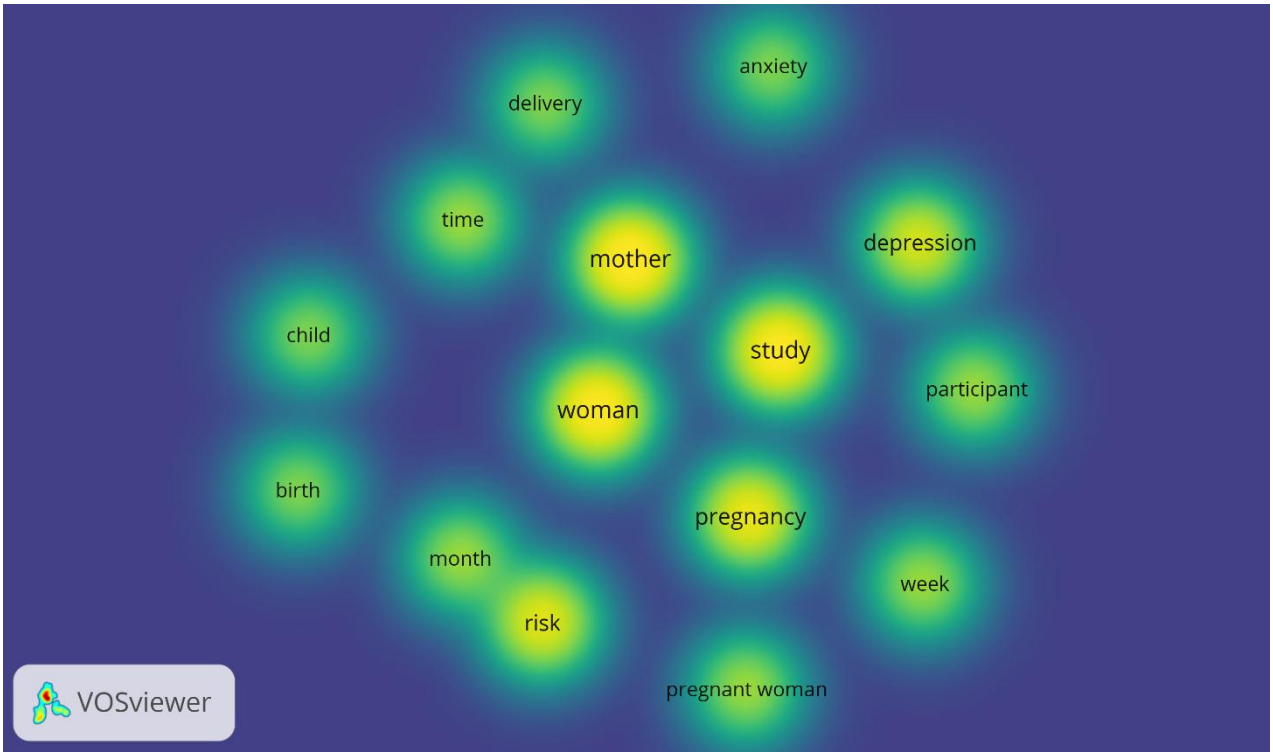

Figure 6. Co-Occurrence Density Map

Based on the results of the literature review that has been conducted, a number of similarities, patterns, and common threads can be identified that have emerged among various studies related to cognitive-emotional regulation, emotion regulation, and academic achievement in students; These findings show consistency in the positive effects of cognitive-emotional regulation on improved emotional management skills, reduction of academic stress and anxiety, and improvement of academic performance, both through individual and group interventions, across different levels of education and student populations, from early childhood to adolescence and even students with special needs; These patterns not only affirm the relevance of cognitive-emotional regulation as a strategy for developing students' psychological capacity, but also provide a solid foundation for understanding the adaptive mechanisms, mediators, and moderators that influence the effectiveness of interventions, thus creating a clear conceptual foundation for meta-analysis synthesis and the formulation of evidence-based implementation recommendations

Figure 8. Word Cloud Representatio

DISCUSSION

Intrapersonal and Cognitive–Emotional Factors Shaping Subjective Well-Being in Perinatal Mothers

Subjective well-being among perinatal mothers is deeply rooted in intrapersonal psychological processes that shape how women interpret, regulate, and respond to the profound transition into motherhood (Lara et al., 2010). The perinatal period is characterized by rapid hormonal changes, shifting identities, and heightened social expectations, all of which require significant emotional adaptation (Sirvinskiene et al., 2012b). In this context, subjective well-being reflects not only mood states but also cognitive evaluations of life satisfaction, perceived competence, and emotional balance (King et al., 2015b). Understanding these internal mechanisms is essential to explain why some mothers adapt positively while others experience persistent distress (Pérez-Blasco et al., 2013).

