

Antenatal Counseling and Partner Support as Predictors of Maternal Mental Health After Childbirth

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ABSTRACT

Postpartum maternal mental health is influenced by multiple factors, including antenatal counseling and partner support. This study examined the levels of antenatal counseling and partner support and their relationship with maternal mental health after childbirth. The study employed quantitative descriptive–correlational design. Using purposive sampling, the respondents comprised of 120 mothers from different communities in Zamboanga del Norte, and had given birth within the past six months. Data were gathered using validated questionnaires measuring antenatal counseling, partner support, and maternal mental health. Statistical analyses included weighted mean, standard deviation and Pearson’s *r* correlation to determine variable levels and relationships. Findings revealed that antenatal counseling and partner support were both rated very high, although practical or instrumental partner support was relatively lower, while maternal mental health concerns remained very high, particularly in sleep quality and perceived stress. Overall, the results indicate that despite high levels of antenatal counseling and partner support, significant postpartum mental health concerns persist among mothers, suggesting the need for more comprehensive and sustained mental health interventions. It is therefore recommended that healthcare providers, partners and policymakers strengthen interactive counseling, enhance practical and instrumental support, ensure continuous maternal mental health monitoring, and implement integrated maternal mental health programs, while future studies explore additional social, cultural, and care-related determinants of maternal well-being.

Keywords: Antenatal counseling, maternal mental health, partner support, postpartum, psychological well-being

INTRODUCTION

Childbirth remains a major public health event worldwide, reflecting both demographic stability and ongoing demands for maternal and newborn care services. The United Nations estimates that approximately 140 million live births occur annually, a figure that has remained relatively consistent in recent years.¹ A significant proportion of these births take place in Central and Southern Asia due to high fertility rates and dense populations. In the Philippines, national data from the Philippine Statistics Authority (PSA) reported 1,448,522 registered live births in 2023, underscoring the sustained need for accessible and quality maternal health services.² At the regional level, the Zamboanga Peninsula (Region IX) recorded 55,850 live births in 2022, further highlighting the continued demand for maternal–child healthcare services in local contexts.² These figures emphasize that childbirth is not only a biological event but also a critical health system concern requiring comprehensive support for mothers before, during, and after delivery.

In recent years, maternal mental health has gained increasing recognition as an essential component of postnatal well-being, influencing both maternal recovery and infant development. Globally, approximately one in five women experiences mental health difficulties following childbirth, with postpartum depression (PPD) being the most prevalent condition.^{3,4} The consequences of poor maternal mental health extend beyond the mother,

affecting infant outcomes such as bonding, feeding, and early development. Evidence shows that postpartum depressive symptoms are associated with diminished quality of mother–infant interaction, which is crucial for socio-emotional development.⁵ Similarly, maternal depression has been linked to challenges in breastfeeding initiation and weakened maternal–infant attachment, increasing the risk of long-term developmental concerns.⁶ These findings highlight the importance of addressing maternal psychological well-being as part of holistic maternal care.

Despite growing awareness, maternal mental health conditions remain underdiagnosed and undertreated, particularly in low- and middle-income countries such as the Philippines. Persistent stigma, limited screening mechanisms, and insufficient integration of mental health services into maternal healthcare contribute to this gap. Studies indicate that maternal psychological disorders are often overlooked within maternal and child health programs, resulting in adverse outcomes for both mothers and their families.⁷ The World Health Organization similarly reports that perinatal mental disorders frequently go unrecognized due to systemic barriers, including inadequate healthcare infrastructure and sociocultural stigma.⁸ These challenges underscore the need for more inclusive and accessible interventions that integrate mental health into routine maternal care.

The transition to motherhood is often accompanied by complex psychological changes influenced by both prenatal conditions and postnatal support systems. Research has demonstrated that maternal mental health is closely associated with antenatal experiences and the availability of social support following childbirth. For instance, antenatal depressive symptoms have been shown to predict higher levels of postpartum depression and adverse obstetric outcomes.⁹ In addition, inadequate social support significantly increases the likelihood of postpartum depression, whereas strong partner support has been found to reduce depressive symptoms during the postnatal period.^{10,11} These findings suggest that both prenatal preparation and interpersonal support systems play critical roles in shaping maternal mental health outcomes.

