

# A Review Study of Bio-Psycho-Social Challenges and Interventions for Women During their Perinatal Period

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## Abstract

*Pregnancy causes women to face dynamic and sudden changes in their body and psyche, and sometimes they might as well feel dissociated or separated from the journey. Even though they mentally adapt to the pregnancy, they require constant support at all levels to face the challenges during this crucial period. The goal of the current research is to examine the bio-psycho-social challenges and interventions for women during their perinatal period. The main objectives were to focus and study on how transition takes place with regards to women biologically, psychologically, spiritually and professionally during the perinatal period, to understand how women deal with identity crisis and self-doubt during and after pregnancy, to propose interventions for healthy perinatal care for both mother and their children. Researchers have shown that every woman cope with imbalances due to hormones that lead to changes in body and mind that certainly changes their lifestyle. Researchers also studied that mothers who face anxiety, severe mood swings, cold feet and disruption in her self-esteem. Other people around the women, if not are supportive, might view her as overdramatic, over-reactive and someone who is using pregnancy as an excuse to get over stuff. This review paper applies a secondary method of research to reach its conclusion; More than 30 studies from previous years were taken into account while forming the discussion and conclusion. Many past studies indicate the involvement of partner, parental relationship, environment around women, motherhood transition, work life of women, teratogens and psychological neglect during the timeframe of pregnancy. They provide a broadened perspective to the objectives and help to understand the causes and consequences of the above-mentioned effectively. The research evidence further highlights that pregnancy leads to significant changes at physical, mental, emotional and social aspects of every woman & s life. Thus, it is recommended that women should be helped and supported all the time by family and improvised health care services if need be i.e. therapeutic interventions, etc. Future implications of studying women in the perinatal period can help with increasing the awareness/psychoeducation of maternal and infant health outcomes to the general public.*

**Keywords:** Hormonal imbalances, maternal health, pregnancy support, psychoeducation, perinatal period, therapeutic interventions

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## INTRODUCTION

Perinatal Period (one year post conception of the fetus)- During the timeframe of a pregnant woman's life there is a time when they go through the perinatal period which is the span from when they become pregnant leading to the year of pregnancy. According to the World Health Organization definition (1992), the perinatal period commences at 22 completed weeks of gestation (when the average birth weight is 500 gms) and this persists until 7 completed days adhering to childbirth. This perinatal period is divided into two subsets of pregnancy- the antenatal, or the prenatal (meaning

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before birth) and the postnatal or postpartum (meaning after birth). It is when women's bodies face numerous changes, be it biological or psychological, which makes them and the fetus prone to mental disorders.

The antenatal period is a certain time during the pregnancy when a woman carries a developing child in her womb. Ideally, this period lasts for about 9 months and is broken into three trimesters. The postpartum period, often referred to as the postnatal period, is the time post-childbirth when a woman's body undergoes changes both physical and psychological as it heals from pregnancy and giving birth. Although its duration can change, it typically continues for around six weeks. Physical symptoms which include bleeding, pain, and hormonal changes are possible for the mother to be experiencing at this time. She can go through rough emotional ups and downs as she adjusts to her new parental duties.

Perceiving the weakness of pregnancy as a profound, complex progress may at first be awkward, yet moving one's point of view to a more adjusted view can assist ladies with bringing down their uneasiness, decline sensations of responsibility, and access the help they need.

Mental and physical health changes; are observed in the immunity and psychological state of a pregnant woman, and they are highly vulnerable to physical and mental issues. A study stated that one in five women are likely to develop a mental health problem in their perinatal stage. Depression and anxiety are common and prevalent conditions. Now, it is noted that women when transitioning into motherhood might face a number of difficulties in their behavior, psyche, and biology. They sometimes find it hard to adjust to the new environment which can be a leading cause of anxiety and depression in new mothers. Settling into parental roles, understanding the causes and consequences of bringing a life into this world can change them into 'a different person'.

Women face a lot of changes in different areas of their lives from antenatal to postnatal phase. Be it their professional lives, their private lives, their personality traits etc. This in result causes many psychological and physiological alterations. Some women might feel 'cold feet', this is, they might experience nervousness and hesitation about if they are upto raising a human being on their own or if they are capable enough to handle everything during pregnancy. This gestation period is full of doubt and identity crisis in women.

People sometimes judge women for this 'break' and consider the maternity leave as a holiday, being ignorant of the fact that women work double during that time by taking care of the child, which puts a strain on their mental and physical health.

Postpartum depression can often be a consequence of this. Postpartum depression can affect women for several months or years in rare cases if left untreated. "Women, up to 1 in 7, experience a much more serious mood disorder—postpartum depression (PPD)."

