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REVIEW

Factors Influencing Psychological Help-Seeking Intention for Women with Perinatal Depression and Their Spouses: A Scoping Review

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Background: Professional psychological help can significantly improve outcomes for women with perinatal depression (PND), yet many delay or avoid seeking it. Spouses significantly influence women's help-seeking decisions. However, comprehensive reviews synthesizing factors affecting both women's and their spouses' intentions, particularly regarding spousal support, remain lacking.

Aim: This scoping review synthesises current evidence on the factors influencing the psychological help-seeking intentions of women with PND and their spouses.

Methods: This scoping review adhered to the framework by Arksey and O'Malley and followed the reporting guidelines specified in the PRISMA-ScR checklist. A systematic search was performed in May 2025, across five databases: CINAHL, Web of Science, PubMed, Embase, and PsycINFO. To capture a multi-method evidence base, qualitative, quantitative, and mixed-method studies were included. Study methodological quality was assessed using the Mixed Methods Appraisal Tool (MMAT).

Results: 35 studies met the criteria, forming a multi-method evidence pool (13 qualitative, 19 quantitative, 3 mixed) spanning 16 countries, mainly in North America, Europe, and Asia. Participants were primarily perinatal women, with fewer involving spouses and couples. Five key factors were found to influence the intention of women with PND and their spouses to seek professional psychological help, including: (1) demographic factors; (2) knowledge factors (knowledge of PND and psychotherapy); (3) attitude factors (perspectives on PND screening, psychotherapy, and the responsibilities of the obstetric team); (4) social psychological factors (three types of stigma, and self-efficacy); and (5) psychological service provider-related factors.

Conclusion: For women with PND and their spouses, intentions to seek professional help are shaped by a complex interplay of knowledge, attitudes, social-psychological factors, and the accessibility and competence of service providers. Future interventions should prioritize comprehensive mental health education, obstetric team training, and standardized medical procedures. Theory-driven longitudinal research is needed to disentangle causal mechanisms and test multi-component interventions targeting these determinants.

Keywords: factors, perinatal depression, women with PND, spouses, psychological help-seeking, scoping review

Introduction

Perinatal depression (PND) can occur during a woman's pregnancy and the first 12 months after childbirth, encompassing both prenatal and postnatal depression.[1] Women with PND often experience significant physical and psychological distress, manifested as persistent low mood, feelings of worthlessness, and suicidal thoughts. If left untreated, PND can lead to serious consequences across multiple domains: lifelong depression and suicidality in mothers, impaired cognitive and behavioral development in infants, and severely damaged family relationships.[2,3] During the perinatal period, the prevalence of PND

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varies globally, with estimates ranging from 10% to 15% in high-income countries and 19% to 25% in low- and middle-income countries.[4,5] However, these figures may represent conservative estimates due to inadequate screening practices, suggesting the true incidence might be significantly higher.[6]

Current guidelines recommend psychotherapy as the first line of intervention for mild cases, pharmacological treatments for severe cases, and a combination of both approaches for comprehensive care in all cases.[1,7] Psychotherapy has been proven effective in significantly reducing perinatal depressive symptoms with recognized long-term benefits in fostering peer support, facilitating adjustment to parenthood, and strengthening marital relationships.[8] Although psychotherapy has been proven as an effective treatment for PND, the proportion of women with PND who seek help from psychological services is still relatively low in countries with abundant resources, estimated to be between 13.6% and 40.0%.[9,10] This heterogeneity in help-seeking rates is largely driven by diverse demographic characteristics, varying levels of mental health literacy, and differential access to healthcare services. Many women either delay seeking professional intervention or avoid it altogether.[11] Even when they are referred promptly, many people still refuse to undergo psychotherapy.[12] In addition, women experiencing PND are more likely to prioritize seeking support from their spouse as their primary choice.[13–15] Seeking professional psychological help means that an individual is actively seeking support from healthcare professionals (HCPs) to address mental health issues.[16] Professional psychological support services for women during the perinatal period are usually provided by the obstetric team, which consists of obstetricians, outpatient and inpatient nurses, as well as psychotherapists.

The Theory of Planned Behavior (TPB) serves as the established help-seeking framework for this study. The TPB posits that human behavior is fundamentally driven by behavioral intention, whereby a stronger intention increases the likelihood of the behavior being enacted.[17] To address the low uptake of professional psychological services among women with PND, understanding the precursors to their help-seeking intentions is critical. Consequently, we have explicitly mapped our scoping review questions onto the TPB framework. This theoretical alignment allows us to systematically categorize the factors influencing help-seeking intentions—such as attitudes, subjective norms (including spousal influence), and perceived behavioral control—thereby bridging the gap between intention and actual service utilization.