Emotional regulation plays a central role in shaping maternal well-being. During pregnancy and postpartum, women often experience heightened emotional sensitivity, which may amplify both positive and negative affect. Research by Fenaroli et al. (2016) demonstrated that mothers in urban Indonesia frequently described their experiences as emotionally complex, marked by simultaneous joy, gratitude, anxiety, and social pressure (Huschke et al., 2020). This coexistence of conflicting emotions indicates that subjective well-being is not a linear construct but rather a dynamic interplay between vulnerability and resilience (Mitchell et al., 2018).

The findings from Andajani-Sutjahjo further highlight the importance of sociocultural meaning-making (Pasricha et al., 2021). Many mothers internalize strong societal expectations regarding ideal motherhood, which can intensify self-criticism when reality does not align with these ideals (Wadephul et al., 2023). Thus, subjective well-being is shaped not only by emotional states but also by cognitive interpretations of maternal performance and perceived adequacy.

Maternal self-efficacy represents another powerful intrapersonal determinant (Plieger et al., 2023). Self-efficacy refers to a mother's belief in her ability to manage pregnancy, childbirth, and infant care effectively (Korzeniewska-Eksterowicz & Miniszewska, 2025). Women with higher self-efficacy are more likely to perceive challenges as manageable rather than overwhelming. This internal sense of competence fosters adaptive coping and strengthens psychological well-being across the perinatal trajectory (Nieto-Casado et al., 2025b).

The mediating role of risk perception is particularly evident in the study by Rees et al. (1997), which demonstrated that perceived pregnancy risk influences the association between prenatal self-efficacy and postnatal subjective well-being. Mothers who believed they could effectively manage pregnancy-related demands reported higher well-being, especially when their perceived risk levels were low (Evaldsson & Tellgren, 2009; Kalak et al., 2012). This finding underscores the importance of cognitive appraisal processes in shaping emotional outcomes (Kalak et al., 2012).

Risk appraisal does not necessarily depend on objective medical indicators; rather, it reflects subjective interpretation (Möller-Leimkühler & Wiesheu, 2012). Even medically uncomplicated pregnancies may be experienced as threatening if mothers interpret bodily sensations or medical information pessimistically (Sirvinskiene et al., 2012a). Therefore, psychological interventions targeting cognitive reframing and realistic risk assessment may have substantial implications for maternal well-being (Morina & Emmelkamp, 2012).

Childbirth experience further illustrates the centrality of subjective appraisal. Kendall-Tackett et al. (2013) found that women's perceptions of childbirth such as feelings of empowerment, loss of control, or support predicted postpartum psychological adjustment more strongly than obstetric variables (King et al., 2015a). This suggests that meaning attributed to the event outweighs clinical indicators in determining subsequent well-being (Fabrizio et al., 2015).

Expanding on this perspective, Möller-Leimkühler and Wiesheu (2012) demonstrated that birth experience partially mediates the relationship between prenatal psychological symptoms and postpartum bonding. A negative birth experience may intensify pre-existing vulnerabilities, whereas a positive and supportive delivery context may buffer their impact (Larivière et al., 2016). Thus, childbirth serves as a psychologically transformative event, influencing both maternal self-concept and relational well-being (Banga & Ghosh, 2017).

When childbirth is perceived as traumatic, the consequences can be profound. Kaiser et al. (2017) discussed how adverse childbirth experiences may lead to childbirth-related PTSD, characterized by intrusive memories, hyperarousal, and avoidance behaviors. Such trauma can significantly disrupt maternal identity formation and diminish subjective well-being during early motherhood (de Souza et al., 2018).

