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Scoping Review: The Role of Family Emotional Support in Reducing the Risk of Baby Blues among Postpartum Mothers

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Abstract

The postpartum period is a sensitive transitional phase that may trigger emotional changes known as baby blues syndrome. This scoping review aims to explore and map the existing scientific evidence regarding the role of family emotional support in reducing the risk of baby blues among postpartum mothers. Following the PRISMA-ScR guidelines, a comprehensive literature search was conducted on PubMed and ScienceDirect databases for articles published between 2020 and 2025. Out of 331 identified articles, 10 open-access primary studies met the inclusion criteria and were analyzed narratively. he results indicate that emotional support from close family members, particularly husbands and parents, plays a significant role in helping mothers adapt psychologically. Key barriers to optimal support include social stigma surrounding maternal mental health, weak family communication, and a lack of standardized screening protocols in healthcare facilities. Conversely, crucial facilitators include active spousal involvement in infant care, family-centered psychoeducation, and the utilization of digital health platforms. In conclusion, family emotional support serves as a vital protective factor that strengthens maternal psychological resilience and prevents the progression of baby blues into postpartum depression. Based on these findings, it is suggested that healthcare frameworks formally integrate family-based education into postnatal care, provide continuous empathetic communication training for healthcare providers, and strengthen community-based peer support initiatives.

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INTRODUCTION

The postpartum period is a crucial transitional phase in a woman's life, characterized by significant physical, emotional, and psychological changes that may affect overall well-being (Tosto et al., 2023). During this time, many mothers experience emotional instability, including sadness, irritability, and anxiety, commonly referred to as baby blues (Yi & Ahn, 2024). Although these symptoms are often mild and self-limiting, they can develop into postpartum depression (PPD) if not properly recognized and managed (K. Zhang et al., 2024). The prevalence of postpartum emotional disturbances varies globally, ranging from 10% to 30%, depending on cultural, economic, and social factors (Luciano et al., 2022) .Various factors contribute to the development of baby blues and PPD, such as hormonal fluctuations, sleep deprivation, parenting stress, and inadequate social or emotional support. Among these, family emotional support plays a vital role in helping mothers adapt to their new maternal identity and cope with the psychological challenges following childbirth (Norazman & Lee, 2024). Emotional support from partners and family members enhances confidence, reduces anxiety, and promotes resilience during the adjustment to motherhood. Conversely, the lack of supportive communication and understanding within the family may increase the risk of emotional distress (Modak et al., 2023a). Despite increasing awareness of postpartum mental health, many mothers still report feeling misunderstood, isolated, or inadequately supported by their families and communities (Machado et al., 2020). These challenges highlight the importance of exploring the specific role of family emotional support in preventing baby blues (Tessema et al., 2024). Although the broader literature has extensively explored the impact of social support on clinical Postpartum Depression (PPD), a significant research gap remains regarding how informal family emotional support specifically mitigates the transient, early-onset phase of "baby blues." Existing reviews frequently focus on structured clinical interventions or generalized social networks, often overlooking the nuanced, multi-level interplay of immediate familial dynamics, socio-cultural stigmas, and emerging digital support systems. Furthermore, there is a lack of synthesized evidence that systematically maps these specific family-centered factors into a cohesive taxonomy of barriers and facilitators, particularly within the most recent global context.

The novelty of this scoping review lies in its comprehensive multi-level approach, which synthesizes the literature from the past five years (2020–2025) to bridge the gap between micro-level family communication and macro-level healthcare frameworks. Unlike previous studies that view maternal mental health through a purely clinical lens, this study introduces a novel conceptual mapping that categorizes not only individual and familial barriers but also systemic gaps such as the policy vacuum and the underutilized role of digital innovations. By shifting the paradigm from reactive clinical management to proactive, family-centered preventive ecology, this review provides unique insights essential for developing future holistic postnatal care guidelines. Therefore, this scoping review aims to synthesize the available literature to identify how family emotional support influences the risk of baby blues among postpartum women and to provide insights for improving maternal mental health support practices.