Several barriers have been identified that are associated with the lower willingness of women to seek professional treatment for PND. These include insecure attachment representations characterized by anxiety and avoidance, indifference towards the stigma related to HCPs, self-perception as an inadequate mother, previous negative treatment experiences, a limited awareness of PND, race, and an income below $10,000.[15,18–22] Among these, spousal support emerges as a pivotal factor. This support can manifest in various ways, such as assisting women in making decisions, encouraging them, or actively taking steps to seek assistance.[14,23,24] Given the crucial role played by spousal support, numerous studies have surveyed both spouses. The results show that the spouse with a higher monthly income and a lower degree of gender role conflict is more likely to encourage the woman to seek professional psychological help in order to cope with PND.[25] Conversely, spouses who have a limited understanding of PND and are skeptical about psychological treatments tend to exhibit a lack of supportive behavior.[26,27] Additionally, family-level factors, such as low self-efficacy and negative attitudes toward mental health services, have been shown to deter couples from pursuing professional assistance.[28,29]

Although the significant role of partners has been recognized, there remains a crucial gap. Currently, there is no comprehensive review that integrates cross-cultural evidence to explain the factors influencing both women's and their spouses' help-seeking intentions for PND. This understanding is crucial in developing targeted intervention programs that encourage couples to seek professional support. This study employed a scoping review rather than a systematic review approach. Systematic reviews are typically used to assess the effectiveness of specific interventions, whereas this study aims to explore the factors influencing couples' willingness to seek professional psychological assistance. Given the exploratory nature of this research purpose, a scoping review can more flexibly integrate relevant literature and conduct in-depth discussions, rather than focusing on the quantitative synthesis of intervention effects.

Methods

Study Design

This study used a scoping review methodology[30,31] to identify the factors influencing the psychological help-seeking intentions of women with PND and their spouses. It can summarize the findings of research obtained from existing literature

to identify knowledge gaps and make suggestions.[32] This scoping review followed Arksey and O'Malley's methodological framework,[33] which includes five steps: (1) identifying the research question, (2) searching relevant studies, (3) selecting studies, (4) charting the data, and (5) collating, summarizing and reporting the results. This scoping review followed reporting guidelines outlined in the PRISMA-ScR checklist.[34] Although the review protocol was not prospectively registered, all methodological steps were performed in accordance with PRISMA-ScR guidelines.

Identifying the Research Question

The research question for this review were, "What factors influence the psychological help-seeking intentions of women with PND and their spouses?"

Searching Relevant Studies

The search terms and search strategy were initially identified through consultation with our study team and finally formulated by integrating expert opinions obtained from two library information experts at two different institutions. Both themes and free words were used. The search terms are formulated using the PIC_O principles (see Table 1).

The CINAHL, Web of Science, PubMed, Embase and PsycINFO databases were searched for studies from their inception until May 2025. Following PICo principles, subject terms-("peripartum period", "depressive disorder", "depression", "perinatal depression", "depression, postpartum", "prenatal depression", "antepartum depression", "postpartum depression", "postnatal depression") and ("help-seeking behavior", "psychological help-seeking intention", "seeking psychological help", "professional psychological assistance", "professional psychological help", "formal help", "mental help-seeking", "mental health services", "mental health needs") were employed in the literature search (the search terms and strategy used was outlined in Appendix A). Additionally, the reference lists of the included studies were screened for further relevant studies.

Selecting Studies

This review focused on articles that examined the factors influencing the decision of women with PND and/or their spouses to seek professional help in managing the condition. The participants were women with PND and/or their spouses, all of whom were aged 18 years or over. The search was restricted to English-language papers published in peer-reviewed journals, without limitations on publication date or setting. Quantitative, qualitative and mixed-method studies were all included.

Firstly, all references from the searches were imported into NoteExpress 2.0 and duplicates were removed. Two researchers (QH-Z and YL-M) independently screened the titles and abstracts to assess their adherence to the eligible criteria. The second stage involved three researchers (QH-Z, YL-M and SY-Z) examining the full texts to assess eligibility. The results were then discussed within the research team where disagreements and inconsistencies were resolved.

Charting the Data

Data were extracted by one reviewer (QH-Z) and checked for accuracy by two other reviewers (YL-M and SY-Z). The extracted data included: study aim(s), author, year and country of study, design, setting, participants (women with PND and/or their spouses), research tool, theoretical framework, and factors influencing participants' intention to seek professional psychological assistance in managing PND. A Mixed Methods appraisal tool (MMAT) was employed to evaluate the quality of primary studies. MMAT includes two researchers (QH-Z and YL-M) independently screening questions applicable to all types of study designs. The MMAT was used to assess the quality of the selected studies in this scoping review. It encompasses five categories of study designs: qualitative research, quantitative randomized controlled trials, quantitative non-randomized

Table 1 The PICo Concept of This Review

Concept	Inclusion Criteria
P (Population)	Women with PND and their spouses.
I (Interest)	The factors influencing women with PND and their spouses to seek psychological counselling, and to receive PND screening, referral services and psychotherapy.
Co (Context)	Hospital and community healthcare settings.

studies, quantitative descriptive studies, and mixed methods research. Each study was evaluated against five design-specific criteria, rated as either "Yes" (met the criterion) or "No" (did not meet the criterion or unclear).[35,36] Consistent with the descriptive nature of scoping reviews, these ratings were not used to exclude studies or weight effect estimates, but rather to contextualize the narrative synthesis. Detailed quality assessments are provided in Table 2.

