Gynecology & Obstetrics

OPEN ACCESS Freely available online

Research Article

Buffering Effect of Perceived Social Support during Postpartum Depressi : A Systematic Review

María ntero-Ga [1*], Noelia Puche Escribano[1], María Rueda-Extremera[1], y Ana Huertes-del Arco[1,2]

[1]Universi a Distan de Madrid (UDIMA), Madrid, Spain; [2]Universidad Nacional de Educación a Distancia (UNED), M id, Spai

AB TRACT

A : Postpa ion (PPD) affects 10%-15% of women worldwide, though the true prevalence may be higher d to u gnoses. D impacts both the mental and physical health of mothers and has potential long-term consequ es fo hildre nd families. This systematic review aims to evaluate the significance of perceived social support alleviati o rtum depr e symptoms, with the goal of improving maternal mental health interventions.

Methods: PRISMA g es, a total of 1638 studies were screened, and 18 primary studies met the inclusion criteria for the final synthesi e stu ies were analyzed to examine the relationship between perceived social support and postpartum depressive s oms.

Results: All 18 studi consistentl owe ignificant relationship between perceived social support and postpartum depressive symptoms. The fin s suggest that a mother's perception of social support during the postpartum period can have a direct impact on her ality of life, help mitigate depressive symptoms.

Conclusion: The review underscores th portance trengthening social support networks as part of comprehensive strategies to prevent and manage p partu epressi Enhancing perceived social support should be prioritized in maternal mental health interventions improve being of mothers during the postpartum period.

Keywords: Postpartum depression; Perce support; S matic review; Puerperium; Marital support

INTRODUCTION

Depression is one of the most common mental disorders i the postpartum period, with significant repercussions for both mothers and their children. It is estimated that between 10% and 20% of women experience Post-Partum Depression (PPD) at some point after the birth of their child, although these figures may be lower than the actual prevalence due to underdiagnoses [1]. This disorder particularly affects vulnerable groups, such as first-time mothers and adolescents, who may face greater uncertainty and pressure in their new parental roles [2]. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), PPD is classified under major depressive disorder with onset during the perinatal period, establishing specific diagnostic criteria that include sympto such as depressed mood, loss of interest in previou enjoyed ctivities, sleep disturbances, and suicidal thoughts [3]. ential to distinguish PPD from maternity blues, a tran condition characterized by brief episodes of crying a itabi ty that typically arise in the first few days postp m [4]. Confusing the two can lead to a lack of re ition and te treatment of PPD, resulting in a h comor betwee ubclinical depressive symptoms and anxi Re nt stud suggest that elevated initial anxiety le s are a nifica risk factor for developing PPD [5]. Mor er, end i disorders, such as thyroid dysfunctio nd chang in neurotransmitter function may also serve as t g cau rtum depression [3].

Correspondence to: María Cantero-García, Universidad a Distancia de Madrid (UDIMA), Madrid, Spain E-mail: maria rogar@gmail.com

Received: 10 Sept, 2024, **Manuscript No.** GOCR- 24-34567; **Editor assigned:** 14 Sept, 2024, **PreQC No** 4567(PQ); **Reviewed:** 18 Sept, 2024, QC No. GOCR- 24-34567(Q); **Revised:** 25 Sept, 2024, **Manuscript No.** GOCR- 24-345 ; **Accepted Date:** 28 Sept, 2024; **Published:** 30 Sept, 2024

Citation: García M. C, Escribano N. P, Extremera M. R, Arco y A. H. D. (2024) Buffering Effect of Perceived Social Support During Postpartum Depression: A Systematic Review. Gynecol. Obstet. 14:5

It is essential to distinguish PPD from maternity blues, a transitory condition characterized by brief episodes of crying and irritability that typically arise in the first few days postpartum [4]. Confusing the two can lead to a lack of recognition and appropriate treatment of PPD, resulting in a high comorbidity between subclinical depressive symptoms and anxiety. Recent studies suggest that elevated initial anxiety levels are a significant risk factor for developing PPD [5]. Moreover, endocrine disorders, such as thyroid dysfunction, and changes in neurotransmitter function may also contribute to underlying causes of postpartum depression [3]. Recent research has demonstrated that the symptoms of PPD are not limited to the early weeks after childbirth. Chapela found that depressive symptoms can persist for the first three months and, in some cases, may emerge in the first year following the birth [6]. This extension of the vulnerability period for the development of PPD highlights the importance of ongoing monitoring and support for mothers during the first year postpartum. However, many women who develop PPD do not receive adequate care, often due to a lack of communication about their mental health with healthcare personnel, contributing to the condition's invisibility and the normalization of suffering [6]. The impact of PPD extends beyond the mother, affecting the child's well-being and the family unit. Affective disturbances in mothers are often not recognized as illnesses but perceived as deficiencies in their maternal capacities. This can lead to self-imposed pressure to fulfill their maternal responsibilities, sometimes unsuccessfully, resulting in significant emotional strain. Mothers may feel overwhelmed by feelings of guilt and inadequacy, leading to a detrimental cycle where lack of support and the inability to recognize PPD exacerbate symptoms [2].