Antenatal counseling has emerged as a vital strategy in promoting maternal well-being by providing both informational and psychosocial support during pregnancy. Evidence indicates that structured antenatal psychoeducation, particularly when delivered in group settings and involving family members, significantly enhances postnatal social support.¹² Integrative antenatal programs that combine knowledge, behavioral skills, and emotional preparation have also been shown to reduce stress and improve psychological well-being among expectant mothers.¹² Furthermore, antenatal counseling on topics such as breastfeeding, nutrition, and maternal health has been associated with improved obstetric outcomes, including reduced rates of stillbirth.¹⁴ These findings demonstrate that antenatal counseling not only enhances knowledge but also contributes to both psychological and physical health benefits.

Beyond knowledge acquisition, antenatal counseling plays a crucial role in fostering emotional readiness and strengthening partner involvement. Studies reveal that women who participate in counseling sessions with their partners demonstrate significantly higher levels of understanding and preparedness compared to those who attend alone.¹⁵ Additionally, active male partner involvement in antenatal care has been associated with increased utilization of maternal health services and improved maternal outcomes.¹⁶ Women who receive partner support during antenatal care often report feeling more emotionally secure and better prepared for childbirth.¹⁷ These findings emphasize the importance of adopting family-centered approaches in maternal healthcare to enhance both psychological and clinical outcomes.

Partner support, in particular, has been consistently identified as a protective factor against postpartum psychological distress. Higher levels of partner support have been shown to correlate with lower postpartum depression scores, indicating its buffering effect on maternal mental health.¹¹ Studies further demonstrate that strong spousal relationships and active partner involvement significantly reduce depressive symptoms after childbirth.¹⁸ In the Philippine context, perceived support from partners and family members has been found to predict improved quality of life and lower depression risk among first-time mothers.¹⁹ These findings underscore the critical role of emotional, practical, and relational support in mitigating maternal mental health challenges.

In addition to its psychological benefits, partner support also influences maternal healthcare-seeking behaviors, which in turn contribute to improved mental health outcomes. Evidence from low- and middle-income countries shows that male partner involvement in antenatal care is associated with increased rates of skilled birth

attendance, institutional delivery, and postpartum care utilization.²⁰ These factors reduce maternal stress and enhance overall well-being. Furthermore, greater partner support and knowledge about pregnancy have been linked to more consistent and appropriate antenatal care attendance.²¹ Conversely, inadequate partner support has been identified as a strong predictor of perinatal anxiety and depression.²² Together, these findings highlight the multifaceted role of partner involvement in improving maternal health outcomes.

Despite extensive research on maternal mental health, important gaps remain in understanding the combined effects of antenatal counseling and partner support. Most studies have examined these variables independently, limiting the ability to capture their interactive or cumulative impact on postpartum mental health. Additionally, a large proportion of existing research has been conducted in high-income or urban settings, which may not reflect the sociocultural and healthcare realities of low-resource environments such as those in the Philippines. This gap is partly due to methodological challenges associated with longitudinal data collection and the integration of multiple variables across antenatal and postnatal periods. Consequently, there is a need for more comprehensive and context-specific studies that examine these factors within a unified framework.

Previous research has highlighted the individual importance of partner support and social support systems in maternal mental health. For example, studies have shown that strong partner involvement reduces the risk of anxiety and depression during and after pregnancy, while social support plays a key role in preventing postpartum depression.^{10,22} However, these studies have not fully explored how structured antenatal counseling interventions may enhance or interact with partner support to influence maternal outcomes. Addressing this gap is essential for developing more effective, integrated interventions that promote maternal mental well-being.

This study sought to address these limitations by examining the combined influence of antenatal counseling and partner support on maternal mental health after childbirth. Specifically, it explored whether providing structured education, emotional preparation and coping strategies during pregnancy, alongside active partner involvement, could reduce the risk of postpartum depression, anxiety and stress. By adopting a family-centered approach, the study highlights the importance of addressing both individual and relational dimensions of maternal care. This approach is particularly relevant in contexts where cultural norms, healthcare access and family dynamics significantly shape maternal experiences.