Table 2 Quality Criteria of the Included Studies Using the MMAT

Studies (n=35)	**Methodological Quality Criteria and Rating**				
Qualitative studies	**1.1**	**1.2**	**1.3**	**1.4**	**1.5**
Baldisserotto et al (2020)[18]	Yes	Yes	Yes	Yes	Yes
Ta et al (2019)[15]	Yes	Yes	Yes	Yes	Yes
Zou et al (2024)[27]	Yes	Yes	Yes	Yes	Yes
Arifin et al (2021)[37]	Yes	Yes	Yes	Yes	Yes
Xue et al (2023)[38]	Yes	Yes	Yes	Yes	Yes
Abrams et al (2009)[39]	Yes	Yes	Yes	Yes	Yes
Sword et al (2018)[40]	Yes	Yes	Yes	Yes	Yes
Bilszta et al (2010)[41]	Yes	Yes	Yes	Yes	Yes
Ling et (2023)[42]	Yes	Yes	Yes	Yes	Yes
Ganann et al (2020)[43]	Yes	Yes	Yes	Yes	Yes
Bell et al (2015)[44]	Yes	Yes	Yes	Yes	Yes
Callister et al (2011)[45]	Yes	Yes	Yes	Yes	Yes
McCarthy et al (2008)[46]	Yes	Yes	Yes	Yes	Yes
Quantitative descriptive	**4.1**	**4.2**	**4.3**	**4.4**	**4.5**
Fonseca et al (2018)[19]	Yes	No	Yes	Unlcear	Yes
Barrera et al (2015)[20]	Yes	No	Yes	Unlcear	Yes
Ayres et al (2019)[23]	Yes	No	Yes	Yes	Yes
Luís et al (2019)[25]	Yes	No	Yes	Unclear	Yes
Zou et al (2025)[29]	Yes	No	Yes	Yes	Yes
Amarasinghe et al (2022)[47]	Yes	Yes	Yes	Unclear	Yes
Dunford et al (2017)[48]	Yes	No	Yes	Yes	Yes
Da et al (2018)[40]	Yes	No	Yes	Yes	Yes
Wenze et al (2018)[41]	Yes	No	Yes	Unclear	Yes
Reilly et al (2021)[14]	Yes	No	Yes	Yes	Yes
Meili et al (2025)[47]	Yes	No	Yes	Unclear	Yes
Fonseca et al (2015)[9]	Unclear	No	Yes	Unclear	Yes
Goodman (2009)[49]	Yes	No	Yes	Unclear	Yes
Fonseca et al (2017)[50]	Unclear	No	Yes	Unlcear	Yes

(*Continued*)

Table 2 (Continued).

Studies (n=35)	Methodological Quality Criteria and Rating				
Chrzan-Dętkoś et al (2025)[51]	Yes	No	Yes	No	Yes
Jones et al (2024)[52]	Yes	No	Yes	Unlcear	Yes
Lau et al (2018)[53]	Yes	Yes	Yes	Yes	Yes
Goyal et al (2020)[54]	Yes	Unclear	Yes	Unclear	Yes
Azale et al (2016)[55]	Yes	Yes	Yes	Yes	Yes
Mixed methods	**5.1**	**5.2**	**5.3**	**5.4**	**5.5**
Bennett et al (2009)[56]	Yes	Yes	Yes	Yes	Yes
Cacciola et al (2020)[21]	Yes	Yes	Yes	Yes	Yes
Kukreti et al (2022)[57]	Yes	Yes	Yes	Unclear	Yes

Collating, Summarizing and Reporting the Results

At this stage, the findings of the included studies were summarized descriptively and numerically, and an inductive content analysis[58] was performed Microsoft Excel was used throughout the process to synthesize the data and identify recurring and unique content.

Firstly, one researcher (QH-Z) read all studies, annotated them and identified broad topic categories through a predefined form coding influencing factors. These codes represented common phrases and findings that were consistent across studies about the factors that influence the psychological help-seeking intentions of women with PND and their spouses. Additional studies were mapped to the previously identified categories, with new categories added as new influencing factors emerged. These codes were iteratively grouped into relevant categories based on their overall focus (eg, women with PND and their spouses' views on psychotherapy or the current situation of perinatal psychological services utilization). These factors, based on study recommendations, were not mutually exclusive, and each study mapped to multiple categories. To establish trustworthiness, the second researcher (YL-M) independently reviewed a further 20% of the included papers and created their own categories. Any discrepancies, disagreements or unique findings were discussed with a third independent researcher (SY-Z) or the review team to reach a consensus. Secondly, development and discussion of these influencing factors took place with the review team, where the wording of factors and final grouping were discussed.

Ethics Statement

This study is a scoping review of previously published studies. Therefore, it was exempt from ethical approval.

Results

Literature Search results

Our initial search of the five databases yielded 2025 records. Following the removal of 825 duplicates, we were left with a total of 1200 records for the preliminary screening of titles and abstracts. Subsequently, 1148 records were excluded based on the eligibility criteria. The full text of 3 studies could not be obtained. Of the 49 records shortlisted for full text screening, 24 were further excluded, resulting in 25 studies to be included in this review. Additionally, through the screening of references during or after the full-text review, we identified and added 10 additional studies. Consequently, a total of 35 studies were incorporated in the final analysis. The detailed systematic search and selection process, as well as the reasons for excluding studies, are outlined in Figure 1.

