

Family and Midwife Support in Perinatal Mental Health: A Mixed Methods Study

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ABSTRACT

Background: Women's mental health during the perinatal period influences the well-being of mothers, infants, and families. Untreated perinatal depression can negatively affect health and quality of life for both mothers and babies. **Objective:** This study assesses the knowledge of midwives and experiences of perinatal women regarding mental health disorders, aiming to address gaps in comprehensive care during this period. **Method:** A mixed-methods design with a Sequential Explanatory approach was used. Quantitative data were collected from 103 women in the perinatal period and 23 midwives using the DASS-21 and Motherhope Indonesia questionnaires, analyzed via univariate methods. Qualitative data involved semi-structured interviews with five women and five midwives, selected through purposive sampling, analyzed phenomenologically. **Results:** Seventeen women reported anxiety symptoms, mainly due to new responsibilities and social pressures. Among midwives, 52.2% demonstrated good knowledge of perinatal mental health, 30.4% had adequate knowledge, and 17.4% showed deficiencies. Qualitative themes among women included symptoms, impacts, support received, and internal coping strategies. Midwives focused on their sources of knowledge, management techniques, and challenges in providing care. Women identified support systems, role understanding, and positive mindset cultivation as key in managing anxiety. Midwives emphasized the importance of formal and informal education, collaboration, and streamlined management procedures for effective detection and intervention. **Conclusion:** Family support plays a vital role in addressing mental health issues. Enhancing midwives' roles in early detection and management through screening is essential to improve outcomes during the perinatal period.

Keywords: Anxiety, Depression, Management, Perinatal, Stress, Well-being

INTRODUCTION

Perinatal depression is defined as depression that occurs during pregnancy up to twelve months after childbirth. It is a mental health disorder widely recognized as a serious public health issue worldwide (Garthus-Niegel et al., 2022). Depression during the perinatal period is one of the psychological disorders frequently experienced by some mothers (Cummins et al., 2023). This disorder is characterized by symptoms such as sadness, crying, anxiety, fear, loneliness, decreased appetite, sleep disturbances, lack of interest in the baby, and feelings of being unable to become a mother. In some cases, hallucinations may occur, and mothers may attempt to harm the baby, themselves, or others (Law et al., 2021). These symptoms are closely related to mental and emotional conditions. The depression, anxiety, and stress

experienced by mothers during the perinatal period can have serious impacts not only on the mothers but also on the health of their children after birth (Kemenkes RI, 2018).

Managing mental health issues during the perinatal period involves several steps, including identification, prevention, and response to potential mental health problems (Pan et al., 2022). Additionally, emotional support from family members, friends, and healthcare providers is essential for pregnant and postpartum women (Smith et al., 2022). Mental disorders during this period are major factors contributing to maternal suffering and health complications (Keedle et al., 2023). However, the detection and treatment of perinatal depression remain inadequate due to the lack of systematic procedures for understanding women's mental health during this period (Fonseca et al., 2020).

Mental health disorders during the perinatal period, such as depression and anxiety, can have negative impacts on both maternal and infant health, affecting short-term and long-term outcomes. However, this issue is often overlooked in health services dedicated to mothers and children in Indonesia (Probawati Rovica et al., 2024).

Globally, approximately 10% of pregnant women and 13% of women in the postpartum period experience mental health disorders, particularly depression (World Health Organization, 2022). In developing countries, this rate is even higher—about 15.6% during pregnancy and 19.8% postpartum (Nova & Zagoto, 2020). The prevalence of depression during pregnancy is estimated to range between 9.2% and 19.2%, while postpartum depression affects between 9.5% and 19.7% of women (Navarrete et al., 2022). Other studies indicate that between 25% and 30% of women with bipolar disorder experience depression during pregnancy, and managing relapses in such cases remains challenging (Jain et al., 2019). Epidemiological data show that depression affects at least 20% of mothers during the perinatal period, while anxiety impacts around 10%. Additionally, 10%-15% of mothers report mild depression symptoms during pregnancy and postpartum (Rahmaika Arumsari et al., 2023). In East Java Province, Indonesia, the pregnant population is approximately 679,873 women. Of these, 355,873 women (52.3%) experience anxiety related to labor (Jatim, 2021).