The findings of this study are expected to contribute to both practice and policy by providing evidence-based insights into improving maternal mental health outcomes. For mothers, the study emphasizes the value of comprehensive care that includes psychological support and partner involvement. For healthcare providers, it offers guidance on integrating counseling and family-centered interventions into routine maternal care. Policymakers may use the findings to advocate for expanded maternal mental health services and programs that encourage partner participation. Ultimately, this study aimed to support the development of holistic maternal healthcare systems that address the complex needs of mothers during the transition to parenthood.

METHODS

Research Design

This study employed a descriptive–correlational research design to examine the relationships among antenatal counseling, partner support and maternal mental health after childbirth. In this study, the design enabled the systematic assessment of how various dimensions of antenatal counseling and partner support are associated with maternal mental health outcomes in the postpartum period.

Study Setting

The study was conducted in selected municipalities in Zamboanga del Norte, a province located in southwestern part of the Philippines. The province is characterized by a mix of urban and rural communities and is served by an established network of public and private healthcare facilities, including barangay health stations, rural health units and municipal health offices. These facilities implement maternal and child health programs, offering antenatal services such as routine prenatal checkups, health education, and counseling sessions.

Respondents and Sampling

The study involved 120 post-delivery mothers residing in selected barangays of Zamboanga del Norte. Respondents were selected using simple random sampling from a list of eligible mothers obtained through coordination with local health units.

Inclusion criteria required participants to be: (1) women aged 18 years and above; (2) mothers who had given birth in a hospital or healthcare facility within the past three to six months; (3) individuals who had attended at least one antenatal care visit during pregnancy; and (4) those who were willing to participate in the study. The three- to six-month postpartum period was selected as it represents a critical window during which maternal mental health concerns, including depressive symptoms, anxiety, sleep disturbances and perceived stress, are most likely to emerge and be reliably assessed. Exclusion criteria included: (1) mothers who experienced severe obstetric complications or had a diagnosed psychiatric condition prior to pregnancy; and (2) mothers who had severe postpartum disorders that could impair their ability to respond to the questionnaire. These criteria were established to ensure that respondents could provide reliable self-reported data and that the study specifically captured typical postpartum experiences rather than clinically complex cases requiring specialized intervention.

Research Instruments

Data were collected using three structured, researcher-developed questionnaires designed to measure antenatal counseling, partner support and maternal mental health after childbirth.

Antenatal Counseling Questionnaire assessed mothers' perceptions of antenatal counseling across four dimensions: accessibility, willingness, acceptability and perceived need. The questionnaire consisted of 32 items, with eight items allocated to each construct. Responses were measured using a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Higher scores indicated more favorable perceptions of antenatal counseling. Pilot testing was conducted to establish the reliability of the instrument. Cronbach's alpha coefficients were as follows: accessibility ($\alpha = 0.7833$), willingness ($\alpha = 0.7680$), acceptability ($\alpha = 0.7370$), and perceived need ($\alpha = 0.8764$), indicating acceptable to high internal consistency. The scale interpretation was categorized as: 3.26–4.00 (Very High), 2.51–3.25 (High), 1.76–2.50 (Low), and 1.00–1.75 (Very Low).

Partner Support Questionnaire measured the level of support provided by partners across five domains: emotional support, practical/instrumental support, informational support, financial support, and presence and availability. The questionnaire comprised 20 items, with four items for each construct, and utilized the same 4-point Likert scale. Reliability testing yielded strong internal consistency, with Cronbach's alpha coefficients of 0.8961 for emotional support, 0.8435 for practical/instrumental support, 0.8256 for informational support, 0.8234 for financial support, and 0.8787 for presence and availability. Interpretation of scores followed the same continuum as the antenatal counseling instrument. Maternal Mental Health After Childbirth Questionnaire was designed to assess maternal mental health across four dimensions: depressive symptoms, anxiety, sleep quality and perceived stress. It consisted of 32 items, with eight items for each construct, rated on a 4-point Likert scale. Unlike the previous instruments, higher scores indicated poorer mental health outcomes. Reliability analysis showed strong internal consistency, with Cronbach's alpha coefficients of 0.9337 for depressive symptoms, 0.8423 for anxiety, 0.7439 for sleep quality, and 0.7655 for perceived stress. The interpretation scale was inversely structured: 3.26–4.00 (Very Low mental health), 2.51–3.25 (Low), 1.76–2.50 (High), and 1.00–1.75 (Very High).