METHODS

This study was conducted using a scoping review approach to map and summarize existing scientific evidence regarding the role of family emotional support in reducing the risk of baby blues among postpartum mothers. The review process followed the methodological framework developed by Arksey and O'Malley (2005) and later refined by Levac et al. (2010). This review was conducted in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines and applied the population was postpartum women (within one year after delivery) experiencing emotional or psychological changes, including symptoms of baby blues or postpartum depression, in various cultural and geographical settings. This

study explored and evaluated the role of family emotional support as a protective or influencing factor in preventing or reducing the risk of baby blues among postpartum mothers. The Context was on postnatal or community healthcare settings where postpartum women received emotional, psychological, or social support from family members or close relatives. Inclusion criteria were: (1) primary research articles using qualitative, quantitative, or mixed-method designs; (2) published in English; (3) full-text accessible. Exclusion criteria included: review papers, editorials, conference abstracts, and letters to the editor.

Information Sources and Search Strategy

A comprehensive literature search was conducted through two major databases, PubMed and ScienceDirect, which were selected for their extensive coverage of reputable journals in the fields of health, psychology, and nursing. The comprehensive literature search was systematically executed between November 5 and November 25, 2025, with a final manual update search conducted on January 15, 2026, to ensure the inclusion of the most recent online-first publications. The publication eligibility window was strictly confined to studies published from January 1, 2020, to January 15, 2026. This specific timeframe was selected to capture contemporary empirical evidence reflecting modern familial dynamics and recent shifts in maternal healthcare systems, particularly highlighting the post-COVID-19 pandemic landscape where postpartum mental health challenges and digital support interventions significantly evolved. The search strategy was structured based on the Population, Concept, and Context (PCC) framework according to the research objectives. Keywords and Boolean operators were combined systematically to capture a broad range of relevant studies. The search included the terms "postpartum," "after childbirth," or "postnatal" to represent the population; "family emotional support," "social support," or "family involvement" to represent the main concept; and "baby blues," "postpartum blues," or "postpartum depression risk" to represent the study context. All search results were filtered to include only open-access, full-text articles written in English. Titles and abstracts of the articles were screened to remove duplicates and exclude irrelevant studies. The reference lists of the included studies were also manually reviewed to identify additional sources that met the inclusion criteria. From this process, a total of 331 articles were initially identified. After removing duplicates, 277 articles remained for title and abstract screening. A total of 235 articles were eliminated at this stage due to irrelevance, leaving 42 articles for full-text review. Following the full-text screening, 32 articles were excluded for several reasons: not focusing on family emotional support (n = 15), outcomes not related to baby blues or postpartum depression (n = 10), and full-text not accessible (n = 7). Finally, 10 articles met all inclusion criteria and were included in the final synthesis. The entire search and selection process is described in detail in the PRISMA-ScR flow diagram (Figure 1).

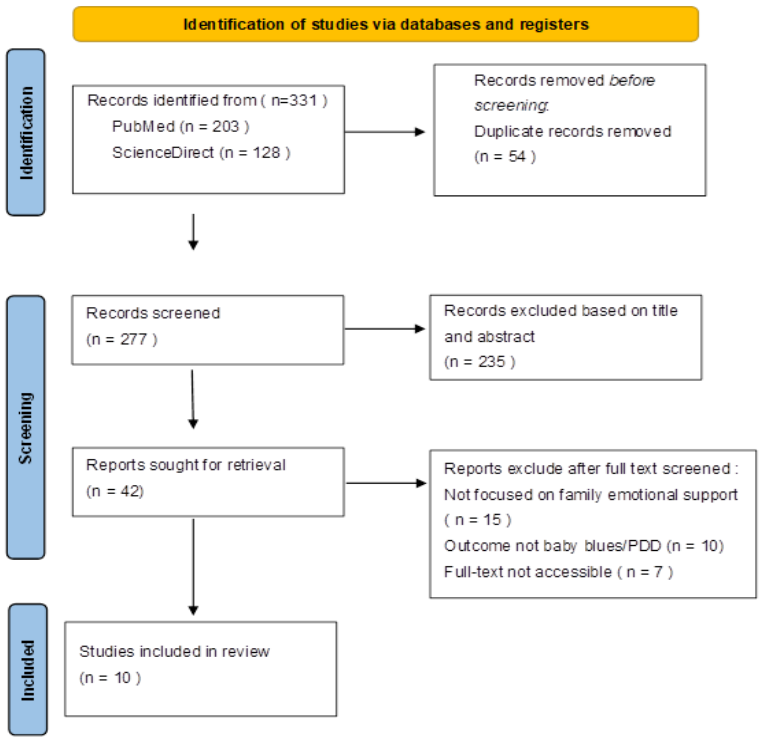

Figure 1. PRISMA-ScR flow diagram

Data Extraction

A standardized data extraction form was developed using Microsoft Excel to systematically record relevant information from each included study. Two independent reviewers extracted the data, and the results were cross-checked to ensure consistency and accuracy. The extracted information covered key study characteristics, including author and publication year, study location, objectives, design type, population characteristics, and main outcomes related to emotional family support and postpartum mental health. Each study was examined for its methodological quality using the Joanna Briggs Institute (JBI) Critical Appraisal Tools to assess reliability and internal validity. The evaluation considered factors such as clarity of research objectives, appropriateness of study design, sampling adequacy, validity of measurement instruments, and transparency in data reporting (Maliwichi et al., 2023).