The World Health Organization (2013) states that a mother and her newborn should receive postnatal care within 24 hours of delivery and at least three more times: on the third day, in the second week, and six weeks after birth. 10-20% of women have mental health issues, especially anxiety and depression during and after pregnancy and if left untreated can be hazardous to the infant and the mother. Children are also impacted by neglected settings and physical and psychological abuse, in addition to women. It will hamper the development process and cause constant breakdowns, which will leave the worm feeling stuck and ignored.

## **OBJECTIVE**

Understanding transition faced by the women and bio-psycho-social challenges and interventions for women during the Perinatal Period.

## **METHODOLOGY**

This paper aims to investigate how pregnancy and how women transition in the perinatal period. This study used secondary research methodology with a literature review as its main focus. Literature was collected majorly from google scholar and journals such as Sage, Maternal and child Health Journal, Journal of social and Personal relationships were taken into consideration.

More than 50 studies were viewed and analyzed, out of which 30 have been selected and used as primary sources for the paper. Keywords for finding review of literature were transition, women, perinatal care, postpartum care, consequences, interventions.

Diverse backgrounds and varied studies were taken into account to form the analysis and create a holistic summary for the paper. Discussion was formed by selecting appropriate data from the studies and then comparing them. Conclusion focused on the basic summary of the paper. Lastly, implications were noted down and discussed forward.

## **REVIEW OF LITERATURE**

Erfina et.al (2019) worked with adolescent mothers and formed a study about their transition to motherhood [1]. According to studies, adolescent mothers transitioning to motherhood face a greater responsibility load. The purpose of this study was to perform an integrative review of the literature in order to investigate the transition to motherhood experiences of adolescent moms and pinpoint contributing elements. The physical difficulties associated with pregnancy, childbirth, and breastfeeding, along with the psychological fallout from “mixed feelings” and taking care of the child, were the primary concerns raised by adolescent moms entering the parenting role in these studies. They also mentioned a greater need for social support, education, and financial and medical support. Results indicated that The most difficult mothering duty was taking care of the newborn, according to research that looked at the role of mothers throughout transition.

Hennekam et al. (2019) worked on identity transition to motherhood, from a multilevel perspective [2]. This study looks at how women's identities change as they become mothers and go back to work. Twenty-two first-time mothers were questioned twice: right after giving birth and when they returned to work after maternity leave. The results indicate that a variety of factors at various levels, including personal factors like partner support and career goals, organisational factors like family-friendly work practices and role models, and societal factors like social norms and attitudes toward the maternal body, influence this transition. The literature emphasizes the importance of social norms, such as those pertaining to maternal bodies, at the macro level. Meso-level literature emphasizes the significance of family-friendly work practices and workplace role models. The assessment emphasizes the importance of spouse support and professional objectives at the micro level.

SB Walker et.al (2019) aimed to find out how women successfully transition to the idea of motherhood during the early postnatal period [3]. The objective was to conduct a systematic evaluation of the qualitative research literature that is currently available in order to ascertain what women require during the early postnatal period in order to successfully transition to motherhood and whether postnatal home care provided by midwives facilitates this process. In the early postnatal period, women's capacity to connect with midwives helped them overcome obstacles and effectively make the adjustment to motherhood. Despite the fact that all four themes were found to be crucial for a good postnatal transition, the majority of the results indicated that postnatal midwifery home care was crucial for women's smooth transition to parenthood in the early postnatal period.

Howard and Khalifeh (2020) with interest in new expert psychological well-being, studied perinatal mental health, a review of progress and challenges; administrations in some high-paying nations and long-term mental mother and child units in various settings, perinatal emotional wellness has become a major focus of revenue in recent years [4]. In this paper, we summarize and generally take a gander at

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the investigation of sickness transmission and impact of perinatal mental issues, including emerging evidence of an addition of their inescapability in energetic pregnant women. Randomized controlled starters give confirmation on the practicality of mental and psychosocial intercessions at the solitary level, but it isn't yet clear which women with perinatal mental issues similarly need additional assistance for support. Observational studies make up almost all of the research on using psychotropics while pregnant. There is little investigation on the full extent of perinatal mental issues, on the most effective way to additionally foster permission to treatment for women with psychosocial inconveniences, and on the feasibility of different assistance transport models. They conclude with clinical and research implications that, we argue, emphasize the necessity of expanding generic psychiatric services to include prenatal care and increasing investments in public health interventions alongside perinatal mental health services, possibly for women and men, to reduce maternal and child morbidity and mortality.

Dowse et. al (2020) studies Perinatal depression and anxiety and how it affects the outcomes of birth. 10-20% of women experience anxiety or sadness during the perinatal period [5]. Perinatal depression, if left untreated, may have negative impacts on the family and the child, as well as long-term negative implications. This study examined the association between self-reported sadness, anxiety, and outcomes using the Edinburgh Postnatal sadness Scale scores, self-reported anxiety, and neonatal birth outcomes. 13% of women were found to be at risk for depression, while 4% were found to be at risk for anxiety. Anxiety and despair were observed to be associated with 838 women (1.5%). A crucial first step in the treatment and prevention of adverse delivery outcomes is the early identification of prenatal anxiety and depression.