Depressive symptoms during the postpartum period may be mistaken for normal adaptations to this stage of life, as they include emotional and physical changes such as mood swings, loss of interest in previously enjoyable activities, and notable decrease in energy [2]. As symptoms progress, mothers may experience a reduction in daily activities and persistent fatigue that does not improve with rest. Insomnia and other sleep disorders are common, along with a loss of appetite. In severe cases, suicidal thoughts may arise, making early recognition and provision of adequate support imperative to ensure the health and well-being of the mother and her family [7, 8]. Among the risk factors that could contribute to the development of depressive symptoms in the postpartum period, early or extreme maternal age, unwanted pregnancy, marital difficulties, and low socioeconomic status are identified [2]. Furthermore, gynecological-obstetric pathologies, including complications during pregnancy or childbirth, may hinder physical recovery and increase emotional stress. Literature also points to the use of anesthesia during childbirth and the health of the newborn as factors that may contribute to the development of PPD [9]. Additionally, Adverse Childhood Experiences (ACEs) emerge as a critical component in the predisposition to PPD. Women who have experienced ACEs are at a higher risk of developing this condition, underscoring the need to consider the psychosocial context in the evaluation and treatment of PPD [10]. Research indicates that these adverse experiences not only predispose individuals to depression but also interfere with the mother's ability to seek and receive social support [11]. This multifactorial approach is fundamental to understanding the etiology of PPD, as its onset is influenced by a combination of biological, psychological, and social factors [2]. Regarding prevention, social support has been highlighted as a crucial protective factor. Huang et al. emphasize that a robust network of emotional, informational, and instrumental support can mitigate the impact of risk factors and reduce the prevalence of depressive symptoms. During emergency situations, such as the COVID-19 pandemic, it has been shown that social support has greater protective power, underscoring the need to promote it in vulnerable contexts [12, 13]. However, access to mental health services remains limited, implying that many women do not receive appropriate treatment for PPD [14]. The review of the literature suggests that social support and early identification of risk factors such as ACEs are essential for improving the prevention and treatment of this disorder. Increasing the visibility of PPD, along with promoting social support networks, could contribute to reducing the prevalence of this disorder and enhancing the quality of life for mothers and their families. The present work aims to conduct a systematic review of the primary studies published on the importance of social support to analyze the role of social support as a protective factor and to carry out a synthesis of the key characteristics and contents of these studies.

METHODS

Review protocol

A systematic search was conducted using the most representative electronic databases in the field of study: PubMed, Web of Science (Core Collection), and ProQuest. The main inquiry was to find studies that relate perceived social support and postpartum depression. The document search was carried out in both Spanish and English, and publication dates were requested to be within the last five years. After eliminating duplicate studies and conducting the initial reading of titles and abstracts based on the inclusion and exclusion criteria, the full texts of the remaining articles were examined to assess their potential inclusion in the review, as shown in figure 1.