Quality Appraisal

The quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools to ensure the methodological reliability of each study (Sharifipour et al., 2022). The appraisal process was conducted by two independent reviewers, and any discrepancies in judgment were resolved through discussion with a third reviewer (Norazman & Lee, 2024). Most of the analyzed studies employed observational and qualitative designs, thus the quality assessment focused on the clarity of research objectives, appropriateness of sample selection, validity of measurement instruments, and transparency in reporting the findings. Several studies demonstrated certain limitations, such as small sample sizes and the absence of confounding factor analysis, which may have affected the strength of the interpretations. Nevertheless, all included studies were considered relevant to address the research question concerning the role of family emotional support in reducing the risk of baby blues among postpartum mothers (Yi & Ahn, 2024).

Data Synthesis

A narrative data synthesis was conducted using a thematic analysis approach to identify, analyze, and report patterns (themes) within the

data. Data extracted from the ten included studies, particularly concerning family emotional support and postpartum psychological responses, were deductively categorized into major thematic areas to address the review question. The analysis involved several iterative steps: (1) repeated reading of the extracted data for comprehensive familiarization; (2) systematic initial coding of the data related to emotional support, family functioning, and postpartum mood outcomes; and (3) searching for, reviewing, and naming the themes that emerged from the codes. These themes were then refined to ensure conceptual clarity and consistency across studies.

Quality assessment was performed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, allowing for structured evaluation of methodological rigor and potential bias across various study designs. Two reviewers independently assessed each study, and any discrepancies were resolved through discussion and consensus. The overall JBI quality scores, study designs, and levels of methodological quality or risk of bias are presented in Table 1.

Table 1. JBI critical appraisal tool

Ref.	Study Design	JBI Quality Score (Yes/Total)	Overall Methodological Quality/Risk of Bias
(Tosto et al., 2023)	Narrative Review	Not Appraised (No suitable JBI tool)	Not Appraised
(Yi & Ahn, 2024)	Cross-Sectional Study	(7 / 8) 87.5%	Low risk bias
(Kim et al., 2023)	Cross-Sectional Study	(6 / 8) 75%	Low risk bias
(Khademi et al., 2023)	Cross-Sectional Study	(6 / 8) 75%	Low risk bias
(Norazman & Lee, 2024)	Systematic Review	(9/11) 81.8%	Low risk bias
(Luciano et al., 2021)	Narrative Review	Not Appraised (No suitable JBI tool)	Not Appraised
(Sharifipour et al., 2022)	Systematic Review	(10/ 11) 90.9%	Low risk bias
	Longitudinal Cohort Study	(9/11) 81.8%	Low risk bias
(Machado et al., 2020)	Qualitative Study	(8 / 10) 80%	Low risk bias
(G. Zhang et al., 2023)	Cross-Sectional Study	(7/8) 87.5%	Low risk bias

RESULTS

Study Selection and Characteristics

The search and selection process, conducted in accordance with the PRISMA-ScR guidelines, yielded ten primary research articles that met the inclusion criteria. The detailed flow of the study selection process, from initial identification to final inclusion, is illustrated in the PRISMA flow diagram (Figure 1). The included studies were conducted across various countries, reflecting diverse cultural and socioeconomic contexts that influence postpartum maternal mental health. Most of the studies were carried out in Asian and African regions, particularly in China, South Korea, and Malawi, with several studies originating from middle-income settings. A range of research methodologies was identified among the included studies. The majority employed observational and cross-sectional designs, followed by qualitative, mixed-method, and retrospective cohort studies.

These varied designs provide comprehensive insights into the relationship between family emotional support and postpartum mental health, particularly the risk of baby blues and postpartum depression. Overall, the included studies demonstrate consistent evidence emphasizing the importance of family emotional support as a protective factor against postpartum psychological distress. A detailed summary of each included study is presented in Table 2.