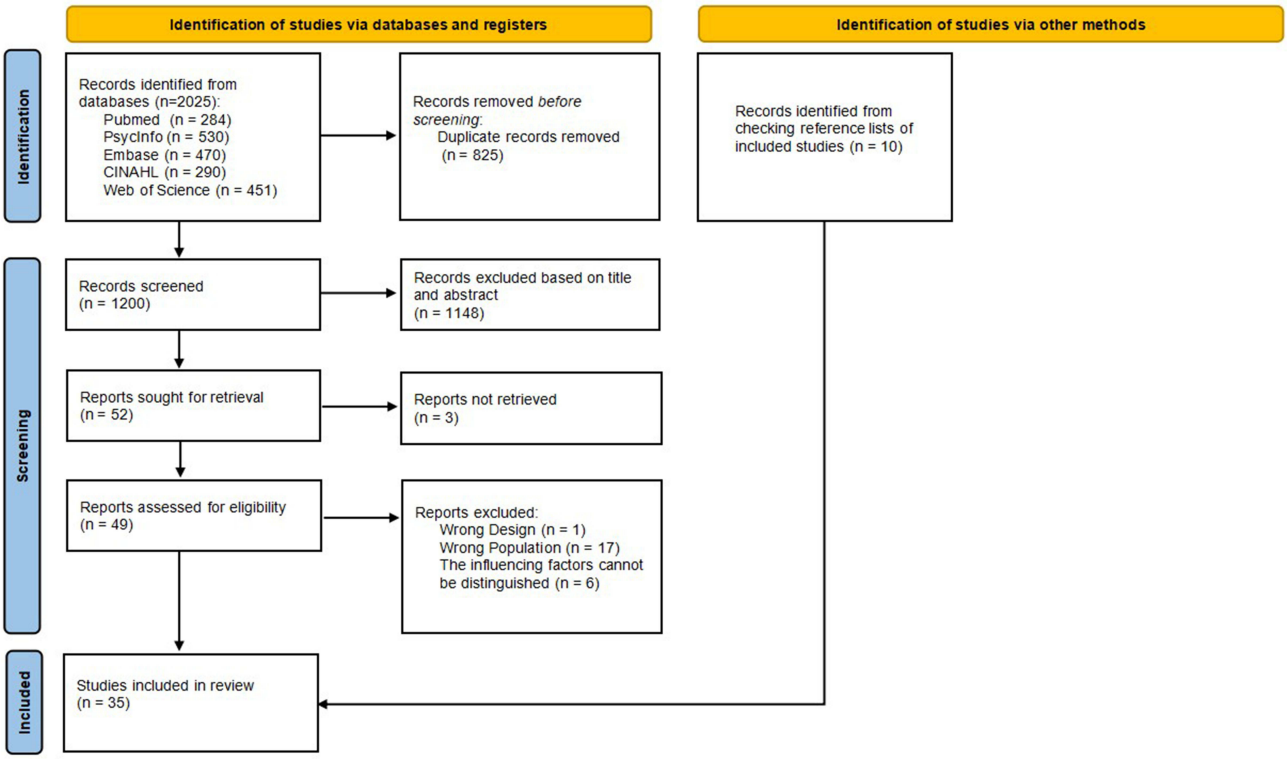

Figure 1 Flowchart of the study selection process.

Characteristics of Included Studies

All included studies were published between 2008 and 2025. Geographically, the studies were predominantly conducted in North America, Europe and Asia, with the majority (n=6) conducted in the America, followed by China, Canada and Portugal. There were nineteen quantitative studies,[9,14,19,20,23,25,29,47–55,59–61] thirteen qualitative studies,[15,18,27,37–46] and three mixed-method studies.[21,56,57] A majority of these studies (n=26) focused on perinatal women, while a smaller number investigated spouses (n=2), and the fewest explored within couples (n=3). In addition, 4 studies conducted surveys on HCPs (eg, nurse midwives and social workers) and the families of women.

Quality of Included Studies

All studies have effectively addressed their research questions using appropriate research methods. In qualitative studies, the data sources, collection, analysis and interpretation are all coherent and consistent. These studies employed purposive, convenience or snowball sampling. Data was collected through focus group interviews or individual interviews. Data analysis involved content analysis,[15,18,40,43,44] thematic analysis,[38] interpretative phenomenological analysis,[27,41,42,45] framework analysis,[37] modified analytic induction[46] and grounded theory analysis.[39] In the quantitative research, the measurements and statistical analysis were both appropriate. However, ten studies[9,14,19,20,25,48,50,52,60,61] were cross-sectional online studies. Given that participants in the online survey were self-selecting, those who participated may be more interested in the topic of help-seeking. Therefore, the sample may not fully represent the entire research population, and the general applicability of the research results should be considered. All three mixed-method studies provided an adequate rationale for using a mixed-methods design to address the research question and adequately interpreted the integration of qualitative and quantitative components.

Scoping Themes

The factors influencing the willingness of women with PND and their spouses to seek professional psychological help were synthesized into five scoping themes: 1) demographic factors, 2) knowledge factors, 3) social psychological factors, 4) attitude factors, and 5) psychological service provider-related factors. Figure 2 illustrates scoping themes. Table 3 presents the characteristics of the studies included in this review.