Structural modeling research by Hadid emphasized the interaction between expectations, perceived pain, and subjective experience in recovery following elective or emergency cesarean section (Mitchell et al., 2018). When expectations are unmet or when pain is perceived as uncontrollable, psychological recovery may be compromised. Conversely, accurate preparation and emotional support can enhance adaptive adjustment (Marthinsen et al., 2018).

Intrapersonal processes are also biologically embedded. found associations between maternal psychosocial functioning and newborn telomere length, suggesting that maternal stress may have measurable biological consequences for infants (Daeem et al., 2019). This intergenerational link highlights how subjective well-being during pregnancy extends beyond maternal outcomes (Brannigan et al., 2019).

Hsieh and Lo (2013) reported that subjective maternal stress during pregnancy predicted increased risk of clinically diagnosed psychiatric disorders in offspring. These findings reinforce the importance of addressing maternal stress not only for immediate well-being but also for long-term developmental trajectories (Rzeszutek et al., 2020).

Social Support, Stigma, and Relational Context as Determinants of Maternal Well-Being

Subjective well-being among perinatal mothers is deeply embedded within relational and social contexts (Möller-Leimkühler & Wiesheu, 2012). While intrapersonal strengths such as emotional regulation and self-efficacy are critical, they unfold within networks of interpersonal relationships that either nurture or constrain psychological resilienc. Pregnancy and early motherhood are inherently relational experiences, involving partners, families, healthcare providers, and broader community systems. The presence or absence of supportive relationships often determines whether emotional challenges are perceived as manageable transitions or overwhelming burdens.

Social support functions as one of the most robust protective factors for maternal mental health. Emotional reassurance, practical assistance, and informational guidance collectively buffer stress and foster adaptive coping. Research conducted by Pasricha found that a strong sense of coherence combined with perceived social support was positively associated with antenatal mental health among urban Indian mothers. This suggests that when mothers feel that life events are comprehensible, manageable, and meaningful and when they believe help is available, they are more likely to maintain psychological equilibrium during pregnancy.

Partner support is particularly influential in shaping maternal well-being. Emotional availability, shared decision-making, and active involvement in prenatal and postnatal care enhance maternal confidence and reduce anxiety (Larivière et al., 2016). Conversely, relational conflict or emotional disengagement may intensify stress responses. The partner relationship often becomes the primary emotional anchor during the perinatal period; therefore, its quality significantly influences mothers' cognitive appraisal of challenges and their overall life satisfaction.

Extended family support also plays a complex role, especially in collectivistic cultures where intergenerational involvement is normative. Practical assistance with childcare, household tasks, and recovery after childbirth can relieve maternal burden (Kalak et al., 2012). However, excessive interference, criticism, or rigid expectations may generate additional stress. Thus, the quality not merely the quantity of family involvement determines its psychological impact (Sirvinskiene et al., 2012a).

Community networks and peer groups further expand the support system. Mothers who engage in antenatal classes, parenting communities, or neighborhood networks often report greater emotional validation (Morina & Emmelkamp, 2012). Sharing experiences with peers normalizes fears and uncertainties, reducing feelings of isolation. This collective validation reinforces the understanding that emotional fluctuations during pregnancy and postpartum are common and manageable.

In contrast, stigma represents a powerful social stressor that undermines maternal well-being (King et al., 2015a). Social stigma surrounding mental health difficulties, pregnancy complications, or deviations from perceived "ideal motherhood" can generate shame and self-doubt. Research by (Kendall-Tackett et al., 2013) demonstrated that affiliate stigma among mothers of children with learning disabilities negatively affected psychological well-being through increased subjective burden. Although focused on a different population, this mechanism is highly relevant to perinatal mothers who may internalize social judgment about depressive symptoms or childbirth outcomes.

Perceived social judgment often silences mothers who struggle emotionally. Fear of being labeled as "weak" or "inadequate" may prevent open discussion about anxiety or depressive symptoms. This concealment exacerbates distress, as unexpressed emotions accumulate without opportunities for reassurance or professional guidance. The internalization of stigma thus transforms external social attitudes into self-critical cognitive patterns.

Normalization of maternal challenges is therefore essential. When families acknowledge that exhaustion, mood fluctuations, and uncertainty are common during the perinatal period, mothers experience reduced self-blame. Research by Kalak et al. (2012) found that perceived social support and normalization were positively linked to subjective well-being among family members of children with autism. Applied to perinatal mothers, this suggests that emotional validation within the family fosters healthier psychological adjustment.