Paiton Community Health Center in Probolinggo Regency was chosen as the research location due to several considerations. This area has unique social and cultural characteristics, and access to mental health services remains limited. Furthermore, preliminary data indicate that the prevalence of mental health issues among pregnant and postpartum women in this area has not been systematically documented.

The uniqueness of this research lies in its focus on Probolinggo, where access to mental health services is limited. This distinguishes it from other areas in East Java Province. The region faces ongoing challenges related to the availability of mental health workers, psychological service facilities, and intervention programs aimed at supporting maternal

mental health, particularly in addressing perinatal depression. Limited access to services may worsen mothers' conditions, emphasizing the importance of early detection and accurate intervention.

It is essential to conduct research to analyze the need for early detection services in perinatal mental health and to develop recommendations that enhance the quality and relevance of these services. This study aims to provide an in-depth analysis of mental health issues among mothers during the perinatal period in Paiton Community Health Center, Probolinggo Regency, East Java, Indonesia. The goal is to offer practical guidelines for midwives to effectively detect, prevent, and treat mental health disorders in mothers.

METHODS

This research employed an explanatory mixed-methods approach. The process began with the collection of quantitative data through surveys. The authors administered different questionnaires to perinatal mothers and midwives. Quantitative data were collected from 103 perinatal mothers at the Integrated Service Center of Paiton Community Health Center, with the assistance of research assistants. The data collection utilized the Depression Anxiety Stress Scales 21 (DASS-21) self-administered questionnaire (P. F. Lovibond & Lovibond, 1995), which allows for the simultaneous assessment of depression, anxiety, and stress indicators. The total sampling method was used because the entire population met the criteria for small-sample research; thus, all members of the population were involved as participants to obtain more comprehensive results.

The DASS-21 consists of three subscales, each containing seven items, for a total of 21 items (seven for depression, seven for anxiety, and seven for stress) (S. H. Lovibond, 1995). Each subscale measures one of the three mental health dimensions with similar content. The scores for depression, anxiety, and stress were obtained by summing the scores of the relevant items, which were evaluated using a Likert scale ranging from zero to three points, based on symptoms observed in the past week (S. H. Lovibond, 1995).

The questionnaire was translated into Indonesian for use in this study.

For the 23 midwives, data collection was conducted in the Mothers' and Children's Health Room and the midwives' room at Paiton Community Health Center. The respondents completed self-administered questionnaires with the assistance of research assistants. The authors separately collected data from perinatal mothers and midwives. Initially, data were gathered from the perinatal mothers, followed by data collection from the midwives. The instruments used for the midwives' data collection included questions aimed at assessing their knowledge regarding maternal mental health.

The authors conducted validity and reliability tests on thirty midwives. The knowledge instrument used in this study was a questionnaire employing the Guttman scale (Moridi et al., 2020). To determine the instrument's validity, the authors utilized the reproducibility coefficient and the scalability coefficient. For reliability testing of the knowledge instrument with the Guttman scale, the authors employed the KR-20 (Kuder-Richardson 20) technique. Based on the validity test results of fifteen questions conducted on thirty midwife respondents, it was found that the questions were reliable.

Additionally, the authors collected qualitative data from five perinatal mothers and five midwives through interviews, providing an opportunity to explore deeper insights aligned with the research needs. The respondents for the qualitative phase were selected from the quantitative sample using purposive sampling. The criteria for selecting respondents were based on DASS-21 scores, which identified perinatal mothers and midwives meeting the inclusion criteria.

The inclusion criteria for perinatal mothers were those who exhibited depression symptoms with a score of ≥ 10 , stress with a score of ≥ 15 , and anxiety with a score of ≥ 8 on the DASS-21 instrument, and who were willing to participate in an interview. For midwives, the inclusion criteria were those who completed the questionnaire with scores categorized as poor, fair, or good, and who expressed willingness to participate in the interview sessions.