OPEN ACCESS Freely available online

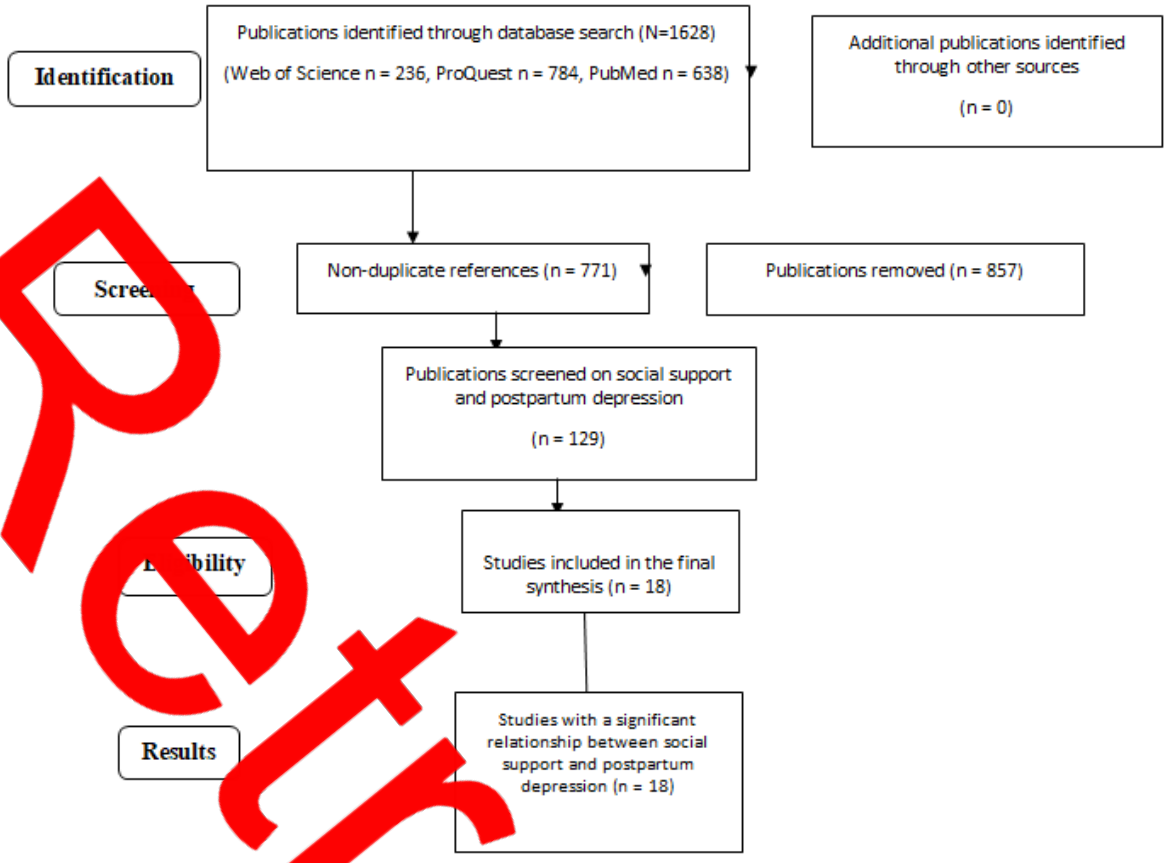

Figure 1: Sequence of sea nd study selection procedure.

Note: Flow diagram summarizing the different ste ken d on the Moher et al. model [15].

Selection criteria

The inclusion criteria for selecting studies were est shed following the PICOS format:

1. **P:** Participants: women in the postpartum stage wit depression.
2. **I:** Intervention: study of the influence of social support on postpartum depression.
3. **C:** Comparison: women in the postpartum stage without depressive symptoms.
4. **O:** Outcome: quality of life and reduction of depressive symptoms.
5. **S:** Study: cross-sectional and longitudinal studies.

In longitudinal studies where data were collected at multiple assessment points, the measures from the first assessment were used to make a more balanced comparison with the ou studies. Regarding the exclusion criteria, studies that on ed essential methodological information in the abstrac uch as th umber of participants or whether they were in the p um stage, were excluded. Review studies, Septoral th ials, case studies, and any other qualitative works w so excluded. The criteria are outlined in table 1. Wit pect to the type of publications, journal articles, b , and bo rs were included, while popular ne papers ef rep ts, conferences, conference proceedin ette and ess were discarded.

Table 1: Inclusion and exclusion crite

Inclusion Criteria	Exclusion Cri
Articles published in Spanish or English	Articles published in languages r than English nish
Open access articles	Articles with restri acce
Articles published in the last 5 years	Other search areas, other than psychology
Study population "women in the postpartum period"	Study population exclusively "pregnant women" No key methodological information in the abstract

Sources of information

Several databases such as PsycINFO, Medline, and Scopus were explored. Ultimately, the ones used were Web of Science, PubMed, and ProQuest, as their article topics were more aligned with the chosen theme and offered a greater availability of open-access results.

