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IMPROVING POSTPARTUM MENTAL HEALTH SERVICES IN NIGERIA: PERSPECTIVES OF POSTPARTUM MOTHERS ON HEALTHCARE SUPPORT AND SERVICE NEEDS

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Abstract

Postpartum depression (PPD) and other postpartum mental health conditions are major contributors to maternal morbidity and adverse child health outcomes worldwide. Despite the substantial burden of maternal mental health disorders in Nigeria, postpartum mental health remains inadequately integrated into routine maternal healthcare. Limited screening, insufficient counselling services, and weak referral systems continue to hinder early identification and management of women experiencing psychological distress during the postpartum period. Understanding mothers' perspectives on healthcare support and service needs is essential for informing contextually appropriate service improvements. This study explored postpartum mothers' perspectives on healthcare support and maternal mental health service needs in Southeast Nigeria, with the aim of identifying gaps in service delivery and informing recommendations for strengthening postpartum mental healthcare. A qualitative descriptive study was conducted in 2024 among 36 postpartum mothers attending a private hospital in Awka, Southeast Nigeria. Participants were recruited purposively and participated in four focus group discussions. Discussions were conducted in English or Igbo according to participants' preference, audio-recorded with consent, transcribed verbatim, and analysed using thematic analysis following Braun and Clarke's framework. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). Administrative approval was obtained from the hospital management, and written informed consent was obtained from all participants before data collection. Three interconnected themes emerged. First, participants described healthcare neglect,

where routine postnatal care focused primarily on infant wellbeing and maternal physical recovery while emotional wellbeing received little attention. Second, mothers identified significant service gaps**,** including the absence of routine mental health screening, limited access to counselling services, and inadequate referral pathways for women experiencing psychological distress. Third, participants expressed a need for improved healthcare support**,** emphasizing empathetic communication from healthcare providers, family-inclusive counselling, community-based peer support groups, and greater public awareness of maternal mental health. Collectively, these findings highlight important gaps in postpartum mental healthcare delivery and opportunities for service improvement. Postpartum mothers identified substantial deficiencies in maternal mental healthcare services and proposed practical, culturally relevant strategies for improving care. Integrating routine mental health screening, counselling services, referral pathways, and family-centred support into postnatal care could strengthen maternal mental healthcare delivery in Nigeria. These findings provide context-specific evidence to inform policy, healthcare planning, and future interventions aimed at improving maternal wellbeing and reducing inequities in postpartum mental healthcare.

Keywords: Postpartum depression; maternal mental health; postpartum care; healthcare services; qualitative research; Nigeria; health systems; policy.

Introduction

Global burden of postpartum mental health

Postpartum depression (PPD) is one of the most common complications of childbirth and represents a major public health concern worldwide. Recent systematic reviews estimate that approximately one in six women experience depressive symptoms during the first year after childbirth, although prevalence varies considerably across settings and populations (Shorey et al., 2018). Beyond maternal suffering, PPD is associated with impaired mother–infant bonding, reduced breastfeeding, poor infant cognitive and emotional development, and adverse family outcomes (Stein et al., 2014; Slomian et al., 2019).

Although awareness of maternal mental health has increased globally, substantial disparities remain in access to screening, diagnosis, and treatment. Women living in low- and middle-income countries (LMICs) experience a disproportionate burden of postpartum mental health disorders because of poverty, limited health resources, inadequate mental health services, and persistent social stigma (Gelaye et al., 2016; Howard & Khalifeh, 2020). Recognizing these challenges, the World Health Organization (WHO) recommends integrating maternal mental health services into routine maternal and child healthcare through early identification, appropriate referral, and culturally responsive interventions (World Health Organization, 2022).

Maternal mental health in Nigeria

Nigeria experiences a substantial burden of postpartum mental health disorders. Earlier studies reported postpartum depression prevalence ranging from approximately 19% to over 25% among Nigerian mothers, indicating that the condition represents an important maternal health challenge (Adewuya et al., 2005; Agbaje et al., 2019). Despite this burden, maternal mental health remains

inadequately integrated into routine postnatal services. Most primary healthcare facilities emphasize physical recovery after childbirth and infant health monitoring, while emotional wellbeing receives comparatively little attention (Agbaje et al., 2019; Howard & Khalifeh, 2020).