McLeish et.al (2020) recorded the experiences of first-time mothers and their expectations of postnatal care in England [6]. In the third trimester of pregnancy, first-time mothers in England had a range of expectations regarding postnatal care, ranging from low to high and from vague to detailed. This study demonstrates these expectations. They also experienced a wide range of following care experiences, some of which matched or even surpassed their expectations and others of which left them unsatisfied. This study offers proof for the claim that high-quality, needs-driven professional support during the postnatal period is essential for helping first-time mothers successfully adjust to parenthood by offering encouragement and practical help with parenting skills like breastfeeding. Given the shorter average stay of new mothers on a postnatal ward, these findings further highlight the significance of high-quality postnatal care throughout the care continuum between hospitals or birth centers and the community.

Law et al. (2021) paper, "Dread and solace: Talking about mental health in the perinatal period," [7]. Perinatal emotional wellness issues are a worldwide general wellbeing challenge. Globally, mental health disorders are estimated to impact 10% of expectant mothers and 13% of recent mothers. The truth is that there are probably more cases of clinical and subclinical prenatal mental health problems than there should be for a number of reasons, such as stigma, poor access to resources, patients' ignorance of their symptoms, and insufficient professional help. Studies have investigated encounters like post birth anxiety, however few include a more extensive running investigation of an assortment of self-revealed perinatal emotional wellness issues through private story. We directed 21 account interviews with ladies, in two Canadian regions, about their encounters of perinatal emotional well-being issues. Our objective was to gain more knowledge about the ways that cultural and personal narratives about motherhood and perinatal mental health can serve as both healing and recovery environments and sources of guilt, shame, and suffering. There are four main themes that we found in women's stories: feeling like a bombed mother; cultural hushing of negative encounters of parenthood; dealing with another identity; what's more, tracking down comfort in shared encounters. These results are in line with those of other studies that have highlighted the personal difficulties that come with perinatal mental health issues, particularly the dread of having to deal with societal expectations of what it means to be a "good mother." We also stress the benefits of experience sharing for self-care and

healing, as well as the ability of narratives to help form new identities and emotions of self-worth. This study sticks to the assumptions for directing and announcing subjective examinations.

Leggat et al. (2021) looked at changes in alcohol use during pregnancy and the shift to motherhood [8]. The main goal was to analyze pre- to postnatal drinking patterns in both men and women and evaluate the impact of schooling on these patterns. A representative Australian survey collected longitudinal data on alcohol use for 2470 people (1248 of whom were female) who were pregnant or the partner of a pregnant person for the three years before and after giving birth. With comparable results across educational levels, female typical amount and frequency dramatically decreased during pregnancy before significantly increasing postnatally and returning to pre-pregnancy levels. After having a kid, men's average number climbed, with the exception of those with a high school diploma. The likelihood of drinking more frequently after giving birth was much higher among those with college degrees. M Hawkins et.al (2021) worked with black pregnant women and studied their psychological health and family involvement [9]. This study emphasizes the critical importance of family support throughout pregnancy. They looked explored how the influence of particular mother and paternal familial ties, as well as family involvement in pregnancy, can be used to understand Black maternal psychological health during pregnancy. We examined each of these issues from the perspective of the expectant mother. Pregnant Black women's family participation during their pregnancies was linked to a number of psychological health metrics. The information was obtained through the long-term Biosocial Impact on Black Births (BIBB) project. BIBB is a prospective study that looks at the relationships between systemic inflammation, psychosocial variables, and preterm birth in Black pregnant women. More family participation was associated with lower levels of anxiety, stress, and depression as well as improved psychological well-being. For Black women expecting, family support may be a protective factor.

Enătescu et.al (2021) studied the role of dimensions of personality and trait anxiety in increasing likelihood of suicide ideation in women in perinatal period [10]. A growing body of research shows that depression is simply one of many psychopathological problems that influence the risk of suicide among perinatal women. The purpose of this study was to look into the impact of personality traits on the occurrence of suicidal thoughts during the perinatal period. In our county, pregnant women monitored at university-based obstetrical care units participated in a longitudinal prospective study. Postnatal suicide ideation was linked to a lower level of education, whereas pregnant women who had prenatal suicide ideation were more likely to be unemployed professionals. They found out that The emergence of suicidal ideation in perinatal women may be influenced by many personality traits. To determine perinatal women at risk of suicide, it is therefore important to look into personality traits and trait anxiety in addition to depressive symptoms.