Search strategy

The search st[illegible]as carried out using the combination of the follow[illegible]erms "Postpartum Depression" and "Social Suppo[illegible]nd "Perce[illegible]Social Support." To conduct the lit[illegible]rch by keyw[illegible]s, the following search string was [illegible]: ("Pos[illegible]rtum Dep[illegible]ion" and "Social Support" or "Perceived S[illegible]l Suppo[illegible] The eligibility criteria for the analyzed stud[illegible]d by the delineation of inclusion and exclusio[illegible]riteria that allowed for a better response to the objectives. [illegible] eligibility phase took the most time, as many studies ne[illegible]d to be e[illegible] first by titles and abstracts and subse[illegible]ntly in[illegible]ext, as s[illegible]ified in figure 1.

Publication sele[illegible]on

The publication s[illegible]ction pro[illegible]graphi[illegible]ally[illegible] succinctly presented in figur[illegible] a flow d[illegible]gram, s[illegible]ally following the PRISMA model [illegible]in the sub[illegible]data analysis section [15]. The selection was [illegible]organized procedure carried out in several pha[illegible] which ne[illegible] to be meticulously completed one b[illegible]ne before p[illegible]o the next. A personal journal of n[illegible]s was [illegible]at help[illegible] this process.

Data extraction and coding

Initially, the search equation is executed [illegible]three electronic databases, and then the inclusio[illegible]nd exc[illegible]n criteria provided by the search engine are appl[illegible] resulting the following: Search equation: "postpartum [illegible]" "perceived social support".

1. **ProQuest:** A total of 28,394 results appear with this search equation. After filtering for full-text article from scientific journals published in the last 5 year specifically related to "postpartum depression," the number is reduced to 754 results.
2. **PubMed:** 2,692 results after the search. The process began by filtering for full-text articles published in the last 5 years, resulting in a total of 638 articles.
3. **Web of Science:** Executing the search equation yielded a total of 682 results. After filtering for full-text articles that are open access and published in the last 5 years, 236 studies were obtained as a result. The total number of results from the three databases sums up to 1,628 studies. For subsequent management, the bibliographic manager Mendeley was used to export all the studies obtained from the three electronic databases. The authors were sorted alphabetically, and duplicate articles were eliminated one by one. After analyzing each of them, 53% were discarded, resulting in a total of 771 studies for further analysis, starting with the titles. After content analysis, studies were removed for various reasons, such as being other systematic reviews or not being available for full-text reading. Titles and abstracts of all available studies were reviewed, selecting only those that analyze the relationship between "social support" and "postpartum depression," resulting in 129 articles. Of these, the full text was reviewed, paying special attention to the results section to assess whether social support relates to postpartum depression and, of course, whether it meets the chosen inclusion and exclusion criteria. Many of these articles were excluded because the sample was composed exclusively of pregnant women or because they studied perinatal depression during the prenatal stage and not in the postpartum period. Other studies were excluded due to insufficient sample size. Finally, 18 articles were included in the final synthesis.

RESULTS

The number of studies included in the final synthesis was 18. [illegible]them establish measures that evaluate the social suppo[illegible]erceived by mothers during the postpartum stage and its [illegible]ationship with depressive symptoms [16]. For a better [illegible]jection[illegible]he results of the review, these are presented in t[illegible], which shows that all the selected studies [illegible]port sig[illegible]associations indicating the relationship betwee[illegible]ceived social support and postpartum depression.

Table 2: Summary of the studies included in the pres[illegible]systemati[illegible]vi[illegible]

Authors	Year	Country	N	Results
Amar *et al.* [17]	2023	Serbia	145	The results show a moderate, negative, and statis[illegible]y signific[illegible]correlati[illegible]between postpartum depression and p[illegible]ved social sup[illegible]rt.
Bedaso *et al.* [18]	2022	Australia	8010	Both emotional support and what is term[illegible]nformational su[illegible]d a partial mediating effect on the relationship between [illegible]ceived stress a[illegible]pressive symptoms.
Cho *et al.* [19]	2022	South Korea	1654	The results indicate that women with modera[illegible]r low soci[illegible]pport were significantly more likely to experience post[illegible]ression.
Coca *et al.* [16]	2023	Brazil, South Korea, Thailand, Taiwan y United Kingdom	3523	Low and moderate social support were associated with postpartum depression.
Corona *et al.* [20]	2023	USA	137	Higher emotional support, informational support, and instrumental support were associated with lower perceived stress.
Dixson *et al.* [21]	2023	Australia	180	Depression was significantly higher among mothers reporting lower relationship quality and social support. Social support was also significantly lower among mothers who