Several factors contribute to poor maternal mental health outcomes in Nigeria, including inadequate social support, financial hardship, marital stress, cultural stigma surrounding mental illness, and limited availability of trained mental health professionals (Agbaje et al., 2019; Gelaye et al., 2016). These challenges often delay recognition of depressive symptoms and reduce opportunities for timely intervention, particularly among women with limited access to specialized healthcare services.

Cultural context and maternal mental health

Maternal mental health experiences are strongly influenced by cultural beliefs and family structures. In many Nigerian communities, childbirth is regarded as a joyful life event, creating expectations that mothers should demonstrate happiness and resilience throughout the postpartum period. Consequently, emotional distress is frequently concealed because mothers fear being perceived as weak, ungrateful, or spiritually deficient. Such beliefs contribute to delayed disclosure and reduced help-seeking behaviour (Oladeji & Gureje, 2019; World Health Organization, 2022).

Family members often provide practical and emotional support during the postpartum period, which may protect mothers from psychological distress. However, family expectations and criticism may also increase emotional burden, particularly where mothers are expected to adapt quickly to caregiving responsibilities. These complex social dynamics influence mothers' coping strategies, healthcare utilization, and willingness to discuss emotional difficulties with healthcare providers.

Policy and practice gaps

Although evidence supporting routine screening and early intervention for postpartum depression continues to grow, implementation remains limited in many LMICs. International evidence demonstrates that integrating mental health into primary healthcare improves identification of maternal depression and facilitates timely intervention (Howard & Khalifeh, 2020; World Health Organization, 2022). Nevertheless, routine screening for postpartum depression is rarely implemented within many Nigerian primary healthcare facilities, and structured counselling and referral pathways remain limited.

Healthcare providers frequently focus on physical recovery and infant wellbeing while maternal emotional health receives insufficient attention. This service gap contributes to underdiagnosis of postpartum depression and limits access to appropriate care. Strengthening provider capacity, improving referral systems, and incorporating mental health assessment into routine postnatal care are therefore essential components of comprehensive maternal healthcare.

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Study rationale

Despite increasing recognition of postpartum depression as a major maternal health concern, relatively few qualitative studies have explored postpartum mothers' perspectives on healthcare support and service needs in Southeast Nigeria. Most existing Nigerian studies have focused on prevalence estimates and associated risk factors using quantitative approaches, providing limited understanding of women's experiences with healthcare services and the barriers they encounter when seeking support (Adewuya et al., 2005; Agbaje et al., 2019).

This study therefore explored postpartum mothers' perspectives on healthcare support and service needs in Southeast Nigeria. By documenting mothers' experiences of healthcare delivery and identifying perceived service gaps, the findings provide context-specific evidence that can inform policies aimed at integrating maternal mental health into routine primary healthcare. The study also contributes to ongoing efforts to strengthen maternal mental health services, improve access to psychological support, and promote equitable maternal healthcare in Nigeria.

Methods

Study design

This study employed a qualitative descriptive design to explore postpartum mothers' perspectives on healthcare support and service needs in Southeast Nigeria. A qualitative descriptive approach was selected because it enables comprehensive exploration of participants' experiences in their own words while remaining close to the data and minimizing interpretive assumptions (Sandelowski, 2000). Focus group discussions (FGDs) were used to facilitate interactive discussions and generate rich information on shared experiences, perceived service gaps, and recommendations for improving maternal mental healthcare.

Study setting

The study was conducted in primary healthcare centres in Southeast Nigeria. These facilities provide routine maternal and child health services, including antenatal and postnatal care, and serve as the first point of contact for many postpartum women. However, mental health services are not routinely integrated into postnatal care within these facilities. The study setting was selected because it reflects the healthcare environment where most women receive postpartum services and where opportunities exist to strengthen maternal mental health care.