The number of informants was considered adequate when data saturation or redundancy was reached. This research was supported by various instruments, including interview guidelines, audio recorders, and field notes. The interviews were conducted in July 2024, lasting between 45 and 55 minutes. Each interview was conducted once per participant. Triangulation was employed to enhance the validity of the qualitative data, achieved by comparing interview results from perinatal mothers and midwives to identify similarities and differences in their perspectives on perinatal mental health.

Data processing techniques included several stages: for quantitative data, these involved data editing, coding, scoring, tabulating, data entry, cleaning, and drawing conclusions. Qualitative data processing involved data reduction, presentation, conclusion drawing, and verification. Data analysis in this mixed-methods study entailed the integration and combination of quantitative and qualitative data to provide a comprehensive understanding of the researched phenomenon. Univariate analysis was used to describe and explore individual variables within the dataset to understand their characteristics separately.

To maintain reflexivity throughout the research, the authors conducted consultations with advisor lecturers, repeatedly reviewed interview transcripts, and studied relevant literature on assessment. The authors recognize that their role as researchers extends beyond merely collecting and analyzing data; they also actively reflect on their influence and position within the research process.

Ethical considerations: The Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta approved this study with an ethical clearance letter No. 3782/KEP-UNISA/VI/2024. In this research, questions did not contain participants' names, and the researchers ensured the confidentiality of all collected information. All research subjects received equal treatment, and the researchers provided accurate and respectful information throughout the study.

RESULTS AND DISCUSSION

Characteristics of women in perinatal period and midwives

Table 1. Characteristics of women in perinatal period and midwives as respondents

Respondent's Characteristic	Frequency	Percentage %
Perinatal Mother		
Age		
19-35 years old	90	87.4
36-45 years old	13	12.6
Education		
Low (\leq Junior High School)	12	11.7
High (\geq Senior High School)	91	88.3
Occupation		
Housewife	80	77.7
Private Employee	20	19.4
State Civil Servant	3	2.9
Income		
\leq District Minimum Wage	41	39.8
$>$ District Minimum Wage	62	60.2
Pregnancy Status		
Yes	30	29.1
No	73	70.9
Number of Children		
Primipara	53	51.5
Multipara	50	48.5
Midwives		
Age		
30-45 years old	18	78.3
46-55 years old	5	21.7
Education		
3-Year Associate's Degree	11	47.8
4-Year Associate's Degree/Bachelor's Degree	12	52.2

Respondent's Characteristic	Frequency	Percentage %
Perinatal Mother		
4-Year Associate's Degree/Bachelor's Degree		
Working Experience		
5-15 years	13	56.5
16-35 years	10	43.5
Independent Practice		
Yes	11	47.8
No	12	52.2
Mental Health Related Training Experience		
Yes	5	21.7
No	18	78.3

Table 1 shows that the majority of respondents, who are women in the perinatal period, are aged 19 to 35 years (87.4%) and have a high level of education (88.3%). Most of them work as housewives (80%) and have a family income exceeding the District Minimum Wage, which is Rp. 2,800,000 in Probolinggo Regency (60.2%). Regarding their reproductive status, 70.9% are not pregnant women in the perinatal period, and 51.3% are primiparous (having their first child). The midwives participating in the study are aged 30 to 45 years (78.3%) and have an educational background of a 4-year Associate's Degree or Bachelor's Degree (52.2%). Most of them have 5 to 15 years of professional experience (56.5%), do not have an independent midwifery practice (52.2%), and have not participated in training on mental health issues (78.3%).

Table 2. Mental health of women in perinatal period

No	Mental Health	Abnormal		Normal	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Depression	-	-	103	100
2	Anxiety	17	16.5	86	83.5
3	Stress	-	-	103	100

Based on Table 2, the mental health of women in perinatal period indicates experiencing anxiety disorders.

Table 3. Midwives' Level of Knowledge

Level of Knowledge	Frequency (n)	Percentage (%)
Good	12	52.2
Adequate	7	30.4
Inadequate	4	17.4

From Table 4, it can be seen that midwives' level of knowledge was 52.2% good, 30.4% adequate, and 17.4% inadequate.