Data Collection Procedure

Formal approval to conduct the study was obtained from the Graduate School of Misamis University. Subsequently, coordination was established with rural health units in Zamboanga del Norte to identify potential respondents who met the inclusion criteria. Eligible participants were approached individually, and the purpose, procedures, and ethical considerations of the study were explained in detail. Informed consent was obtained prior to participation, emphasizing voluntary involvement and the right to withdraw at any stage without penalty. The researcher personally administered the questionnaires and retrieved them immediately after completion to ensure completeness and accuracy of responses, as well as to maximize the response rate.

Ethical Considerations

The study received ethical clearance from the Misamis University Research Ethics Review Committee (MUREC), ensuring compliance with established ethical standards. The researcher declared no conflicts of interest and conducted the study independently. Given that postpartum mothers may be considered a vulnerable population, special care was taken to ensure respectful, transparent, and non-coercive recruitment. Informed consent was provided in both English and Visayan to ensure comprehension. Participants were informed of their rights, including confidentiality, anonymity, and the option to withdraw at any time. Potential risks were minimal and primarily involved possible emotional discomfort when recalling personal experiences. To mitigate this, data collection was conducted in private settings, and participants were allowed to skip questions or discontinue participation as needed. Referrals to counseling services were made available for those who experienced distress. Confidentiality was strictly maintained by excluding personal identifiers from all records. Data were securely stored in password-protected files, with physical documents scheduled for disposal after six months, while digital data will be retained for three to five years in compliance with data privacy regulations. No financial incentives were provided to the respondents.

Data Analysis

Weighted mean and standard deviation, were used to determine the levels of antenatal counseling, partner support and maternal mental health across their respective dimensions. The Pearson Product–Moment Correlation Coefficient was employed to assess the strength and direction of relationships between antenatal counseling, partner support and maternal mental health after childbirth. Statistical significance was evaluated to determine whether the observed relationships were unlikely to have occurred by chance, thereby supporting the study’s objective of identifying key predictors of maternal mental health outcomes.

RESULTS

The level of antenatal counseling experienced by respondents was consistently rated Very High, with an overall weighted mean of 3.48, indicating that mothers perceived antenatal counseling as highly accessible, acceptable, and beneficial. Among the four dimensions, perceived need (WM = 3.51, Very High) emerged as the highest, reflecting strong recognition among mothers of the importance of antenatal counseling in preparing for childbirth and early motherhood. This was closely followed by acceptability (WM = 3.50, Very High), suggesting that counseling services were delivered in a culturally appropriate, respectful, and responsive manner that fostered trust and encouraged open communication. Additionally, willingness (WM = 3.48, Very High) indicates that mothers were highly engaged and actively participated in counseling sessions, demonstrating that they were not merely passive recipients but motivated learners who valued the information and support provided. Although accessibility (WM = 3.41, Very High) obtained the lowest mean among the constructs, it still reflects that antenatal counseling services were generally available and reachable, with minimal structural barriers. Overall, the consistently very high ratings across all dimensions suggest that antenatal counseling in the study area is effectively delivered and well-received by mothers. However, despite this strong service delivery, such high levels do not necessarily translate into improved maternal mental health outcomes, indicating that antenatal counseling may function more as a preparatory and supportive intervention rather than a directly therapeutic one.

Table 1 Respondents’ Level of Antenatal Counseling

Constructs	WM	StDev	I
Accessibility	3.41	0.4064	VH
Willingness	3.48	0.3593	VH
Acceptability	3.50	0.3409	VH
Perceived Need	3.51	0.3792	VH
Overall Weighted Mean	3.48	0.0451	VH

The findings revealed that respondents perceived a Very High level of partner support, with an overall weighted mean of 3.31, indicating strong involvement of partners during pregnancy and the postpartum period. Among

the five dimensions, presence and availability (WM = 3.43, Very High) obtained the highest rating, emphasizing the importance of partners being physically and emotionally present to provide reassurance and companionship during the transition to motherhood. This was followed by financial support (WM = 3.31, Very High) and informational support (WM = 3.29, Very High), suggesting that partners actively contributed to household needs and participated in decision-making related to maternal and infant care. Emotional support (WM = 3.26, Very High), although slightly lower, still indicates that partners generally provided empathy and reassurance, though variations in emotional responsiveness may exist.