Participants and recruitment

Thirty-six postpartum mothers within one year after childbirth participated in the study. Participants were recruited purposively to ensure a range of experiences with healthcare support and maternal mental health services. Eligible participants were mothers attending postnatal clinics who were willing to participate and provide written informed consent. Mothers with severe illness or those unable to participate in group discussions were excluded.

Recruitment was facilitated by healthcare providers during routine postnatal clinic visits. Mothers who met the eligibility criteria received information about the study and those willing to participate were invited to join the focus group discussions.

Data collection

Data were collected through four focus group discussions, each involving 8–10 participants. Discussions were conducted in English or Igbo according to participants' preferences to facilitate open communication. Each session lasted approximately 60–90 minutes and was moderated by trained researchers using a semi-structured interview guide designed to explore experiences of healthcare support, perceived gaps in maternal mental health services, and recommendations for improving care.

All discussions were audio-recorded with participants' permission and supplemented with field notes documenting non-verbal expressions, interactions, and contextual observations. Audio recordings were transcribed verbatim, and Igbo transcripts were translated into English before analysis.

Data analysis

Data were analysed using thematic analysis following the six-phase approach described by Braun and Clarke (2006). The analysis involved repeated reading of transcripts, generation of initial codes, identification of candidate themes, review and refinement of themes, definition and naming of themes, and preparation of the final report.

Coding was conducted using NVivo qualitative data analysis software to facilitate data management and organization. Themes were developed inductively from participants' narratives rather than predetermined categories. To enhance the credibility of the findings, two researchers independently reviewed and coded the transcripts before discussing and resolving differences through consensus. Representative quotations were selected to illustrate the major themes.

Trustworthiness

The trustworthiness of the study was enhanced through established qualitative strategies. Credibility was strengthened by using experienced moderators, verbatim transcription of interviews, independent coding by two researchers, and discussion to achieve consensus on themes. Dependability was supported by maintaining a clear audit trail throughout data collection and analysis. Confirmability was enhanced through regular peer discussions and careful documentation of analytic decisions, while transferability was facilitated by providing detailed descriptions of the study setting, participant characteristics, and research procedures. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

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Ethical considerations

Administrative permission to conduct the study was obtained from the management of a private hospital in Awka before commencement of data collection. Written informed consent was obtained from all participants before participation. Participants were informed of the purpose of the study, assured that participation was voluntary, and advised that they could withdraw at any stage without consequence. Confidentiality and anonymity were maintained throughout the study by removing identifying information from transcripts and reporting participants' responses using pseudonyms.

Results

A total of 36 postpartum mothers participated in four focus group discussions conducted in a private hospital in Awka, Southeast Nigeria. Each discussion comprised 8–10 participants and lasted approximately 60–90 minutes. Participants represented diverse sociodemographic backgrounds, providing a broad range of experiences regarding postpartum healthcare support and service needs.

Table 1: Participant characteristics (N = 36)

Characteristic	Category	n (%)
Age (years)	18–24	8 (22.2)
	25–34	19 (52.8)
	≥35	9 (25.0)
Marital status	Married	30 (83.3)
	Single	4 (11.1)
	Separated/Widowed	2 (5.6)
Educational level	Primary	4 (11.1)
	Secondary	14 (38.9)
	Tertiary	18 (50.0)
Occupation	Civil servant	9 (25.0)
	Trader/Business	11 (30.6)
	Self-employed	8 (22.2)
	Unemployed	8 (22.2)
Parity	Primiparous	15 (41.7)
	Multiparous	21 (58.3)
Months postpartum	≤3 months	16 (44.4)
	4–6 months	12 (33.3)
	7–12 months	8 (22.2)

Thematic analysis identified three major themes**:** (1) healthcare neglect**,** (2) service gaps**,** and (3) desired support**.** Each theme comprised several subthemes that reflected participants' experiences of maternal healthcare during the postpartum period.

Theme 1: Healthcare neglect

Across all focus group discussions, participants consistently described postpartum healthcare as primarily centred on infant health and maternal physical recovery, with little attention given to mothers' emotional wellbeing. Most mothers reported that healthcare providers routinely assessed their babies' growth and physical health but rarely enquired about their emotional experiences following childbirth.