Qualitative Analysis

The method used to identify, analyze, and report the patterns (themes) emerging from the qualitative data was thematic analysis. This approach involved several stages, beginning with data

transcription, followed by thorough reading and understanding of the data, as well as coding and grouping data into relevant themes. The resulting themes represent the deep meanings that emerged from the data, which were then

interpreted to gain insights into the researched phenomenon. The analysis of interviews conducted with five mothers in the perinatal period and five midwives is presented in Table 4 as follows.

Table 4. Qualitative Respondents

Perinatal Mothers							
No	Code	Age (years)	Education	Occupation	Pregnancy status	Mental health status	
1	P1	22	Vocational High School	Housewife	Yes	Anxiety	
2	P2	38	Elementary School	Housewife	Yes	Anxiety	
3	P3	39	Bachelor's Degree	Civil Servant	No	Anxiety	
4	P4	25	Vocational High School	Self-Employed	Yes	Anxiety	
5	P5	39	Vocational High School	Housewife	Yes	Anxiety	
Midwives							
No	Code	Age (years)	Education	Working experience (years)	Owns independent midwife practice clinic	Has participated in training	Knowledge score (category)
1	B.1	44	Bachelor's Degree	18	Yes	Yes	86.7 (good)
2	B.2	45	Associate's Degree	18	Yes	No	80 (good)
3	B.3	50	Bachelor's Degree	24	Yes	No	73.4 (adequate)
4	B.4	36	Bachelor's Degree	16	Yes	No	60 (adequate)
5	B.5	36	Associate's Degree	15	No	No	46.7 (inadequate)

In analyzing the mental health of women in the perinatal period, three themes and six subthemes were identified. Meanwhile, in analyzing midwives' knowledge, three themes and seven subthemes were obtained.

Women In Perinatal Period

The results of this research's qualitative data analysis revealed three themes: symptoms and impacts, support, and internal strategies for handling anxiety symptoms. The **symptoms and impacts** theme consisted of two subthemes: experiencing symptoms of anxiety and managing the anxiety experienced. The **support** theme included two subthemes: sources of support and the form/role of support. Finally, the **internal strategies** theme comprised two subthemes: trigger identification and building a positive mentality.

Theme 1: "Symptoms and Impacts"

Some of the anxiety symptoms that mothers experience during the perinatal period include feelings of loneliness, chronic fatigue, and significant mood swings. Mothers often feel unable to engage in social interactions as they did before, as their focus on caring for their babies leaves them feeling exhausted. These symptoms can potentially impact their emotional well-being, as illustrated in the quote below:

"After giving birth, it was difficult for me to maintain social relationships like before. Fatigue and focus on the baby made me inactive, and this sometimes makes me feel lonely." (P5)
"I experienced changes in emotion. There were times when I was very

happy, but there were also times when I became sad and easily offended.”(P1)

Theme 2: “Support”

Social support from family members, friends, and health professionals can provide a sense of security, reduce stress, and help mothers manage anxiety or depression. Such support fosters a positive environment that is essential for healing. Support for mothers typically comes from family members in the form of emotional support, assistance with caring for the baby, and moral support, which can enhance mothers’ confidence. This is illustrated in the following quote:

“So far, stress has made me closer to members of my extensive family. Support from parents and relatives was highly helpful, and we often discuss the division of responsibility in taking care of the baby.”(P3)

Another participant obtained support from her husband:

“Yes, I feel that I am able to communicate with my husband and family about my feelings. They are always open and attentive to what I am feeling. This makes me feel supported and calmer as I know that they understand and care about my condition.”(P1)

During the perinatal period, mothers often experience significant emotional changes due to hormonal fluctuations, new responsibilities, and social pressures. Additionally, a supportive environment can boost mothers’ confidence in fulfilling their new roles. It may also facilitate the healing process from mental health disturbances.