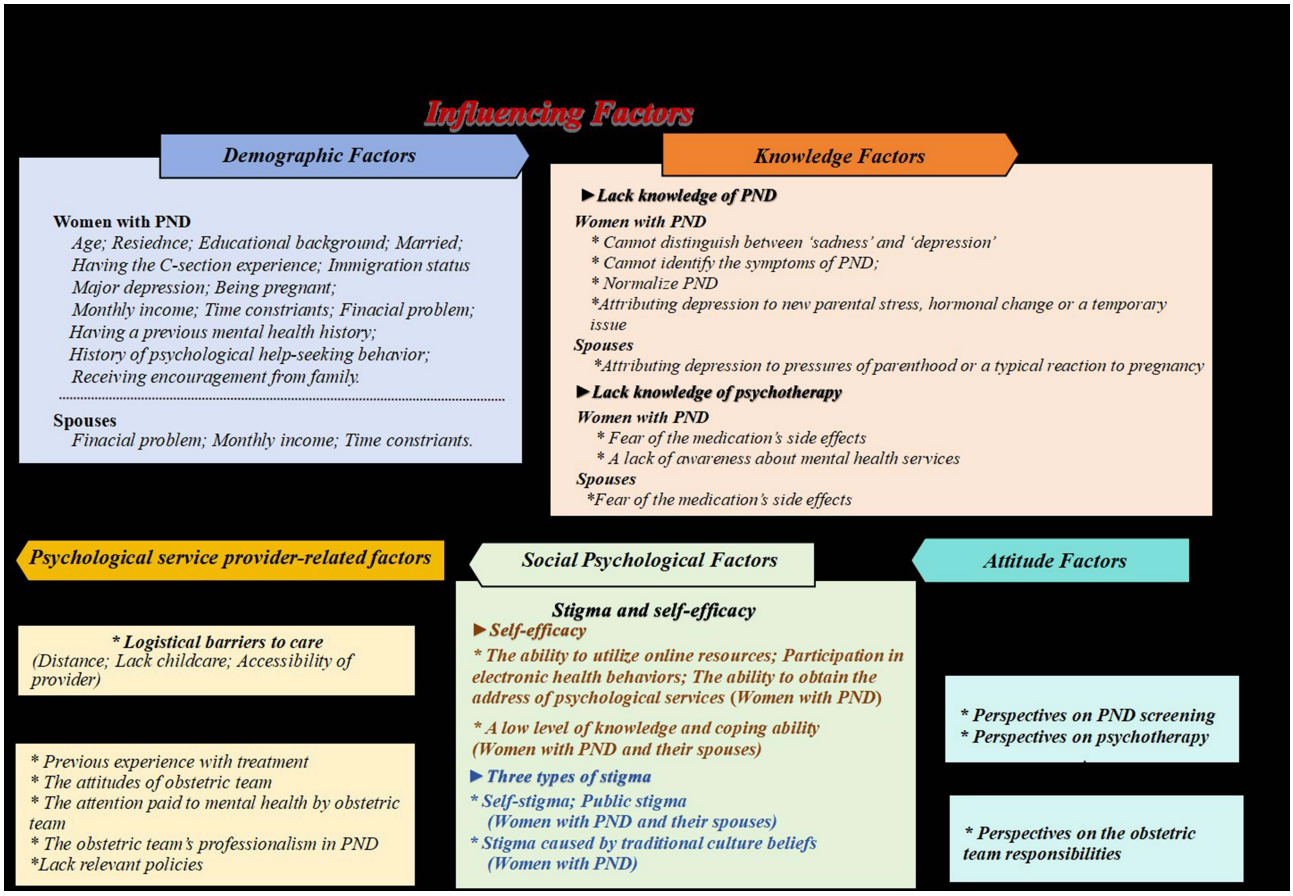

Figure 2 Factors influencing the intention of women with PND and their spouses to seek professional psychological assistance.

Demographic Factors

Nineteen studies[9,20,23,25,29,39,43–45,47,49–52,54,55,57,60,61] investigated the relationship between demographic factors and the propensity of women with PND and their spouses to seek professional psychological assistance.

The likelihood of seeking professional psychological help was significantly correlated with various factors, such as being a woman with PND in the 30–39 age group,[61] residing in urban,[55] possessing a higher educational qualification,[29,51] experiencing major depression,[20,51,52] having a previous mental health history[9] and history of psychological help-seeking behavior,[47] having the C-section experience,[51] and receiving encouragement from family.[23,40,44,50,55] However, Fonseca et al' study[9] reached the opposite conclusion. Women with a history of psychological treatment were less likely to seek help when they experienced PND. Being pregnant or married are significant predictors of a woman's reluctance to seek assistance for PND.[9] Two studies[43,45] report that the immigrant status has hindered women from seeking help. Immigrant women experience a greater sense of social isolation; thus, they tend to seek help from their families rather than from mental health services.[45] Immigration issue is also closely linked to insurance coverage. Due to the cost of medical treatment, women tend to postpone seeking help.[43] Women[20,51] or their spouses[25,29] with higher monthly incomes or stable financial situations exhibit a stronger inclination towards utilizing mental health services to cope with PND. Five studies focusing on women[23,45,49,57,61] and one focusing on parents of multiples[60] found that time constraints are linked to a lower intention to seek professional psychological help. Two studies[39,54] have found that financial problems significantly influence the reluctance of women and their spouses to seek mental health services, particularly if they do not have health insurance.