One participant stated:

"The nurse asked about my baby's weight but never asked how I was feeling." (FGD 1)

Many participants explained that because healthcare providers did not initiate conversations about emotional wellbeing, they assumed that psychological distress was not considered an important aspect of postnatal care. This perception discouraged disclosure of emotional difficulties and reinforced feelings of isolation.

Another participant commented:

"They only cared whether the baby was healthy. Nobody asked if I was coping." (FGD 3)

Several mothers described feeling invisible within the healthcare system, explaining that although their infants received comprehensive attention, their own emotional needs remained largely unrecognized. Participants perceived this imbalance as a form of systemic neglect that overlooked maternal wellbeing during the postpartum period.

Theme 2: Service gaps

Participants identified several shortcomings in maternal mental healthcare services, particularly the absence of routine mental health screening, limited counselling opportunities, and inadequate referral systems.

Many mothers indicated that emotional problems were recognized only when symptoms became severe or visibly obvious.

One participant explained:

"Unless you cry in front of them, they don't think anything is wrong." (FGD 2)

Participants further reported that counselling services were generally unavailable during routine postnatal visits. Healthcare consultations were described as brief and largely restricted to physical examinations, immunization, infant feeding, and other clinical procedures.

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Another participant remarked:

"They only checked the baby and my blood pressure. Nobody talked to me about how I was feeling." (FGD 4)

Referral pathways for mothers experiencing emotional distress were also perceived as inadequate. Even when mothers expressed psychological concerns, few reported receiving information about specialist mental health services or appropriate follow-up care.

One participant noted:

"Nobody told me where to go for help." (FGD 1)

These experiences highlighted important deficiencies in the organization and delivery of maternal mental healthcare services.

Table 2: Themes, subthemes and illustrative quotations

Theme	Subtheme	Illustrative quotation
Healthcare neglect	Focus on infant health	*"The nurse asked about my baby's weight but never asked how I was feeling."*
	Emotional wellbeing overlooked	*"They only cared whether the baby was healthy."*
Service gaps	Absence of routine screening	*"Unless you cry in front of them, they don't think anything is wrong."*
	Lack of counselling services	*"They only checked the baby, not me."*
	Weak referral pathways	*"Nobody told me where to go for help."*
Desired support	Empathetic communication	*"If they just listened and showed care, it would make a difference."*
	Family-inclusive counselling	*"My husband should also hear about this."*
	Community peer support	*"Talking with other mothers would help us feel less alone."*

Theme 3: Desired support

Despite the challenges they experienced, participants clearly articulated the forms of support they believed would improve maternal mental healthcare.

The most frequently mentioned need was empathetic communication from healthcare providers. Mothers expressed a desire for providers to listen attentively, acknowledge emotional concerns, and provide reassurance during postnatal consultations.

One participant explained:

"If they just listened and showed care, it would make a difference." (FGD 2)

Participants also emphasized the importance of involving family members, particularly husbands, in maternal mental health education and counselling. They believed that family-inclusive approaches would improve understanding, reduce stigma, and encourage shared responsibility for supporting mothers during the postpartum period.

As one mother stated:

"My husband should also hear about this so he understands what mothers go through." (FGD 4)

Community-based peer support groups were another frequently suggested intervention. Mothers described the value of sharing experiences with other women who had undergone similar challenges, believing that peer interaction would reduce isolation and provide practical emotional support.

One participant commented:

"Talking with other mothers would help us feel less alone." (FGD 3)

Overall, participants viewed empathetic healthcare providers, stronger family involvement, and structured peer support groups as practical strategies for improving maternal mental health services within primary healthcare settings.

Summary of findings

The findings revealed three interrelated themes describing postpartum mothers' experiences of healthcare services. Participants consistently reported that maternal emotional wellbeing received limited attention during routine postnatal care, while significant service gaps—including the absence of routine mental health screening, counselling services, and referral pathways—restricted access to appropriate support. Mothers also identified practical recommendations for improving care, including more empathetic communication by healthcare providers, family-inclusive counselling, and community-based peer support groups. Collectively, these findings highlight opportunities for strengthening maternal mental health services within primary healthcare in Southeast Nigeria.