Key Findings: Barriers and Facilitators

Analysis of the ten included studies revealed that family emotional support constitutes a crucial determinant of maternal mental health during the postpartum period. Across the reviewed literature, several barriers and facilitators were consistently identified as influencing the occurrence and severity of baby blues. Common barriers included the lack of empathetic communication and understanding within families, which often left mothers feeling emotionally neglected and isolated (Yi & Ahn, 2024). Social stigma surrounding mental health also discouraged postpartum women from seeking help or expressing emotional vulnerability, especially in Asian cultural contexts where motherhood ideals are highly valorized (Kim et al., 2023)(Luciano et al., 2021). Weak family communication and limited spousal involvement further contributed to fatigue and psychological strain during the early postpartum period (Yi & Ahn, 2024)(Sharifipour et al., 2022)(G. Zhang et al., 2023). From the healthcare perspective, the absence of standardized screening protocols and limited training in emotional care among nurses and midwives reduced the capacity to identify and respond to early signs of baby blues. Structural issues such as poor coordination between mental health and maternal services and lack of policy frameworks exacerbated the fragmentation of care. Moreover, socioeconomic hardship and traditional gender expectations were reported as reinforcing emotional distress and limiting family support (Machado et al., 2020)(Khademi et al., 2023).

Conversely, multiple facilitating factors were identified across studies. Emotional presence, empathy, and active engagement of family members particularly husbands were found to significantly enhance maternal resilience and reduce the risk of mood disturbances (Khademi et al., 2023)(Mahardhika, 2025). Family-centered education and counseling interventions effectively increased awareness, empathy, and communication within households (Ulfa & Algifahmy, 2025). Involvement of healthcare providers trained in family-inclusive and empathetic care improved the quality of psychosocial support, fostering better emotional outcomes (Tosto et al., 2023). Moreover, community-based initiatives such as peer-support groups, home-visit counseling, and local education sessions encouraged openness and reduced feelings of isolation among mothers (Tricintiya et al., 2025)(Anggraini & Setiyowati, 2024). Innovative approaches such as digital platforms and mobile health applications were also shown to expand access to emotional support for mothers in remote or socially constrained settings (Anggraeni, 2024)(Aurora et al., 2026). Overall, the evidence indicates that integrating structured family emotional support into postnatal care frameworks is a vital strategy for promoting maternal psychological well-being and preventing the progression of baby blues into postpartum depression.

Table 2. Summary of Included Primary Studies and Key Findings

Ref.	Country/Region	Reported Key Barriers	Reported Key Facilitators/Solutions
[1]	China	Social stigma surrounding postpartum emotional distress. Mothers concealed emotional struggles to avoid judgment.	Community-based education and counseling improved awareness and acceptance. Family discussions encouraged emotional openness.

		Limited understanding among family members regarding emotional needs.	Reduction in stigma contributed to improved emotional adaptation.
[2]	South Korea	Maternal fatigue and stress due to lack of spousal involvement.	Active paternal participation in infant care reduced stress.
		Emotional withdrawal of partners during early postpartum period.	Supportive household environment promoted adjustment.
[3]	Iran	Low family awareness regarding the importance of emotional support.	Family-centered educational sessions promoted empathy and communication.
		Feelings of isolation and misunderstanding within households.	Improved understanding of maternal emotions strengthened family cohesion.
[4]	Malaysia	Limited professional training in detecting early symptoms of baby blues.	Family-centered care training enhanced providers' ability to deliver empathetic communication.
		Emotional care undervalued in routine postpartum services.	Collaborative care between families and nurses improved emotional outcomes.
[5]	Ghana	Absence of formal policies addressing postpartum emotional care.	Integration of family-based support into primary care improved continuity.
		Weak coordination between mental health and maternal health services.	Strengthened system coordination enhanced maternal emotional well-being.
[6]	Italy	Poor communication between healthcare providers and family members.	Empathy driven counseling improved provider family collaboration.
		Lack of trust and limited psychosocial engagement.	Strengthened communication built emotional stability and confidence among mothers.
[7]	Malawi	(Barriers to registry development) Lack of standardized data collection, limited resources (staff, IT), concerns about data privacy, and lack of motivation from staff.	Peer-support and family education groups reduced isolation.
		Unequal household workload and weak social networks.	Community involvement fostered shared caregiving and emotional resilience.
[8]	Uganda	Limited time and resources among healthcare staff to offer counseling.	Community health volunteers provided accessible emotional support.
		Absence of structured emotional follow-up for postpartum women.	Home visit programs extended psychosocial care in resource-limited settings.