“The pressures that I felt after giving birth led to some tension in my relationship with my husband. We often faced misunderstandings due to sleep deprivation and fatigue. However, with better communication and mutual understanding, slowly, we can handle this issue.”(P2)

“When I feel overwhelmed, I become more sensitive and easily offended. This sometimes causes conflicts. However, we try to understand each other and communicate more openly about our feelings.”(P4)

Theme 3: “Internal Strategies”

The theme of internal strategies for managing anxiety includes mothers’ efforts to develop the courage to express feelings that are initially difficult to share, often due to the fear of burdening others. This strategy reflects a form of emotional regulation through open communication and the strengthening of confidence, as illustrated in the quote below:

“I initially had trouble expressing my feelings, especially as I was afraid of burdening other people. However, after [expressing my feelings] several times, I saw that they responded well. Thus, I became more confident to talk about what I felt.”(P2)

Joining a peer group also helps develop internal strategic skills as mentioned below:

“I participated in a group with other pregnant women. We exchanged experiences and supported each other. Listening to other people’s stories and experiencing similar things made me more relieved. It gave me the ability to see problems from other perspectives. This was very helpful in decreasing anxiety.”(P1)

Open communication with spouses is also an important internal strategy for mothers in managing stress. Having emotional support and a safe space to express feelings helps mothers feel more understood, which allows them to address and modify their negative mindsets.

“I always talk to my husband about what I feel. My husband provides a safe space for me to talk about my anxiety, which may help me understand and change my negative mindset.”(P3)

In Midwives

Based on the qualitative data analysis of this research, three main themes were identified: source, management, and obstacles. The **source** theme included two subthemes: detection and intervention, as well as collaboration. The **management** theme consisted of three subthemes: detection, intervention, and collaboration. The **obstacles** theme comprised two subthemes: the lack of management procedures and the lack of data. Additionally, the **source** theme also

encompassed two subthemes: formal and informal education.

Theme 1: "Source of Education"

The participant's expression shows that through education, midwives may identify the early signs of mental issues during the perinatal period, such as depression and anxiety.

"In pursuing my education, I only obtained basic knowledge on the mental health of pregnant and postpartum mothers. I feel that I need to learn more independently or through follow-up training to truly become competent in handling this issue."(B4)

"During education, I only obtained basic knowledge on the mental health of pregnant and postpartum mothers. The taught materials focused on the general medical aspect without a special emphasis on mental disorders during the perinatal period. I feel that it is crucial to participate in additional training outside of the formal education."(B2)

Support for midwives' education in mental health during the perinatal period is crucial to ensuring the well-being of both mothers and babies from pregnancy through postpartum. It enables them to provide appropriate interventions or refer patients to other healthcare professionals if necessary. Additionally, education equips midwives with the knowledge to offer emotional support to mothers, help them manage psychological changes, and increase their awareness of the importance of mental health throughout the pregnancy journey to motherhood.

"I mostly obtained materials on the mental health of pregnant and postpartum women through seminars and workshops outside of the formal education. These events provide a more specific and practical insight on how to handle and support mothers that experience mental health issues during the perinatal period."(B5)

Theme 2: "Management"

Midwives play a vital role in detecting and managing mothers' health issues during the perinatal period. Some midwives have reported that they frequently identify mental disorders in pregnant and postpartum women, as

expressed by a participant in the following quote:

"Yes, in carrying out [my midwifery] practice, I often find various mental health issues in pregnant and postpartum mothers. The disorders that often occur include postpartum depression and anxiety."(B1)

Another participant also emphasized the importance of a proactive approach in initial handling, including conducting appropriate assessments and interventions when detecting mental disorders:

"Yes, a proactive approach in providing initial management is crucial. When I find mental health issues or mental disorders, I immediately carry out an initial assessment and plan the suitable intervention to correctly support the patient."(B3)

Even so, some midwives are confident in managing mild cases. However, they recognize that they still need additional experience to handle more complex cases:

"I currently feel confident in giving initial management in mental health cases. However, I also realize that I still need additional experience to handle more complex cases."(B4)

The participant's expression indicates that midwives' intervention in mental health during the perinatal period is crucial for supporting mothers' well-being during pregnancy and postpartum. Collaboration among midwives in mental health care during this period is also essential for providing holistic treatment for mothers.