				reported a decline in psychosocial well-being.
Feinberg *et al.* [22]	2022	USA	2372	The effect of support is consistent among women reporting both anxiety and depressive symptoms.
Hong *et al.* [23]	2022	China	550	The lower the level of subjective and objective social support, the more likely depression will worsen.
Iranfachisa *et al.* [24]	2024	Ethiopia	429	The lack of social support contributes to the low health-related quality of life in postpartum women.
Keles *et al.* [25]		Turkey	425	Mothers with marital dissatisfaction had higher scores on the Edinburgh Postnatal Depression Scale.
Kim *et al.* [2]	2022	Korea	1481	Family social support was significantly associated with postpartum depression, regardless of the timing after childbirth.
[27]	2023	China	180	Women with higher social support scores had a lower risk of depressive symptoms in the postpartum period.
Milgrom *et al.* [28]		Australia	54	At all four time points, combined measures of social support were significant predictors of depression. In all cases, these relationships were negative, with higher levels of social support associated with lower levels of depression.
Park *et al.* [29]	2021	Korea	284	Significant correlations between social support and postpartum depression.
Varin *et al.* [30]	2020	Canada	6558	The benefits of maternal support are directly related to life satisfaction and a sense of community belonging for women during the postpartum period.
White *et al.* [31]		Austria	833	Higher levels of emotional support and practical support were also associated with a decreased likelihood of postpartum depression.
Yaksi *et al.* [32]		Turkey		Dissatisfied social support was a risk factor for postpartum depression.
Yamada *et al.* [33]	2020	Japan	6500	Mothers who lack social support from their partner or others showed a high risk of postpartum depression.

Sample

Most of the studies consulted have a large sample size, but not all mothers in the study exhibit depressive symptoms. The research considers many other variables, so in the same study, we may find part of the sample consisting of pregnant women and part of the sample consisting of postpartum mothers. Moreover, as mentioned, not all women in various studies report depressive symptoms. The selected studies encompass a total of 33,708 participating women, with the average sample size of all women included in the studies of the systematic review being 1,872.6. In this review, age of the mothers, country of origin, or economic status was not used as inclusion or exclusion criteria. The 18 studies that comprise this review come from fourteen different countries. Most of the studies are from the Asian continent including two studies conducted in Turkey and one study conducted in several countries, but with the majority of the sample from Asia [9,16]. America has 3 studies in this review, as does Australia. There are 2 studies from Europe, and finally, one study from the African continent.

Risk of bias

Appendix 1 includes the AMSTAR checklist, which aims to globally assess the biases present in the studies included in the final synthesis.

Data on the evidence found

The studies included in the final review analyze the relationship between the two variables: perceived social support and depressive symptoms. When analyzing low social support, the lower the level of subjective and objective social support perceived by women, the more likely it is that depression will worsen [23]. High scores on 'unsatisfied social support' were accompanied by significant scores in Postpartum Depression (PPD) [32]. In contrast, when referring to good perceived social support; higher social support scores are related to a lower risk of postpartum depressive symptoms [27]. According to Cho et al., a greater number of women with postpartum depression were identified in groups with low social support. Other interesting variables were also studied, such as participants with multiparity (a condition in which the pregnant woman has had two or more births), previous pregnancy loss, women with obesity, and employed women, and their possible relationship with depressive symptoms [19].

It is undoubtedly interesting to analyze how mothers perceive their quality of life during the postpartum period and how social support determines life satisfaction and the rediscovery of a sense of community belonging among women in the postpartum period [30]. Similarly, the lack of social support contributes to a low health-related quality of life for postpartum women [34].

Defining social support as a unique and closed concept does not seem to be an accurate idea. Certain studies divide social support into global social support, family social support, friend social support, social support from other loved ones [17, 20, 22, 25, 26, 31, 33]. The role of support from spouses is highlighted in several studies, finding a significant relationship between marital dissatisfaction and postpartum depression [17, 25]. Mothers with marital dissatisfaction scored higher on the Edinburgh Postnatal Depression Scale (EPDS) [25]. Mothers who do not have social support from their partner or other significant individuals have reported a high risk of postpartum depression [33]. According to the latter study by Yamada et al., the concept of social support contains various classifications, and the results study how each of them correlates with depressive symptoms: having a spouse and social support from others is not the same as not having a spouse but receiving social support from others, or, for example, having support from a spouse but not from

others, or ultimately, having no social support from either a spouse or others [33].

Undoubtedly, social support stands as a crucial protective factor. Therefore, the practical implications of this research reflect the understanding of social support as a significant predictor of depression in the postpartum period, as well as the need to integrate the social component into the support and assistance offered for pregnant women and mothers. This implies a perspective that goes beyond social policies, advocating for the inclusion of support not only from close relatives and loved ones but also from broader social structures [17].