In contrast, practical or instrumental support (WM = 3.24, High) received the lowest rating, indicating that hands-on involvement in caregiving and household responsibilities was less consistent compared to other forms of support. This suggests that mothers may still bear the majority of daily caregiving tasks despite having supportive partners. Overall, while partner support was perceived as very high, particularly in terms of presence and financial contribution, the relatively lower level of practical support highlights a need to promote more equitable sharing of caregiving responsibilities, especially in light of its potential impact on maternal well-being.

Table 2 Respondents’ Level of Partner Support

Constructs	WM	StDev	I
Emotional Support	3.26	0.3269	VH
Practical/Instrumental Support	3.24	0.3230	H
Informational Support	3.29	0.3079	VH
Financial Support	3.31	0.3285	VH
Presence and Availability	3.43	0.3639	VH
Overall Weighted Mean	3.31	0.0744	VH

Despite the very high levels of antenatal counseling and partner support, maternal mental health concerns remained pronounced during the postpartum period, with an overall weighted mean of 1.76, indicating very high psychological distress. Among the four indicators, sleep quality (WM = 2.08, High) emerged as the most prominent concern, followed by perceived stress (WM = 1.72, Very High), depressive symptoms (WM = 1.70, Very High), and anxiety (WM = 1.54, Very High). These results suggest that mothers continued to face significant emotional and functional challenges within the first six months after childbirth, despite having access to supportive counseling and partner involvement.

Sleep disruption reflects the physiological and caregiving demands associated with newborn care, including frequent nighttime awakenings and heightened vigilance, which impair emotional regulation and cognitive functioning. Closely linked to this is the elevated perceived stress, indicating that mothers felt overwhelmed by combined responsibilities of infant care, household management, and the transition to a maternal role. The coexistence of high stress, depressive symptoms, and anxiety highlights the interconnected nature of postpartum psychological challenges, suggesting that these experiences are multifaceted and require comprehensive support beyond counseling and partner assistance alone.

Table 3 Level of Maternal Mental Health

Constructs	WM	StDev	I
Depressive Symptoms	1.70	0.5780	VH
Anxiety	1.54	0.0427	VH
Sleep Quality	2.08	0.0390	H
Perceived Stress	1.72	0.3811	VH
Overall Weighted Mean	1.76	0.228	VH

The persistence of maternal mental health challenges, despite very high levels of antenatal counseling and partner support, underscores the limitations of these factors when considered in isolation. Maternal well-being appears to be shaped by a broader interplay of variables, including biological changes, individual coping capacity, and environmental stressors. While counseling and partner involvement provide critical resources, they may be

insufficient on their own to fully alleviate postpartum distress, highlighting the need for integrated, multidimensional interventions that extend beyond prenatal education and familial support.

This interpretation is reinforced by the analysis of relationships between antenatal counseling and maternal mental health, which showed that most correlations were not statistically significant. Accessibility, willingness, and acceptability of counseling did not demonstrate direct associations with depressive symptoms, anxiety, sleep quality, or perceived stress. The only significant link identified was between perceived need for antenatal counseling and sleep quality ($r = 0.246, p = 0.00$), suggesting that mothers who recognized the importance of counseling could better manage sleep-related challenges, likely through improved anticipatory coping. These findings indicate that antenatal counseling functions primarily as a preparatory intervention, enhancing knowledge and awareness rather than directly reducing emotional distress, and its effectiveness may rely on reinforcement through postnatal support, follow-up care, and integration with other therapeutic strategies.