Emotional validation operates by affirming mothers' lived experiences rather than minimizing them. Simple affirmations, such as acknowledging fear before childbirth or fatigue after delivery, can strengthen self-acceptance. Validation encourages adaptive coping strategies and promotes resilience by reinforcing the message that emotional vulnerability is a natural component of transition.

Barriers to professional help-seeking represent another relational determinant of well-being. Cultural norms, limited awareness, and stigma frequently delay access to mental health services. Research by Daeem among minority Arab adolescents in Israel revealed that stigma and cultural expectations significantly reduced help-seeking behaviors. Similar dynamics may affect perinatal mothers in culturally conservative contexts, where mental health difficulties are often privatized.

Mental health literacy further shapes mothers' capacity to recognize symptoms and seek assistance. Valente emphasized that knowledge about mental health conditions influences individuals' willingness to access professional services. Without adequate literacy, mothers may misinterpret symptoms of depression or anxiety as personal weakness rather than treatable conditions.

Healthcare systems also contribute to relational dynamics. Compassionate communication, respectful maternity care and clear information enhance maternal trust. Conversely, dismissive attitudes or fragmented services may reinforce feelings of invisibility. The relational climate within healthcare settings significantly affects how mothers interpret their experiences and evaluate their well-being.

The COVID-19 pandemic provided a stark illustration of how disruptions in social support systems affect maternal health. Mitchell et al. (2018) reported that social isolation and healthcare uncertainty during the pandemic substantially reduced psychological well-being among pregnant and postpartum women. Restrictions on hospital visitation and reduced in-person support intensified feelings of loneliness.

Social isolation during public health crises highlights the relational nature of resilience . Even mothers with strong intrapersonal coping skills experienced elevated distress when physically separated from their support networks. This underscores that subjective well-being is not solely an internal state but a socially co-regulated process (Daeem, Mansbach-Kleinfeld, Farbstein, Goodman, et al., 2019).

Digital technologies have emerged as alternative avenues for connection (Brannigan et al., 2019). A 21-day online cognitive-emotional regulation intervention studied by Cheung demonstrated promising improvements in parental well-being (Marthinsen et al., 2018). Online platforms provided accessible spaces for emotional regulation training and peer interaction when face-to-face support was limited.

Contextual, Socio squid Socioeconomic, and Environmental Determinants within an Ecological Framework

Maternal subjective well-being cannot be fully understood without situating it within a broader ecological framework that encompasses structural, socioeconomic, and environmental contexts (Marthinsen et al., 2018). While intrapersonal resilience and relational support are vital, they operate within systems shaped by economic resources, public policy, environmental stability, and societal inequalities (Marthinsen et al., 2018). The ecological perspective emphasizes that individual experiences are nested within families, communities, institutions, and macro-level structures. Thus, maternal well-being is not solely the product of psychological adaptation but also of structural opportunities and constraints (Mitchell et al., 2018).

Socioeconomic disadvantage represents one of the most powerful structural determinants of maternal well-being (Fabrizio et al., 2015). Financial hardship increases chronic stress exposure, limits access to healthcare, and constrains parenting resources. Poverty affects parental well-being indirectly through heightened stress levels and disruptions in parenting practices. Economic strain amplifies daily uncertainties, making it more difficult for mothers to experience stability and psychological security during pregnancy and early motherhood (Larivière et al., 2016).

The stress associated with poverty is often cumulative and multifaceted (Banga & Ghosh, 2017). Housing instability, food insecurity, limited transportation, and precarious employment collectively intensify cognitive load and emotional exhaustion(Kaiser et al., 2017). For perinatal mothers, these stressors coincide with physiological and hormonal transitions, compounding vulnerability (de Souza et al., 2018). Chronic financial insecurity may also undermine maternal self-efficacy, as mothers struggle to meet both personal and infant needs within constrained circumstances.

Importantly, poverty does not affect all mothers uniformly; its impact is mediated by access to social safety nets and supportive services. Communities with robust public assistance programs may buffer some of the psychological consequences of financial strain. In contrast, weak institutional support can exacerbate inequalities, leading to persistent disparities in maternal mental health outcomes.