Discussion

Principal findings

This study explored postpartum mothers' perspectives on healthcare support and service needs in Southeast Nigeria. Three major themes emerged: healthcare neglect**,** service gaps**,** and desired support**.** Participants consistently reported that routine postnatal care focused primarily on infant health and maternal physical recovery, while emotional wellbeing received little attention. Mothers also identified important gaps in mental health screening, counselling, and referral services, but proposed practical solutions including empathetic communication, family-inclusive counselling, and community-based peer support.

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Healthcare neglect and maternal mental health

The finding that maternal emotional wellbeing was largely overlooked during routine postnatal care is consistent with evidence from both Nigeria and other low- and middle-income countries (LMICs). Although postpartum depression is recognized as a major contributor to maternal morbidity, maternal mental health remains insufficiently integrated into routine maternal healthcare services in many resource-constrained settings (Howard & Khalifeh, 2020; World Health Organization, 2022). Similar findings have been reported in systematic reviews showing that postnatal care frequently prioritizes infant growth, immunization, and maternal physical recovery while psychological wellbeing receives comparatively little attention (Gelaye et al., 2016; Slomian et al., 2019).

Participants in this study described feeling that their emotional wellbeing was invisible within the healthcare system. Such experiences may discourage mothers from discussing psychological symptoms and contribute to delayed recognition of postpartum depression. Because untreated postpartum depression is associated with impaired maternal functioning, reduced mother–infant bonding, and poorer child developmental outcomes, failure to identify emotional distress during routine postnatal care represents a missed opportunity for early intervention (Stein et al., 2014; Slomian et al., 2019).

Service gaps in maternal mental healthcare

The absence of routine mental health screening, counselling services, and effective referral pathways emerged as major concerns among participants. Most mothers indicated that healthcare providers relied on obvious emotional distress before considering psychological problems, suggesting that many women experiencing less visible symptoms remain unidentified. These findings are consistent with recommendations from the World Health Organization, which advocates routine assessment of maternal mental health as part of comprehensive postnatal care (World Health Organization, 2022). Evidence also suggests that standardized screening approaches improve early identification of women at risk for postpartum depression and facilitate timely intervention (Howard & Khalifeh, 2020). Despite these recommendations, implementation remains limited in many LMICs because of shortages of trained personnel, competing healthcare priorities, and inadequate referral systems (Gelaye et al., 2016; Wang et al., 2021).

The lack of counselling services reported by participants further illustrates the limited integration of mental healthcare within primary healthcare settings. Participants described postnatal consultations as brief and predominantly biomedical, with little opportunity to discuss emotional concerns. Similar service gaps have been documented in resource-limited settings, where maternal mental health services remain underdeveloped despite growing recognition of their importance (Howard & Khalifeh, 2020; World Health Organization, 2022).

Mothers' perspectives on improving care

An important contribution of this study is that participants identified practical strategies for strengthening maternal mental healthcare. Mothers consistently emphasized the importance of empathetic communication, noting that simply being listened to and acknowledged by healthcare

providers would improve their healthcare experiences. Effective provider–patient communication has been recognized as a fundamental component of quality maternal healthcare and may facilitate earlier disclosure of psychological symptoms (World Health Organization, 2022).

Participants also advocated for family-inclusive counselling, particularly involving husbands and close relatives. Family support has been shown to play an important role in maternal psychological wellbeing, and involving family members may improve understanding of postpartum mental health while reducing stigma associated with emotional distress (Gelaye et al., 2016; Howard & Khalifeh, 2020). Community-based peer support groups were another frequently suggested strategy. Participants believed that opportunities to share experiences with other mothers would reduce isolation, normalize emotional challenges following childbirth, and promote healthy coping. Such peer-based interventions have been shown to complement formal healthcare services by providing accessible psychosocial support during the postpartum period (Slomian et al., 2019).