Research analyzing the benefits of social support during the COVID-19 pandemic showed that both emotional and instrumental support were essential to protect against the risk of PPD [7]. Emotional support and what is termed informational support, characteristic of assistance systems, have a partial mediating effect on the relationship between perceived stress and prenatal depressive symptoms [18]. A significant negative relationship was evidenced between instrumental support, which consists of tangible help and services available when needed, and postpartum distress for mothers whose preferred language was Spanish, suggesting how culture may interfere with the perception of social support [20].

The postpartum period cannot be considered a specific moment in a mother's life but rather a broader period or interval of time. For this reason, different studies examine postpartum experiences over various time intervals. Among the findings, it can be noted that regardless of the time elapsed postpartum, total and family social support scores were negatively associated with postpartum depression [19]. Another relevant aspect of the study was the collection of maternal measures at several key moments. These measurements were taken at baseline, nine weeks after randomization (which was selected for the current analysis), as well as at six, nine, and twenty-four months after childbirth. This approach allowed for the capture of potential changes that may occur during a period of up to two years postpartum [28].

DISCUSSION

Following the analysis of the results obtained from various studies, it is evident that there is a significant relationship between perceived social support and depressive symptoms in the postpartum period. To continue researching this field with greater precision, it would be crucial to reach a consensus on the definition of what is understood by the postpartum period [3]. According to the American Psychiatric Association this period encompasses the first four weeks after childbirth, while the International Classification of Diseases (ICD-10) states that it begins at six weeks post-delivery [34]. Other authors suggest a broader timeframe, as indicated by some studies included in this review [26]. The lack of diagnosis and consequently the absence of adequate treatment can inevitably lead to chronic postpartum depression, with symptoms that persist, change, or intensify over time. Such depression can be especially detrimental not only to the mother but also to the newborn. The mother-baby bond can be severely affected, which may have significant consequences for the baby's emotional and cognitive development. In fact, sometimes the mother's diagnosis is made indirectly through the child's behavior or development, underscoring the importance of identifying and addressing postpartum depression early and effectively. Undoubtedly, breaking down and dissecting the concept of social support may be the most appropriate approach, as emotional support is not valued the same as instrumental support, or, for example, the support provided by friends compared to that from a spouse. Ultimately, deconstructing the experience of support and understanding the specific type of assistance referred to helps us identify which aspects are most suitable for reinforcement, prevention, and even highlighting as concrete tools to implement in the treatments indicated for managing depressive symptoms during the postpartum period. When we analyze the influence of spousal social support on postpartum depression symptoms, studies such as that of González-González et al. found that conflictual marital relationships represent one of the risk factors [2]. Psychosocial aspects, which include social support and marital relationships, are crucial elements in the mental health of mothers during the postpartum period. Attention to these areas is fundamental in the psychological realm and can make a significant difference in the prevention and treatment of postpartum depression. Therefore, developing interventions and programs designed to promote and maintain these protective factors is essential to providing effective support to mothers and their families. Such interventions may include educational and support programs that encourage communication and conflict resolution in marital relationships, as well as social support networks that provide mothers with emotional and practical support during the postpartum period. By investing in strengthening these psychosocial aspects, we can lay the groundwork for better maternal and family mental health in the long term. Moreover, by recognizing the importance of these factors for the well-being of both mother and child, we can advocate more effectively for public policies that support and promote social support and marital relationships as integral components of maternal and family health care. The prevalence of postpartum depression indicated by the results of the various studies is highly variable due to the great heterogeneity in the evaluation methodologies used. The main difficulty in comparing the results of the studies lies in the fact that they do not use the same measurement instrument for social support or even for depressive symptoms. Several of them indeed utilize the Edinburgh Postnatal Depression Scale or the Multidimensional Scale of Perceived Social Support (MSPSS) [8, 19, 21, 25, 33]. Additionally, the different studies show how each one defines the concept of social support differently, ranging from establishing it as a single term to breaking it down into various concepts, further specifying the meaning of each. Furthermore, we find results that, depending on how social support is conceptualized, correlate more or less with depressive symptoms. When the term social support refers to who provides the support, the focus shifts to the more direct emotional social support that the mother receives in the postpartum period, where most studies consider it to be the spouse. Lastly, it is also necessary to highlight the time interval considered when referring to "postpartum" because it varies from study to study; while some collect their data within the first six weeks after childbirth, others gather data