Policy-level interventions have demonstrated promising potential to mitigate structural stressors. Research by Magnuson found that unconditional cash transfers improved family processes and enhanced maternal well-being among low-income mothers. Financial assistance not only alleviated material hardship but also reduced psychological distress by restoring a sense of autonomy and control over household decisions.

Unconditional cash transfers are particularly impactful because they avoid stigmatizing conditional requirements (King et al., 2015a). By trusting families to allocate resources according to their needs, such policies strengthen dignity and self-determination (Hsieh & Lo, 2013). For perinatal mothers, increased financial stability may reduce anxiety about medical expenses, nutrition, and infant care, thereby fostering a more secure emotional environment (Kendall-Tackett et al., 2013).

Beyond income support, maternity leave policies, affordable childcare, and accessible healthcare services further shape maternal well-being. Structural investments in family-friendly policies signal societalstok recognition of caregiving labor (Morina & Emmelkamp, 2012). When mothers perceive that institutions support their caregiving role, their subjective evaluation of well-being is likely to improve (Möller-Leimkühler & Wiesheu, 2012).

Environmental stressors provide another ecological layer influencing maternal mental health. Natural disasters, pandemics, and climate-related events introduce acute and chronic stress exposures (Sirvinskiene et al., 2012a). The Queensland Flood Study protocol led by King highlighted how disaster exposure during pregnancy affects maternal stress levels and subsequent child developmental outcomes (Morina & Emmelkamp, 2012). Environmental uncertainty during pregnancy can disrupt emotional stability and heighten fear regarding fetal health (Sirvinskiene et al., 2012a).

Disaster-related stress often involves displacement, loss of property, and disruption of healthcare access (Möller-Leimkühler & Wiesheu, 2012). Pregnant women may face interrupted prenatal care, reduced social support, and

increased safety concerns. Such conditions intensify psychological vulnerability, demonstrating how environmental contexts intersect with biological transitions (Kalak et al., 2012). Climate-related disasters also underscore the intergenerational dimension of stress (Möller-Leimkühler & Wiesheu, 2012). Maternal cortisol levels, inflammatory responses, and psychological distress may influence fetal development, suggesting that environmental instability during pregnancy carries long-term implications for offspring health (Kalak et al., 2012).

Table 4. Research Gap

Research gap	Existing findings	Future research direction
Limited longitudinal evidence on maternal subjective well-being	Most studies employ cross-sectional designs focusing on specific perinatal phases (pregnancy or postpartum) without capturing dynamic changes over time	Conduct longitudinal and prospective cohort studies to examine trajectories of subjective well-being across pregnancy, childbirth, and extended postpartum periods
Underrepresentation of low- and middle-income country contexts	Evidence is predominantly derived from high-income Western countries, limiting cultural generalizability	Expand research in diverse cultural and socioeconomic settings to develop culturally sensitive models of maternal well-being
Limited integration of multilevel ecological factors	Many studies focus on intrapersonal or relational determinants separately	Develop multilevel models integrating psychological, relational, socioeconomic, and environmental determinants simultaneously

CONCLUSION

Subjective well-being among perinatal mothers emerges from a dynamic and reciprocal interaction between intrapersonal processes, relational contexts, and broader socioeconomic and environmental conditions, indicating that maternal well-being is not solely an individual psychological outcome but a multilevel construct embedded within an ecological system. This study contributes theoretically by integrating previously fragmented findings into a comprehensive framework that explains how cognitive and emotional processes are shaped and constrained by relational dynamics and structural factors, thereby shifting the dominant perspective from a pathology-oriented approach toward a strength-based and well-being-centered paradigm. In practical terms, the findings underscore the importance of developing multilevel strategies that simultaneously target individual capacities, strengthen relational support systems, and address structural inequalities in order to enhance maternal well-being in a sustainable and preventive manner. However, this review is subject to several limitations, including the relatively limited number of included studies, the predominance of cross-sectional research designs that restrict causal and longitudinal interpretation, the concentration of evidence within specific cultural and socioeconomic contexts that limits generalizability, and the heterogeneity of measurement approaches to subjective well-being, which complicates synthesis across studies; therefore, future research should prioritize longitudinal and multilevel designs, adopt culturally sensitive and standardized measures, and expand investigation across diverse populations to strengthen the robustness and applicability of the evidence.

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