Theme 3: "Obstacles"

The lack of data on perinatal mental health issues poses a significant obstacle to efforts to manage and prevent mental disorders in mothers during pregnancy and postpartum, as stated by Participant 1:

"Ideally, holistic and integrated mental health services should be provided for pregnant mothers after one year postpartum, including routine mental health assessments, psychological support, and access to medical services."(B1)

A similar thing was delivered by participant 4:

“Adequate administrative and managerial support are very helpful.”(B4)

Without accurate and structured data, health workers, including midwives, face challenges in early identification and providing appropriate interventions. Adequate data are essential for understanding the prevalence and types of mental disorders commonly affecting mothers and for developing more effective management strategies. The lack of data also contributes to inadequate recording systems, resulting in insufficient ongoing observation of mothers' mental conditions.

DISCUSSION

Mental Health Disorders during the Perinatal Period

Results of the research show that 16.5% of mothers in the perinatal period experience symptoms of perinatal mental health disorders. Based on qualitative findings in mothers, anxiety may cause sleep disorders and fatigue. Even worse, it may increase the risk of postpartum depression as well as pregnancy complications such as pre-eclampsia and premature births. Meanwhile, babies exposed to excessive stress in the womb are at risk of experiencing growth barriers, cognitive disorders, hyperactivity, and premature births with low birth weight (Glover et al., 2018). Therefore, it is crucial to provide appropriate support and intervention during this period to guarantee the welfare of mothers and children.

Midwives' Perspectives on Perinatal Mental Health Services

Research results showed that 52.2% of midwives have a good level of knowledge. This indicates that most midwives have a good understanding of perinatal mental health disorders. However, the fact that 30.4% of midwives have adequate knowledge, while the remaining 17.4% have inadequate knowledge, raises some concerns. This research aligns with the study by Feny Wartisa (2015), which found that midwives' good knowledge is crucial in guaranteeing the quality of health services

provided to the public, especially in the context of maternal and child health. Mental health services are closely linked to the overall quality of healthcare, particularly concerning mothers' and children's health. Differences in these knowledge levels may be caused by various factors, such as access to education, work experience, and professional training .

The frequency distribution results of midwives in this study showed that 78.3% of respondents were aged between 30 and 45 years old, while the rest (21.7%) were aged between 46 and 55 years old. The age characteristics of midwives may influence their approach and effectiveness in handling mental health issues during the perinatal period.

Based on the results from 23 midwife respondents in this study, it was found that 52.2% had a 4-year associate's degree or bachelor's degree, while 47.8% had a 3-year associate's degree. The level of education among midwives significantly impacts their capabilities in managing mental health issues during the perinatal period. They possess comprehensive knowledge of the symptoms and signs of mental health disorders such as postpartum depression and anxiety. Higher education levels are also associated with more frequent training on evidence-based approaches and counseling techniques, which may help midwives provide more effective support to pregnant and postpartum women (Dubreucq et al., 2024).

Concerning their work experience, research results showed that 56.5% of midwives had between 5 and 15 years of experience, while 43.5% of them had between 16 and 35 years of experience. The characteristics of midwives' work experience highly influence their skills in handling mental health issues during the perinatal period. According to Noonan et al. (2022), midwives with longer experience tend to have more developed practical skills and a deeper understanding of various clinical situations faced during the perinatal period. Years of experience enable them to better identify early signs of mental health disorders such as postpartum depression and anxiety (Noonan et al., 2022).

In this study, it was found that 52.2% of midwives did not have an independent practice, while 47.8% did. Having an independent practice may influence how

midwives handle mental health issues and disorders during the perinatal period. Midwives with independent practices tend to have greater flexibility in arranging their schedules and approaches to patient care. However, they may also face challenges related to access to additional resources and professional support, which can affect their capabilities in managing complex mental health issues (Dennis & Vigod, 2019).