Implications for policy and practice

The findings have several implications for maternal health policy and clinical practice. First, maternal mental health assessment should be incorporated into routine postnatal care within primary healthcare settings. Standardized screening for postpartum depression would facilitate early identification of women requiring additional support. Second, healthcare providers require additional training to recognize common postpartum mental health conditions and provide appropriate first-line psychological support. Strengthening providers' communication skills may improve mothers' willingness to disclose emotional difficulties during routine consultations.

Third, clear referral pathways should be established to ensure that women with moderate or severe psychological symptoms receive appropriate specialist care. Integrating counselling services into primary healthcare and strengthening collaboration between maternal health and mental health services would improve continuity of care. Finally, community-based interventions involving families, peer support groups, and public awareness initiatives may help reduce stigma surrounding maternal mental health while encouraging earlier help-seeking among postpartum women.

Strengths and limitations

A major strength of this study is its qualitative design, which enabled an in-depth exploration of postpartum mothers' experiences and perceptions of healthcare services. The use of focus group discussions generated rich data and allowed participants to build upon one another's experiences, providing a comprehensive understanding of common challenges and service needs. However, several limitations should be considered. The study was conducted among mothers attending a private hospital in Awka, Southeast Nigeria, and the findings may not be transferable to women receiving care in other healthcare settings or regions of the country. Participants were recruited purposively, which is appropriate for qualitative research but limits statistical generalizability. In addition, the findings reflect participants' perceptions and experiences at a single point in time and therefore cannot capture changes in service needs throughout the postpartum period.

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Despite these limitations, the study provides important context-specific evidence on maternal mental healthcare needs in Nigeria and offers practical recommendations for strengthening postpartum mental health services within primary healthcare. The findings also contribute to the growing international evidence supporting the integration of maternal mental health into routine postnatal care, particularly in low-resource settings.

Conclusion

This study demonstrates that maternal mental health is both a public health priority and a health equity issue. The perspectives of postpartum mothers in Southeast Nigeria reveal persistent gaps in healthcare delivery, including limited attention to emotional wellbeing, inadequate screening, weak referral pathways, and insufficient psychosocial support. At the same time, participants identified practical and feasible solutions, including empathetic communication by healthcare providers, family-inclusive counseling, and community-based peer support.

The findings have implications beyond Nigeria, as many low- and middle-income countries face similar challenges in integrating maternal mental health into routine postnatal care. Strengthening primary healthcare systems through routine screening for postpartum depression, provider capacity building, family engagement, and accessible psychosocial support services could substantially improve maternal wellbeing, infant outcomes, and overall health equity. By situating local experiences within a broader global context, this study contributes evidence to inform policies and interventions aimed at creating more responsive, equitable, and culturally appropriate maternal mental health services.

Strengths and Limitations

Strengths

- **Rich qualitative evidence:** The use of focus group discussions enabled postpartum mothers to describe their experiences in their own words, providing detailed insights into healthcare experiences, service gaps, and support needs that may not be captured through quantitative surveys.
- **Policy and practice relevance:** By focusing on mothers' perspectives, the study generated findings with direct implications for strengthening maternal mental health services, including routine screening, provider training, family engagement, and peer support initiatives.
- **Context-specific contribution:** The study adds qualitative evidence from Southeast Nigeria, where published research exploring mothers' experiences of postpartum mental healthcare remains limited. The findings also contribute to the broader literature on maternal mental health in low- and middle-income countries.

Limitations

- **Limited geographical scope:** Participants were recruited from primary healthcare facilities in Southeast Nigeria; therefore, the findings may not reflect experiences in other

regions of the country with different sociocultural contexts and health system characteristics.

- **Cross-sectional design:** Data were collected at a single point during the postpartum period, preventing examination of how women's experiences and support needs may change over time.
- **Healthcare facility-based sample:** Only mothers attending postnatal services were included. Women who did not utilize healthcare facilities, and who may experience even greater barriers to mental healthcare, were not represented.
- **Ethical oversight:** Although the study involved only non-invasive focus group discussions with informed consent and strict confidentiality procedures, the absence of formal institutional ethical approval may be considered a limitation from a research governance perspective.

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