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Table 3 Overview of Included Studies

Authors (Year) Country	Study Design: *Methods*	Participants	Study Aim	Factors	Key Finding Related to Scoping Review Objectives
Bennett et al (2009)[56] America	Mixed-method study: Electronic clinical records with telephone interviews	N=225 women with PND	To assess help seeking intention for depression and identify beliefs which moderate this intention	Attitude factors	Women who lacked help seeking intention clustered into two attitude themes: 1) an obstetrician/gynecologist is the wrong doctor for depression care, and 2) obstetrician/gynecologist is not a good setting for depression care
Fonseca et al (2018)[19] Portugal	Quantitative study: Cross-sectional online survey with questionnaires	N=226 women (N=88 women with PND and anxiety)	To examine how women's attachment representations influence their intentions to seek formal help for their emotional problems	Social psychological factors (stigma)	1) Women's more insecure attachment representations were associated with lower intentions to seek professional help, and 2) women's more insecure attachment representations were associated with lower intentions to seek professional help
Baldisserotto et al (2020)[18] Brazil	Qualitative study: Focus groups interview	N=26 women with PND	To investigated the factors influencing the decision not to seek or to refuse treatment for PND in a low-income community in Rio de Janeiro, Brazil	Social psychological factors (stigma); Psychological service provider-related factors; Knowledge factors	Stigma and misconception, self-image as a mother, socioeconomic stigma, lack of knowledge, lack of a health service approach to mental health, difficulty recognising depression symptoms, fear of children being removed, negative reaction to patient referral, denial of the problem and previous experience with the care unit
Ta et al (2019)[15] America	Qualitative study: Semi-structured individual interviews	N=15 women (N=3 reported PPD symptoms)	To explore the perspectives of PPD and mental health help-seeking behaviors among Chinese American women	Knowledge factors; Social psychological factors (stigma)	Inadequate recognition of PPD symptoms; being unaware of services; Chinese cultural identity; practice of postpartum traditions
Barrera et al (2015)[20] Latin America	Quantitative study: Cross-sectional online survey with questionnaires	N=1760 pregnant women (N=75% women with depression)	To examine attitudes and beliefs related to help-seeking for depression among an international sample of pregnant women, a majority of whom were Spanish-speakers residing in Latin America	Demographic factors	Major depressive episode; income ≤ US$ 10000
Ayres et al (2019)[23] Australia	Quantitative study: Cross-sectional survey with questionnaires	N=218 pregnant women (N=52 women who reported suffering depression and anxiety received referral service)	To identify barriers and facilitators to women accessing perinatal mental health services in an outer metropolitan hospital in Queensland, Australia	Demographic factors; Psychological service provider-related factors	Time restraints, lack of childcare support, partner opposing mental health treatment; encouragement by family and HCPs

Luís et al (2019)[25] Portugal	Quantitative study: Cross-sectional in person and online survey with questionnaires	N=214 spouses of women with PPD and anxiety disorders	To examine the sociodemographic and clinical correlates of men's intentions to recommend professional help-seeking to their partners if they display postpartum mood and anxiety disorders and to explore the relationship between gender-role conflict and the intention to recommend help-seeking	Social psychological factors (stigma)	Gender-role conflict (dimensions success, power and competition, and restricted emotionality) was found to lead to increased levels of stigma and lower levels of intention to seek professional help
Zou et al (2024)[27] China	Qualitative study: Semi-structured individual interviews	N=12 spouses of women with PND	To explore the factors that prevent spouses from supporting women with PND in seeking formal help	Knowledge factors; Attitude factors	Lack of proper recognition of PND; negative attitudes toward PND screening and treatment
Zou et al (2025)[29] China	Quantitative study: Cross-sectional survey with questionnaires	N=267 women with PND and their spouses	To investigate the level and latent profiles of intention to seek professional psychological help in women with PND and their spouses, and identify influencing factors associated with different profiles	Spouses: Attitude factors; Demographic factors Women: Social psychological factors(stigma); Demographic factors	Spouses with a monthly income (858–1285/USD), lower openness to treatment for emotional problems, lower knowledge competence beliefs, and negative attitudes toward seeking professional psychological help were significantly associated with a low intention to seek professional psychological help. Women with PND who had a university or college education and perceived lower public stigma showed a low intention to seek professional psychological help.
Amarasinghe et al (2022)[47] India	Quantitative study: Cross-sectional survey with vignette and questionnaire	N=624 pregnant women (N=598 women with depression)	To explore the help-seeking intention, preferred sources, and factors influencing help-seeking for depression and suicidal thoughts among pregnant women in rural Sri Lanka	Knowledge factors; Attitude factors	Prenatal depression is considered a normal emotion during pregnancy; the treatment was considered ineffective

(*Continued*)

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Table 3 (Continued).