In this research, it was also found that 78.3% of midwives had never participated in mental health training, while 21.7% had. Midwives who have participated in mental health training tend to be more effective in handling mental health disorders during the perinatal period. According to the study by (Ayuanda, Chabibah and Arifiana, 2023), mental health training can help midwives better identify early signs of mental health disorders, implement appropriate intervention strategies, and provide necessary emotional support. Additionally, mental health training may enhance midwives' skills in communicating with patients about emotional and psychological issues (Dubreucq et al., 2024).

Based on the analysis of qualitative data from this research, it was found that effective management requires strong education, both formal and informal. This aligns with the research by (Coates and Foureur, 2019), which found that education can equip midwives with the knowledge to provide emotional support to mothers, help them handle psychological changes, and increase awareness of the importance of mental health during pregnancy and motherhood. Another study by Higgins et al. (2016) found that through education, midwives can identify early signs of mental disorders during the perinatal period, such as depression and anxiety. Consequently, they can administer appropriate interventions or refer patients to other healthcare professionals if necessary. The education that midwives provide has a significant influence on mothers' mental health during the perinatal period, which includes the time before and after childbirth (Noonan et al., 2018).

In the study by Dubreucq et al. (2024), it was found that with a deep understanding of mental health, midwives can offer the necessary information and

support to reduce the risks of disorders such as postpartum depression and anxiety. The education provided not only helps mothers recognize the initial symptoms of mental disorders but also empowers them to seek early help and adopt healthy coping strategies (Noonan et al., 2017). Furthermore, education by midwives can increase families' awareness of the importance of emotional support, thereby creating a more supportive environment for mothers, which ultimately contributes to the overall well-being of mothers and babies (Higgins et al., 2018).

Research results also found that the early detection of mental health issues during the perinatal period by midwives is crucial for preventing and managing psychological disorders that mothers may face during pregnancy and postpartum. This is supported by the research of Noonan et al. (2018), which found that early detection plays a significant role in preventing worsening conditions, supporting mothers' emotional health, and ensuring that mothers carry out their roles as parents in a good and balanced manner. Additionally, early detection by midwives may increase mothers' timely access to mental health services.

The research by Madden et al. (2018) also showed that the support provided by midwives during this period not only enhances mothers' mental well-being but also influences babies' emotional development, fostering a healthier bond between mothers and children, and improving families' overall quality of life. With appropriate intervention, midwives can help prevent more serious mental disorders and ensure a healthier transition to motherhood (Bayrampour, Hapsari and Pavlovic, 2018). Collaboration among midwives in mental health during the perinatal period is a crucial aspect of providing holistic care to mothers during pregnancy and postpartum (Viveiros & Darling, 2019).

Based on the interview results regarding midwives' experiences in managing mental health issues and disorders during the perinatal period, challenges included the lack of management procedures and the unavailability of data. According to the research of Hicks et al. (2022), the absence of clear standard operating procedures often makes midwives feel unprepared to provide appropriate interventions for

pregnant or postpartum women experiencing mental health disorders. The lack of procedures also leads to uncertainty in referrals and further handling, which inhibits the effectiveness of the health services they provide (Viveiros & Darling, 2019). Without clear data, efforts to reduce the rates of postpartum depression, anxiety, and other mental health disorders in mothers are difficult to implement systematically. This risk increases the number of mothers who do not receive the required treatment in a timely manner (Moore et al., 2021).

Mothers' Perspectives on the Handling of Mental Health Disorders

Based on the results of qualitative data analysis in this research, symptoms related to anxiety—such as persistent concerns, worry, and fear—may decrease mothers' energy and concentration. This aligns with the research of McCarthy et al. (2021), which found that anxiety symptoms women face during the perinatal period often include excessive feelings of fear or worry that are not proportional to the situation being faced. Perinatal anxiety may significantly impact mothers' ability to care for themselves and their babies.