Table 4 Significant Relationship between the Level of Respondents’ Antenatal Counseling and Maternal Mental Health After Childbirth

Constructs	Depressive Symptoms	Anxiety	Sleep Quality	Perceived Stress
Accessibility	$r=-0.056$ $p=0.541$ Accept Ho	$r= 0.081$ $p= 0.377$ Accept Ho	$r= 0.138$ $p= 0.132$ Accept Ho	$r= 0.015$ $p= 0.867$ Accept Ho
Willingness	$r= -0.071$ $p= 0.443$ Accept Ho	$r= 0.055$ $p= 0.552$ Accept Ho	$r= 0.087$ $p= 0.346$ Accept Ho	$r= 0.070$ $p= 0.449$ Accept Ho
Acceptability	$r= -0.139$ $p= 0.129$ Accept Ho	$r= 0.025$ $p= 0.789$ Accept Ho	$r= 0.055$ $p= 0.549$ Accept Ho	$r= 0.007$ $p= 0.942$ Accept Ho
Perceived Need	$r= -0.016$ $p= 0.865$ Accept Ho	$r= 0.88$ $p= 0.341$ Accept Ho	$r= 0.246$ $p= \mathbf{0.000^{**}}$ Reject Ho	$r=0.172$ $p= 0.06$ Accept Ho

Similarly, the analysis of partner support showed no statistically significant relationships with maternal mental health outcomes. Despite respondents reporting very high levels of support, none of the dimensions were significantly correlated with depressive symptoms, anxiety, sleep quality, or perceived stress. This suggests that while partner support creates a positive and reassuring environment, it may not independently predict maternal psychological well-being during the postpartum period. A possible explanation for these findings is the relatively uniform high ratings of partner support, which may have limited variability in the data and reduced the potential to detect significant associations. Moreover, the results imply that the quality, context and appropriateness of support may be more critical than its mere presence. Partner involvement likely functions as a buffering or mediating factor, assisting mothers in coping with stressors, but it alone may not be sufficient to fully mitigate postpartum distress without complementary professional and social interventions.

Table 5 Significant Relationship between the Level of Respondents’ Partner Support and Maternal Mental Health After Childbirth

Constructs	Depressive Symptoms	Anxiety	Sleep Quality	Perceived Stress
Emotional Support	$r=-0.052$ $p=0.576$ Accept Ho	$r=0.075$ $p=0.415$ Accept Ho	$r=0.158$ $p=0.084$ Accept Ho	$r=0.169$ $p=0.06$ Accept Ho
Practical/Instrumental Support	$r=0.089$ $p=0.334$ Accept Ho	$r=-0.057$ $p=0.535$ Accept Ho	$r=-0.055$ $p=0.552$ Accept Ho	$r=-0.001$ $p= 0.995$ Accept Ho

Informational Support	r=0.015 p=0.872 Accept Ho	r=0.066 p=0.673 Accept Ho	r= 0.102 p= 0.265 Accept Ho	r= 0.094 p= 0.305 Accept Ho
Financial Support	r=0.057 p=0.538 Accept Ho	r=-0.034 p=0.715 Accept Ho	r=0.078 p=0.397 Accept Ho	r=-0.064 p=0.490 Accept Ho
Presence and Availability	r=-0.137 p=0.137 Accept Ho	r=0.086 p= 0.353 Accept Ho	r=0.137 p=0.136 Accept Ho	r=-0.039 p=0.671 Accept Ho

Taken together, these findings underscore the multifactorial nature of maternal mental health, highlighting that antenatal counseling and partner support, while valuable, exert primarily indirect and context-dependent effects. Maternal psychological outcomes are shaped by a combination of biological, psychological and social factors, suggesting that singular interventions, no matter how well-delivered, may not be sufficient to fully prevent postpartum distress. The persistence of high levels of stress, depressive symptoms, anxiety, and sleep disruption indicates that maternal mental health requires comprehensive, sustained, and integrative care that extends beyond the provision of information or family support alone.

From a practical standpoint, these results emphasize the importance of a holistic, woman-centered approach in maternal care. Healthcare providers, particularly nurses, play a pivotal role in bridging the gap between antenatal preparation and postpartum adaptation by combining counseling with follow-up care, routine mental health screening, and targeted interventions. Strategies should include sleep management, stress reduction, emotional support, and promotion of active and equitable partner involvement to create a supportive environment that enhances maternal resilience. In conclusion, the interplay between antenatal counseling, partner support, and maternal mental health is complex; despite very high ratings for support and counseling, postpartum psychological challenges remain significant. Addressing these challenges requires multidimensional interventions that integrate informational, relational, and clinical strategies to optimize maternal well-being during the postpartum period.