Ramos et.al (2022) conducted this research. Previous studies indicate that Latinas are more likely to experience significant levels of anxiety during pregnancy [11]. A higher risk of preterm birth and negative effects on development have been linked to pregnancy anxiety, a specific emotional state marked by worries and anxieties about one's present pregnancy.

Little research has been done to investigate Latina ideas about the transition to parenthood, and less is known. The current study draws attention to particular elements that should be taken into account when discussing the prenatal health of Latina women. These results pave the way for more research on Latinas' unique experiences with anxiety during pregnancy. In conclusion, Latinas thought that feeling anxious during pregnancy was common and expressed worries about giving birth, losing their child, having a child with a birth defect, and being impacted by the larger sociopolitical environment.

## **DISCUSSION**

Transition is an important aspect in the perinatal period. Variety of changes often take place in the women's body, in biological, psychological and social aspects. This research paper forms a literature

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review about how women transition during perinatal period, and how it alters their personal and professional lives. Family support is also observed to be essential during that period of time. Women have a fragile psyche during this period, this may be due to the physical changes that may be happening in their lives, as there are imbalances in the hormones noted in the woman's body. This could be the result of toxic and unsupportive environments, neglect, or a lack of support.

This secondary research focuses on previous studies, and aims to find out the journey that women go through during this time, how they transition, their resilience, their coping strategies etc. A study that was conducted, which focussed on women after 6 to 8 weeks who were taken as subjects and their trait anxiety was measured, with its relationship to likelihood of suicidal behaviour. They found out that Postnatal suicide ideation was linked to a lower level of education, whereas pregnant women who had prenatal suicide ideation were more likely to be unemployed professionals. The emergence of suicidal ideation in perinatal women may be influenced by many personality traits.

In 2019, a study was conducted with teenage mothers and it recorded their transition to motherhood. They noted that teenage mothers faced problems because of not being able to cope physically, as they had problems breastfeeding, inadequate knowledge, birth as well as psychological doubts about the pregnancy and self. Transition is already a sensitive timeframe, and when faced by teens can cause damage to the mother and the foetus. Lack of knowledge and proper postnatal care was an intruding factor here as well. There were also some researchers that focused on being a parent, and the responsibilities of parenthood, how it is a “life changing” event and comes with enormous responsibilities. It is a period of more psychosocial stress and challenges in behavior. Corresponding to this, many studies came out, which focused on the consumption of alcohol, from pre to postnatal drinking patterns. They found out that with comparable results across educational levels, females typical amount and frequency dramatically decreased during pregnancy before significantly increasing postnatally and returning to pre-pregnancy levels. The likelihood of drinking more frequently after giving birth was found to be much higher among those with the ones having college degrees.

Future implication suggests that in order to support women as they manage the complexity of pregnancy and early motherhood, this study emphasizes the necessity for a holistic approach. Healthcare professionals, policymakers, and society as a whole may support the wellbeing of women throughout this transformative time by comprehending and resolving these issues through efficient solutions. This can also help with increasing the awareness/psychoeducation of maternal and infant health outcomes to the general public. Multidisciplinary healthcare teams, specialized intervention plans, and education for women and their families may all be part of this. It is recommended that women should be helped and supported all the time by family and improvised health care services if need be i.e. therapeutic interventions, etc. New mothers should be given adequate and necessary counselling and guidance for their better understanding as well

## CONCLUSION

In this paper we studied the mental and physical changes observed in a woman during pregnancy and early motherhood, and how she adapts to the bodily changes and to her new role as a mother. The woman during this stage is heavily dependent on the support of her spouse, family members and the society. In the discussion we studied a research paper which highlighted how tough it is for teenage woman to undergo all the changes, especially physical. The transition period from a pregnant lady to a mother is a life changing process. Many women also find it hard to adjust to the role of a mother. Psychological issues are also observed since the mental health sometimes goes unnoticed making the woman vulnerable.

To conclude, this process makes the woman very fragile and she needs a lot of support to go through this, since one small mistake can give lifetime trauma to the woman. Support from family and society should be given as it reassures the woman that she is not alone.

## RECOMMENDATIONS

Pay attention to your emotional health by asking friends and family for assistance, attending support groups, or, if required, seeking professional help for emotional health.

Teach oneself about the progressions occurring in your body and the different phases of pregnancy, labor, and post pregnancy. Look for social help from family, companions, or local area assets to assist you with exploring the difficulties and delights of parenthood. Allow yourself time to take care of yourself, do fun things, and unwind. Consider breastfeeding and look for direction from medical care experts to guarantee an effective breastfeeding venture. Be open and speak with your accomplice about your requirements, fears, and assumptions during this extraordinary time. Connect for help when required, whether it's for family tasks, childcare, or basic reassurance.

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