Another previous study conducted by Polte et al. (2019) found that anxiety symptoms faced by perinatal women frequently include excessive feelings of fear or worry that are not proportional to the situation. Children of mothers with high anxiety experience challenges in their emotional and cognitive development, increasing their risk of developing anxiety or behavioral issues in the future. Managing experienced anxiety symptoms requires profound self-awareness, such as identifying emotional triggers, using healthy coping strategies, and engaging in light physical activities like yoga, which combines movements with breathing techniques to calm the nervous system and enhance mental well-being (Misri et al., 2015).

Light physical activity such as yoga also incorporates movements with breathing techniques that help calm the nervous system and improve mental health conditions.

Research also found that support from spouses, family members, and friends can help reduce feelings of isolation and provide a sense of security, which is highly necessary when facing anxiety. These

findings align with the research conducted by (Al-Mutawtah *et al.*, 2023), which found that support provided to mothers with anxiety disorders can have significant impacts on their mental and emotional well-being. Social support from family, friends, and health professionals can foster a sense of security, reduce stress, and help mothers manage anxiety and depression (De Sousa Machado, Chur-Hansen and Due, 2020). A supportive environment may also increase mothers' confidence in their new roles and accelerate their recovery from mental health disturbances (Milgrom et al., 2019).

When mothers feel supported and understood, they tend to be more open about their worries and become more capable of handling stress (Atak and Alkar, 2021). Consistent and empathetic support not only helps mothers manage anxiety but also strengthens interpersonal relationships and improves overall quality of life (Sevimli Güler & Cinar, 2022).

Based on the results of the interviews conducted in this research, it was found that strategies for managing anxiety include identifying the triggers of worry and fostering a positive mindset. According to the research by Fairbrother et al. (2015), understanding the situations, thoughts, or feelings that trigger anxiety can help mothers gain better insight into the patterns and sources of their concerns. This is because identifying triggers of worry is a crucial step in effectively managing anxiety.

These findings are consistent with the results of Marchesi et al. (2016), which indicated that by adopting certain approaches, mothers experiencing symptoms of mental health disorders may reduce the negative impacts of anxiety and enhance their ability to face challenging situations. Engaging in activities that bring joy and self-satisfaction, such as hobbies or sports, also supports better mental health (Howard & Khalifeh, 2020).

CONCLUSION

Support from family members and husbands plays a vital role in managing maternal mental health disorders during the perinatal period. Emotional support—such as listening without judgment, assisting with household chores, and helping care for the baby—can accelerate the mother's recovery process and

strengthen family bonds. Midwives' knowledge of mental health issues during the perinatal period is crucial, as appropriate skills enable them to identify early signs of mental disorders such as depression and anxiety. However, there remains a gap in midwives' experience in managing perinatal mental health issues.

Factors such as educational background, length of work experience, and participation in mental health training significantly influence midwives' ability to detect and manage perinatal mental health disorders. Midwives with higher education and longer professional experience tend to have more advanced skills in identifying early symptoms and providing appropriate interventions. Nevertheless, several challenges persist, including the lack of standard operating procedures and limited access to training programs that could enhance midwives' competencies in addressing mental health cases.

Early detection plays a critical role in preventing the escalation of mental health conditions and ensuring that mothers are able to fulfill their parental roles in a balanced and healthy manner. Strengthening the healthcare system through the provision of formal training and supportive policies is essential to enable midwives to deliver optimal and holistic perinatal mental health services.

Based on the findings of this study, it is recommended to implement structured and continuous training programs for midwives to enhance their capacity for the early detection and management of perinatal mental health disorders. In addition, it is essential to integrate routine mental health screenings into antenatal and postnatal care services. Improvements in the mental health referral system are also necessary, including the establishment of clear referral pathways and strengthened collaboration between midwives, psychologists, and mental health professionals.

Furthermore, considering the challenges identified in this study—such as the absence of standard operating procedures (SOPs) and the unavailability of mental health-related data—it is recommended that healthcare facilities develop comprehensive SOPs for the management of perinatal mental health, as well as establish systematic data

recording and reporting mechanisms to monitor and evaluate cases effectively. These efforts will support a more coordinated and evidence-based approach to addressing maternal mental health issues during the perinatal period.

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