Authors (Year) Country	Study Design: *Methods*	Participants	Study Aim	Factors	Key Finding Related to Scoping Review Objectives
Cacciola et al (2020)[21] Sweden	Mixed-method study: Questionnaire and interviews	N=92 women for questionnaire; N=37 women with PPD for interviews	To elicit rich descriptions of mothers' experiences of depression, help-seeking and assessment of attachment styles and the severity of depressive symptoms	Knowledge factors; Social psychological factors (stigma); Psychological service provider-related factors	Women did not think her symptoms were unnatural, severe enough, or unnormal; Asking for help displays frailty and inability to live up to fundamentals of motherhood; Shame and guilt from not being able to fulfill own and external, unrealistic expectations of motherhood, and over not feeling the expected feelings; Women expressed experiences of being let down or mistreated by HCPs, and consequently lacked trust in the healthcare system
Dunford et al (2017)[48] United Kingdom	Quantitative study: Cross-sectional internet survey with questionnaires	N=183 women (N=52 women with PPD)	To investigate whether maternal feelings of shame and guilt were associated with postnatal depressive symptoms and attitudes towards help-seeking	Social psychological factors (stigma)	Shame proneness significantly predicted negative attitudes towards help-seeking
Da et al (2018)[61] Canada	Quantitative study: Cross-sectional internet survey with questionnaires	N=652 nulliparous pregnant women (N=156 women with depression)	To examine the patterns of consultation with health providers for emotional symptoms and barriers preventing mental health help-seeking among pregnant women	Attitude factors; Demographic factors	Women felt help would be inadequate; Women in the 30–39 age range were more likely to discuss their emotional symptoms; White ethnicity was independently associated with a greater likelihood of having consulted with HCPs about their emotional symptoms; Reported barriers to mental help-seeking included not getting around to it, being too busy, deciding not to seek care, cost, and not knowing where to go.
Wenze et al (2018)[60] America	Quantitative study: Cross-sectional in person and online survey with questionnaires	N=241 parents of multiples with depressive symptoms	To explore the perceived mental health treatment needs, preferences, and barriers to care in parents of multiples experience elevated mental health symptoms	Social psychological factors (stigma); Demographic factors; Psychological service provider-related factors	Stigma related to receiving mental health care during a period of time that is "stereotypically" happy; Lack of time (the most common barrier); Finances (the second); Logistical barriers to care (eg, "was in the hospital on bed rest", "needed childcare", "distance", and "availability of providers")

Goyal et al (2020)[54] India	Quantitative study: Cross-sectional study	N=281 women for questionnaire (N=712% women with PND); N=27 women with psychiatric morbidity and their caregivers were interviewed using the Cultural Formulation Interview (CFI) of DSM-5	To study psychiatric morbidity, its prevalence and cultural factors influencing illness understanding, help-seeking behaviour and barriers to care in perinatal women	Demographic factors; Social psychological factors (stigma)	Barriers to care for women with psychiatric morbidity and their caregivers included financial problems and stigma.
Kukreti et al (2022)[57] India	Mixed-method study: Cross-sectional survey and interviews	N=270 perinatal women and 62 health-care providers for questionnaire; N=35 women with PND and N=12 nursing professionals for interviews	To describe the process of developing and implementing a stepped care model incorporating screening, providing brief intervention and referral pathways developed for managing depression in pregnancy in antenatal care health facilities in India	Demographic factors; Social psychological factors (stigma); Knowledge factors	1) Women perceived depressive symptoms as a normal aspect of pregnancy They preferred integrated mental and physical health assessments in one setting, expressing marked difficulty in visiting separate mental health services due to time constraints and stigma. 2) Most nursing professionals expressed the need for training in counseling skills and continued supervision and assistance.
Reilly et al (2021)[14] Australia	Quantitative study: Cross-sectional online survey with questionnaires	N=140 women participated in the follow-up study (N=132 women with PND and anxiety disorder)	To report the uptake of mummatters and examine the help-seeking behaviors of the subsample of users and barriers to help seeking	Knowledge factors; Social psychological factors (stigma)	Normalizing symptoms and stigma were key barriers to seeking help: most postnatal women normalized their symptoms or feared that they would be negatively judged if they asked for help
Arifin et al (2021)[37] Malaysia	Qualitative study: Semi-structured individual interviews	N=33 wome with PPD	To explore how women coped with PND, the reasons for seeking or not seeking professional help	Knowledge factors; Attitude factors; Psychological service provider-related factors	1) Women considered PND as a personal and temporary issue; 2) Women perceived the roles and responsibilities of HCPs as largely limited to physical health and medical advice, rather than emotional well-being; 3) Some participants attributed their reluctance to seek help to past negative healthcare experiences and perceptions of HCPs' behaviors; 4) HCPs only focus on family planning, breastfeeding, and child development

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Table 3 (Continued).

Authors (Year) Country	Study Design: *Methods*	Participants	Study Aim	Factors	Key Finding Related to Scoping Review Objectives
Azale et al (2016)[55] Africa	Quantitative study: a population-based cross-sectional survey	N=3147 postnatal women were screened for depressive symptoms, N=385 women with PPD was investigated using the Short Explanatory Model Interview	To determine the proportion of women with PPD who sought help form a health facility and the associated factors	Demographic factors; Attitude factors; Social psychological factors (stigma)	1) In the multivariable analysis, the following factors were associated with help-seeking behaviors: urban residence; strong social support; perceived physical cause; higher perceived severity; perceived need for treatment; 2) Fear of what friends might think or say was associated with increased help-seeking from health services; 3) The belief that they did not have a problem
Fonseca et al (2015)[9] Portugal	Quantitative study: Cross-sectional online survey with questionnaires	N=656 Women (N=198 women with PND)	To characterize the help-seeking behaviours of women who were screened positive for PND, to investigate its sociodemographic and clinical correlates, and to characterize the perceived barriers that prevent women from seeking professional help	Demographic factors	Married women, currently pregnant women, women without a history of psychological problems, and those with a history of psychiatric/psychological treatments had a higher likelihood of not engaging in any type of help-seeking behaviour
Goodman (2009)[49] America	Quantitative study: Cross-sectional survey with questionnaires	N=509 pregnant women (N=156 women with prenatal depression)	To examine pregnant women's preferences and attitudes about treatment for depression, and perceived potential barriers to accessing treatment.	Social psychological factors (stigma); Demographic factors; Psychological service provider-related factors	The greatest perceived potential barriers to treatment were lack of time (65%), stigma (43%), and childcare issues (33%). Most women indicated a preference for receiving mental health care at the obstetrics clinic, either from their obstetrics practitioner or a mental health practitioner located at the clinic.
Fonseca et al (2017)[50] Portugal	Quantitative study: Cross-sectional internet survey with questionnaires	N=231 women (N=49 women with depression and anxiety)	To examine the relationship between women's intentions to seek informal help and to seek professional help and to explore the indirect effects of women's perceived encouragement to seek professional help from their male partner	Demographic factors	A significant indirect effect in the relationship between intention to seek informal and professional help was found to operate through perceived encouragement from the male partner to seek professional help