up to six months postpartum, leaving a substantial gap between the two measures. As limitations, it can be indicated that this work has presented issues with the imprecision of the measures and the variety used in the studies, as mentioned earlier, since the measurement instruments were diverse, and it is not straightforward to examine the results as equitably as possible. As a line of future research, it is proposed to re[illegible] the concept of perceived social support, observing [illegible] the [illegible]ividual providing support influences this a[illegible] multaneou[illegible] exploring it across countries to det[illegible] whether cul[illegible] conditions the perception or [illegible]ort pr[illegible]ed. Redefi[illegible]g the concept of social support would not [illegible] estabi[illegible]g a concrete and unanimous definition fo[illegible] but rather specifying what type of social suppo[illegible]ay need to protect mothers according to their cultural bac[illegible]ound and the social policies available to them. In the fiel[illegible] perinatal p[illegible]y, there is a pressing need to continue [illegible]searchi[illegible]with t[illegible] aim of reducing the phenomeno[illegible] wh[illegible]w[illegible]en con[illegible]e depressive symptoms during the postp[illegible]um pe[illegible]d with[illegible]e normal adaptation to this stage of life, [illegible]ether du[illegible]e[illegible]ne or fear [illegible]t meeting the socially estab[illegible]ed norm[illegible]2]. The[illegible]blishment of perinatal mental hea[illegible]grams in [illegible]blic maternity wards, as well as follow-up progr[illegible]or pregnancy from primary care, is essential to [illegible]r implem[illegible]available resources for prevention, prot[illegible]g the well-[illegible]omen, babies, and society in gener[illegible]during [illegible]pregnan[illegible]and postpartum stages. In fact, there is sti[illegible] practical guideline or established care protocol for the[illegible]agnosis and trea[illegible] of such disorders. Training and interdisciplinary collaboration among health professionals a[illegible]al for implementing a national perinatal mental hea[illegible] plan.

CONCLUSION

In conclusion, social support emerges as a key pr[illegible]ive factor for women experiencing depressive symptoms during the postpartum period. However, it is fundamental t[illegible] establish a clearer and more consensual definition of wha[illegible] mothers perceive as effective social support, as its efficacy wil[illegible] largely depend on whether such support aligns with the needs and expectations of women during this stage. Actively promoting social support during the perinatal period is crucial not only for preventing the onset of depressive symptoms but also for mitigating their impact on those women who already present them. This support, combined with other factors such as access to mental health resources and a supportive family environment, can significantly contribute to reducing depressive symptoms and improving the overall well-being of mothers.

REFERENCES

1. Osma López JJ, et al. Content and format preferences of a depression prevention program: A study in perinatal women *An Psic*. 2020 36(1):56-63.
2. González-González A, et al. Factores asociados a depresión posparto. *Rev Arch Méd Camagüey*. 2019;23(6):770-779.
3. Tosto V, et al. Maternity blues: a narrative review. *J Pers Med*. 2023;13(1):154.
4. Dozois DJ, Westra HA. The nature of anxiety and depression: Implications for prevention. *Wash DC: Am Psychol Assoc* 2004;73-98.
5. Orri EC. La depresión posparto. *Rev Enferm Salud Ment*. 2015(2):16-20.
6. Jadresic ME. Depresión perinatal: Detección y tratamiento. *Rev Méd Clín Las Condes*. 2014;25(6):1019-1028.
7. Pérez Villegas R, et al. Variables posiblemente asociadas a depresión posparto, según escala Edimburgo. *Rev Obstet Ginecol Venez*. 2007;67(3):187-191.
8. Rojas G, et al. Characterization of depressed mothers in the postpartum. *Rev Med Chile*. 2010;138(5):536-542.
9. Hughes K, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017;2(8):356-366.
10. Felitti VJ, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998;14(4):245-258.
11. Huang Y, et al. Family function fully mediates the relationship between social support and perinatal depression in rural Southwest China. *BMC Psychiatry*. 2021;21:1-0.
12. Fernandes J, et al. A longitudinal study on maternal depressive symptoms during the COVID-19 pandemic: the role of strict lockdown measures and social support. *Int J Public Health*. 202[illegible]4608.
13. P[illegible]ez L. Standards on how to develop and port systematic reviews in Psychology and Health. *Int J Clin Health Psychol*. 2013;13(1):49-57.
14. Mo[illegible]D, et a[illegible] Preferred reporting items for s[illegible]na[illegible] review[illegible]and meta-analysis protocols [illegible]ISMA-[illegible]2015 [illegible]tement. *Syst Rev*. 2015;4:1-9.
15. C[illegible] KP, et a[illegible]ctors associated with postpartum dep[illegible]ymptoms[illegible]postpartum women in five countries du[illegible]the CO[illegible]D-19 p[illegible]demic: an online cross-s[illegible]onal study. [illegible]BM[illegible] *Psychiatry*. 2023;23(1):17[illegible]
16. Amar AV, Se[illegible]ić H. P[illegible]ved social support, newborn tempera[illegible] socioeconomic status in postpartum depres[illegible] report from southwest Serbia. *Arch Psychiatry Psychother*. 2023;25(1).
17. Bedaso A, et al. The mediational role of social support in the relationship between stress and antenatal anxiety and depressive symptoms among Australian women: a mediational analysis. *Reprod*