DISCUSSION

The present study sought to examine the roles of antenatal counseling and partner support as predictors of maternal mental health after childbirth. The findings provide a complex yet meaningful contribution to the growing body of literature on perinatal mental health, particularly within the context of low- and middle-income settings. While antenatal counseling and partner support were both rated at very high levels, maternal mental health concerns remained elevated, and only limited statistically significant relationships were identified. These results suggest that maternal mental health outcomes are influenced by multidimensional and interacting factors, requiring a more integrated and sustained approach to care.

The very high level of antenatal counseling across accessibility, willingness, acceptability and perceived need reflects a strong foundation of maternal health services in the study setting. Notably, perceived need emerged as the highest-rated dimension, indicating that mothers strongly recognized the value of antenatal counseling in preparing for childbirth and early motherhood. This aligns with evidence suggesting that perceived relevance of healthcare interventions enhances engagement and promotes adaptive coping behaviors. For instance, research has shown that women who recognize the importance of antenatal psychological preparation demonstrate better stress regulation and postpartum adjustment.²³ Similarly, perceived need has been identified as a key predictor of help-seeking behavior and early intervention in maternal mental health care.²⁴ These findings support the interpretation that cognitive acknowledgment of counseling benefits strengthens maternal readiness, even if it does not directly translate into measurable reductions in psychological distress.

Closely related to perceived need is the high level of acceptability of antenatal counseling, which indicates that services were delivered in a culturally appropriate and respectful manner. This finding is consistent with woman-centered care models, which emphasize the importance of dignity, respect, and responsiveness in healthcare delivery. Studies have demonstrated that respectful maternity care significantly enhances maternal satisfaction and emotional well-being.²⁵ Furthermore, culturally sensitive interventions have been shown to improve engagement and reduce psychological distress among pregnant women.²⁶ Within the framework of Peplau's Interpersonal Relations Theory, this finding underscores the importance of therapeutic relationships between healthcare providers and patients. According to Peplau, effective nurse-patient interactions facilitate trust, communication, and emotional support, all of which are essential for promoting psychological well-being.²⁷

The very high level of willingness further reinforces the effectiveness of antenatal counseling programs in engaging mothers. Active participation in counseling sessions reflects a sense of agency and openness to learning, which are critical for successful behavioral and emotional adaptation. Empirical studies indicate that women who actively engage in antenatal education programs report higher maternal self-efficacy and lower postpartum distress.²⁸ This aligns with the principles of Orem's Self-Care Deficit Nursing Theory, which posits that individuals can maintain health and well-being when they are equipped with the knowledge and skills necessary for self-care.²⁹ Antenatal counseling, therefore, serves as a supportive-educative system that empowers mothers to manage the demands of childbirth and early motherhood.

Despite these positive findings, the lack of significant relationships between most dimensions of antenatal counseling and maternal mental health outcomes suggests that counseling alone may not be sufficient to reduce postpartum psychological distress. This observation is consistent with contemporary research indicating that antenatal education programs often have limited direct effects on depression and anxiety unless combined with postnatal interventions.³⁰ Maternal mental health is shaped by a complex interplay of biological, psychological, and social factors, including hormonal changes, prior mental health history, and environmental stressors.³¹ As such, antenatal counseling may function more as a preparatory intervention that enhances awareness and coping readiness rather than as a standalone therapeutic strategy.

The only significant relationship identified in this study was between perceived need for antenatal counseling and sleep quality. This finding suggests that mothers who recognized the importance of counseling were better able to manage sleep-related challenges during the postpartum period. Sleep quality is a critical component of maternal mental health, as it directly affects emotional regulation and cognitive functioning. Research has shown that antenatal psychoeducation can improve coping preparedness and indirectly enhance postpartum adjustment, including sleep management.³² This result highlights the potential of counseling to influence functional outcomes, even if its impact on clinical symptoms such as depression and anxiety remains limited.