[9]	USA, Canada, UK, Australia	Guilt, shame, and fear of being judged as inadequate mothers.	Peer-support groups and psychoeducational programs increased self-acceptance.
		Stigma prevented open discussion about mental health.	Early preventive education reduced postpartum depressive symptoms.
[10]	Indonesia	Weak family communication and delayed recognition of emotional distress.	Family engagement and home-visit counseling improved emotional bonds.
		Lack of formal psychosocial referral pathways.	Early detection and continuous follow-up prevented progression to depression.

DISCUSSION

Rather than merely replicating the isolated outcomes of individual studies, the synthesized evidence in this scoping review uncovers a critical, systemic paradigm: family emotional support functions as a dynamic buffer whose efficacy is heavily dictated by the interplay between interpersonal facilitators and macro-level barriers. Briefly, our findings demonstrate that the reduction of baby blues risk does not depend solely on the structural presence of a support network (e.g., having a husband or parents around), but fundamentally relies on the functional quality of the support provided.

When families engage in active infant-care sharing and empathetic communication, they directly mitigate the mother's cognitive load and psychological distress during the acute postpartum transition. However, this review critically highlights that even well-meaning familial support is frequently bottlenecked or neutralized by pervasive social stigmas and a lack of standardized healthcare screening. This implies that maternal psychological resilience is a shared ecological responsibility. Consequently, instead of viewing family support as a spontaneous or guaranteed resource, healthcare frameworks must proactively cultivate it through structured family-centered psychoeducation and accessible digital health innovations.

Refocusing Healthcare Provider Roles in Family Engagement

A primary barrier to optimizing family support is the sub-optimal capacity of frontline healthcare professionals to identify early psychological risks and engage families effectively. Current primary postnatal care disproportionately prioritizes physical maternal recovery over emotional well-being, leading to delayed recognition of baby blues symptoms. (Serinadi et al., 2025)(Rahmatina et al., 2025). Frontline workers, particularly nurses and midwives, often lack structured competency in executing family-centered psychoeducation and empathetic counseling. To resolve this deficit, integrating emotional health and family-inclusive care modules into nursing curricula and continuous professional education is imperative (Machado et al., 2020). Therefore, continuous professional training and structured educational programs are essential to strengthen the capacity of healthcare personnel.

When healthcare providers are adequately equipped with communication skills, they can actively train partners and relatives to provide high-quality emotional reinforcement, thereby preventing temporary emotional instability from degenerating into clinical postpartum depression (PPD)(Norazman & Lee, 2024). Well-trained and empathetic healthcare providers contribute to better maternal emotional recovery and reduce the risk of baby blues progressing into postpartum depression (Bhushan et al., 2022). Similarly, Luciano et al. highlighted that early emotional support from knowledgeable healthcare professionals can prevent temporary mood disturbances from developing into severe depressive disorders (Luciano et al., 2021). Thus, strengthening human resources through continuous education and training represents a fundamental step in improving the quality of emotional support for postpartum mothers.

Structural Gaps and Policy Vacuums in Postnatal Family Integration

The lack of standardized psychosocial protocols reflects a broader structural issue where maternal mental health remains underprioritized within healthcare systems. Fragmented care pathways frequently separate clinical maternal services from mental health frameworks, causing significant gaps in emotional monitoring (G. Zhang et al., 2023). This systemic deficit is further compounded by a critical policy vacuum; most healthcare systems lack formal governance or operational guidelines that mandate the inclusion of family dynamics within routine postnatal care. Without clear referral pathways and standardized screening tools, interventions remain reactive rather than preventive (Norazman & Lee, 2024) (Tosto et al., 2023). Bridging this gap requires immediate institutional reform to formalize family-based emotional screening and allocate dedicated resources toward interprofessional maternal-mental health collaborations (Gulbransen et al., 2024)(Carter et al., 2025). The implementation of standardized screening tools and consistent follow-up systems can help detect emotional distress early and ensure that mothers receive comprehensive and timely support. Therefore, improving infrastructure, allocating adequate resources, and strengthening communication among stakeholders are essential steps to reduce emotional burden and prevent the progression of baby blues into more severe psychological disorders.