Health. 2021;18:1-0.

18. Cho H, et al. Association between social support and postpartum depression. *Sci Rep*. 2022;12(1):3128.

19. Corona K, et al. The role of social support and acculturation factors on postpartum mental health amon[illegible]as in the MADRES pregnancy cohort. *J I[illegible] Mu[illegible] Health*. 2024;26(1):72-80.

2[illegible]ixson BJ, et [illegible]The social predictors of paternal a[illegible]natal mental[illegible]alth and their associations with mat[illegible]al mental[illegible]alth in the Queensland Family Coh[illegible]rospe[illegible]e study. *Arch Women's Ment Hea[illegible]* 202[illegible](1):107-116.

21. Fe[illegible]erg E, et al. The relationship between social s[illegible]ort and [illegible] anxiety and depression: [illegible]ults fro[illegible] Listen[illegible]to Mothers in California survey. W[illegible]*ten Health I[illegible]es*. 2022;32(3):251-260.

22. Hong [illegible]et al. [illegible]ing trajectories of perinatal depressio[illegible]in Chines[illegible]men: a[illegible]on of latent growth m[illegible]modelling. [illegible]*C Pregnancy Childbirth*. 2022;22:1.

23. Amana IG, et al. He[illegible]related qua[illegible]of life of postpartum women [illegible]associated [illegible]Dendi district, West Shoa Zo[illegible]Oro[illegible]egion, Et[illegible]pia: a community-based cross[illegible]onal study. *BMC Women's Health*. 2024;24([illegible]):79.

24. Keles E, et al. Association between p[illegible]l social support, marital satisfaction, differ[illegible]ation [illegible]self and perinatal depression. *North Clin Ista[illegible]* 2023;10(2):181.

25. Kim S, et al. Association of Social Supp[illegible]and Postpartum Depression According to the Tim[illegible]After Childbirth in South Korea. *Psychiatry Investig* 2023;20(8):750.

26. Li H. Maternal-infant attachment and its relationships with postpartum depression, anxiety, affective instability, stress, and social support in a Canadian community sample. *Psychiatr Q*. 2023;94(1):9-22.

27. Milgrom J, et al. Social support—a protective factor for depressed perinatal women?. *Int J Environ Res Public Health*. 2019;16(8):1426.

28. Park M, Yoo H, Ahn S. Validation of the Korean version of the Perinatal Infant Care Social Support scale: a methodological study. *Korean J Women Health Nurs*. 2021;27(4):307-317.

29. Varin M, et al. Prevalence of positive mental health and associated factors among postpartum women in Canada: Findings from a national cross-sectional survey. *Matern Child Health J*. 2020;24:759-767.

30. White LK, et al. The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic. *Arch Women's Ment Health*. 2023;26(4):531-541.

31. Yaksı N, Save D. How do social and spousal support influence postpartum depression?. *Marmara Med J*. 2021;34(3):327-338.

32. Yamada A, Isumi A, Fujiwara T. Association between lack of social support from partner or others and postpartum depression among Japanese mothers: a population-based cross-sectional study. *Int. J. Environ. Res. Public health*. 2020;17(12):4270.

33. Renner AM, et al. Postpartum Depression: evidences of the predictive power of Social Support and Marital Relationship. *Psico-USF*. 2023;28:253-265.

34. [illegible]ernández Vera JK, et al. Depresión posparto [illegible]alor[illegible]da[illegible]iante la escala de Edimburgo. *Rev Obst[illegible]necol Venez*. 2014;74(4):229-243.