Turning to partner support, the findings indicate that respondents perceived a very high level of support across all dimensions, particularly in terms of presence and availability. This underscores the importance of partners as primary sources of emotional and practical support during the transition to parenthood. According to Social Support Theory, social relationships play a critical role in buffering the effects of stress and promoting psychological well-being. Partner support, as a form of close social support, is expected to mitigate the impact of postpartum stressors and enhance maternal coping.³³

Empirical evidence supports this theoretical perspective, demonstrating that partner involvement is associated with reduced postpartum depressive symptoms and improved maternal adjustment.³³ Emotional support, in particular, has been identified as a key factor in buffering psychological distress, while practical support helps alleviate the physical demands of caregiving.³⁴ However, in the present study, practical or instrumental support received the lowest rating among the five dimensions, suggesting that mothers may still bear the majority of caregiving responsibilities. This imbalance may contribute to fatigue and stress, potentially limiting the protective effects of partner support.

Interestingly, despite the high levels of partner support reported, no statistically significant relationships were found between partner support and maternal mental health outcomes. This finding contrasts with some previous studies but aligns with others that emphasize the conditional and context-dependent nature of social support. For example, research suggests that partner support may not directly influence maternal mental health unless it is

complemented by broader social and professional resources.³⁵ Additionally, the quality and type of support may be more important than its mere presence. In some cases, well-intentioned support may not align with mothers' specific needs, thereby limiting its effectiveness.

Another possible explanation for the lack of significant relationships is the presence of a ceiling effect, where uniformly high ratings reduce variability in the data and obscure potential associations. This phenomenon has been observed in similar studies, where high baseline levels of support make it difficult to detect statistical relationships.³⁶ Furthermore, maternal mental health is influenced by a range of factors beyond partner support, including sleep disruption, hormonal changes, and infant-related stressors.³¹ These factors may exert stronger effects on psychological outcomes, overshadowing the contribution of partner support.

The elevated levels of maternal mental health concerns observed in this study further highlight the complexity of postpartum adjustment. High levels of stress, depressive symptoms, anxiety, and sleep disturbances indicate that the first six months postpartum remain a period of significant vulnerability. These findings are consistent with global evidence showing that postpartum depression and anxiety are prevalent during this period and often co-occur.³⁸ Within the framework of Teetering on the Edge Theory, these results reflect the fragile balance that mothers experience as they navigate the demands of new motherhood. According to Beck, postpartum women often fluctuate between coping and distress, influenced by internal and external stressors.³⁹ The findings also reinforce the relevance of Orem's Self-Care Deficit Nursing Theory in understanding maternal mental health.²⁹ Postpartum mothers may experience self-care deficits due to fatigue, emotional strain, and increased caregiving responsibilities. While partner support provides valuable assistance, it may not fully address these deficits without professional guidance and intervention. Nurses, therefore, play a critical role in assessing maternal needs, providing education, and facilitating access to resources that promote self-care and well-being.

The findings emphasize the need for a holistic and integrated approach to maternal mental health care that extends beyond antenatal services. While antenatal counseling and partner support are essential, they must be reinforced by continuous postpartum care, including routine mental health screening, structured psychological support, and community-based interventions. A family-centered approach that actively involves partners particularly through equitable participation in caregiving can help reduce maternal burden. Grounded in frameworks such as Peplau's Interpersonal Relations Theory, Social Support Theory, Beck's Postpartum Depression Theory, and Orem's Self-Care Deficit Nursing Theory, this approach highlights the importance of addressing both relational and individual dimensions of maternal well-being. Clinically, the results point to the importance of continuity and depth of care, with nurses and midwives playing a key role in providing ongoing assessment, individualized counseling, and timely referrals. At the policy level, the findings suggest that service availability alone is an insufficient measure of effectiveness. Instead, health systems should prioritize integrated programs that connect antenatal care with sustained postpartum follow-up and accessible mental health services. Policies that support family-centered care and address structural barriers, such as limited parental leave and inadequate community resources, are critical to translating high levels of engagement into meaningful improvements in maternal mental health outcomes.

CONCLUSIONS

The findings suggest that maternal mental health after childbirth is influenced by a complex interplay of factors, and that interventions must extend beyond single variables to achieve meaningful outcomes. Antenatal counseling and partner support provide important foundations, but their effectiveness depends on the quality, continuity, and integration of care across the perinatal period. Future research may explore longitudinal and multifactorial approaches to better understand how these variables interact over time and to inform the development of more effective maternal mental health interventions.

Ethical Approval: The study was reviewed and approved by the Misamis University Research Ethics Committee.

Conflict of Interest: None declared

Data Availability: Available upon written request

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