The Policy Vacuum: Governance and Standardization

Despite the growing body of evidence supporting the benefits of family emotional support, there are currently no standardized guidelines that integrate psychosocial and family-based interventions into postpartum care systems. Many studies have highlighted the absence of formal protocols or training programs for healthcare providers to identify early signs of emotional disturbances among postpartum mothers (Almutairi et al., 2023; Tessema et al., 2024) . In several countries, postpartum mental health care is still managed individually, with limited structured collaboration between healthcare institutions and families (Maliwichi et al., 2023) . This situation underscores the urgent need for stronger governance and standardized policies that formally recognize family emotional support as an essential component of maternal and child health services (Diyaolu, 2025). Establishing clear policy frameworks could help ensure that emotional care is delivered consistently, supported by interprofessional collaboration, and sustained across all levels of postpartum healthcare.

The Power of the People: Community Engagement and Innovation

Community participation plays a crucial role in supporting the emotional well-being of postpartum mothers, particularly in areas with limited access to formal healthcare services. Social and emotional recovery after childbirth depends not only on clinical care but also on the presence of family and community support (Modak et al., 2023; Sobczak et al., 2023). Families with strong cohesion and adaptability create a stable emotional environment that helps mothers manage stress and mood changes during the postpartum period (Roman et al., 2025)(G. Zhang et al., 2023). Community-based programs such as peer support groups, home-visit counseling, and family education sessions have proven effective in enhancing mothers' ability to cope with symptoms of baby blues (Norazman & Lee, 2024)(Yu et al., 2025). These initiatives encourage open discussion, empathy, and shared experiences among mothers, reducing feelings of isolation and anxiety. Community empowerment and early awareness initiatives can play a vital role in preventing postpartum emotional disorders through family involvement and local education (Norazman & Lee, 2024). In recent years, innovative approaches have been developed to strengthen community-based emotional support. The integration of digital platforms, online support groups, and mobile health applications provides wider access for postpartum mothers to share experiences and seek help without shame or stigma (Kress et al., 2019)(Hanach et al.,

2024)(Liblub et al., 2024). In digital era, the inovation found that digital communication and virtual peer groups can complement face-to-face support, particularly for mothers facing social or geographical barriers to care (Yamashita et al., 2022)(Dansu, 2024). These innovations help bridge the gap between healthcare providers and the community while ensuring the continuity of emotional support for postpartum women. Overall, the combination of active community engagement and technological innovation creates an emotional support system that is more inclusive, sustainable, and culturally relevant. Such community-based strategies not only improve maternal mental health but also empower families to become active partners in early prevention and holistic postpartum care.

CONCLUSION

This scoping review highlights that family emotional support is a fundamental protective factor in reducing the risk of baby blues and facilitating the psychological transition of postpartum mothers. The synthesis of recent evidence demonstrates that the effectiveness of this support relies heavily on its functional quality such as active care-sharing and empathetic communication rather than its mere structural presence. However, well-intentioned familial support is frequently undermined by systemic gaps, including social stigma, a lack of standardized screening protocols, and an institutional policy vacuum within postnatal care frameworks to bridge these deficits, maternal healthcare paradigms must evolve from reactive clinical management to proactive, family-centered preventive ecology. This structural transformation can be achieved by formally integrating family psychoeducation into routine postnatal services, equipping frontline healthcare providers with advanced counseling skills, and scaling community-driven digital health innovations. Ultimately, addressing these multi-level factors is essential to build sustainable support systems that safeguard maternal mental health during the critical postpartum period.

SUGGESTION

These findings indicate that family emotional support should be a core component of postpartum healthcare services. Maternal health interventions must include family education on postpartum mental health, enabling families to recognize and respond appropriately to early signs of baby blues. Within healthcare facilities, continuous professional training for healthcare providers on empathetic communication, emotional support, and postpartum depression risk screening is essential to enhance the quality of care. Furthermore, strengthening community-based programs, including peer support groups and family counseling, can help provide a stable social network for postpartum mothers. Overall, the integration of family, healthcare providers, and community resources represents a holistic approach that can effectively reduce the emotional burden experienced by postpartum mothers and prevent the progression of baby blues into more severe depressive disorders.

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CONFLICTS OF INTEREST

The authors confirm that there are no conflicts of interest related to this study.

AUTHOR CONTRIBUTIONS

Fitrio Deviantony was responsible for the study's concept development, data management, formal analysis, research methods, validation, writing the original draft, as well as reviewing and editing. Salwa Nirwanawati contributed to the investigation, methodology, data collection, verification, and provided the necessary resources. Robby Prihadi contributed to the investigation, as well as reviewing and editing the manuscript. Wahyu dini contributed to Investigation,

Validation, Writing - Review & Editing, Supervision.

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