Xue et al (2023)[38] China	Qualitative study: Semi-structured individual interviews	N=26 women with PPD; N=1 spouse; N=1 mother-in-law; N=1 mother; N=15 primary health providers	To explore the barriers and facilitators for referring women with positive results of PND screening in the Chinese primary maternal health care system	Knowledge factors; Psychological service provider-related factors	Five themes were identified: individual (new mothers' knowledge of PND, perceived need to seek help), interpersonal (new mothers' attitudes towards providers, family support), institutional (providers' perception of PND, lack of training, time constraints), community (accessibility to mental health services, practical factors), and public policy (policy requirements, stigma)
Ling et al (2023)[42] United Kingdom	Qualitative study: Semi-structured individual interviews	N=6 women with PND	To explore how first-generation Nigerian mothers in the UK experience postnatal depression; and to investigate how this group of mothers experience available treatment and resources, and how they manage and copewith PND	Social psychological factors (stigma); Psychological service provider-related factors	Three master and seven subordinate themes were identified: Socio-cultural factors (Inter-generational transmission; cultural perceptions (shame and stigma); transitions: adjusting to a new culture; What about me? The neglected nurturer (experiences of treatment; pretending to be OK); and Loneliness and coping (lack of support from partner; self-reliance)
Chrzan-Dętkoś et al (2025)[51] European	Quantitative study: Cross-sectional survey with questionnaires and consultation card	N=9161 postnatal women (N=1109 women with PPD)	To characterise those new mothers who decides to follow the referral advice after a positive PPD screening result	Demographic factors	More PPD symptoms, C-section experience, self-assessed good financial situation and a postgraduate higher education degree were predictors of seeking help
Jones et al (2024)[52] America	Quantitative study: Cross-sectional online survey with questionnaires	N=326 women (N=628% women with PPD)	To examine which variables predict professional help-seeking among women in the postpartum period	Demographic factors; Attitude factors	Significant predictors included past treatment seeking, severity of depression, and favorable attitudes toward professional psychological help-seeking.

(*Continued*)

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Table 3 (Continued).

Authors (Year) Country	Study Design: *Methods*	Participants	Study Aim	Factors	Key Finding Related to Scoping Review Objectives
Abrams et al (2009)[39] America	Qualitative study: Focus groups and individual interview	N=14 women with PPD, N=11 community key informants, and N=12 service providers for interviews	To investigate help-seeking strategies and experienced barriers to service use among low-income mothers from diverse racial and cultural groups	Social psychological factors (stigma; Demographic factors; Psychological service provider-related factors	1) Women's views of PPD symptoms: PPD means you are crazy; good mothers do not get depressed 2) Cultural Barriers: Cultural norms and the family ethic among Latinas discourage open discussion of depression or mental illness with outsiders. 3) Women did not know where to go or who to call for this type of help, or how to access the right phone numbers or service locations. 4) Financial strains and child healthcare were barriers to mental health services across women. 5) Providers' views of PPD symptoms: PPD symptom assessment practices vary according to the time, interest, or knowledge of the individual provider.
Lau et al (2008)[53] China	Quantitative study: Cross-sectional survey with questionnaires	N=1200 postnatal women (N=413 women with PPD)	To explore how the traditional Chinese value of face and their willingness to seek help is associated with early postnatal depressive symptoms in Hong Kong	Social psychological factors (stigma)	Depressed women who were concerned about "getting ahead through social achievement" were less willing to seek help, and this unwillingness was positively associated with symptoms of PPD
Sword et al (2018)[40] Canada	Qualitative study: Semi-structured individual telephone interviews	N=18 women with PPD	To explored women's care-seeking experiences after referral for PPD	Knowledge factors; Psychological service provider-related factors	Barriers: normalization of symptoms by women, family and friends, and health-care providers Facilitators: 1) encouragement from family and friends to seek care; 2) supportive relationships with health-care providers and the provision of timely care.
Bilszta et al (2010)[41] Melbourne	Qualitative study: Focus groups interviews	N=40 women with PND	To collect qualitative insights into women's perceptions of their PND experience	Knowledge factors; Social psychological factors (self-stigma and self-efficacy); Psychological service provider-related factors	Eight main themes were identified: expectations of motherhood; not coping and fear of failure; stigma and denial; poor mental health awareness and access; interpersonal support; baby management; help-seeking and treatment experiences and relationship with HCPs

Meili et al (2025)[59] China	Quantitative study: Cross-sectional survey with questionnaires	N=1125 women (N=302 women with PND)	To investigate attitudes, intentions, and behaviors toward seeking professional psychological help among perinatal women with depressive symptoms, and to explore the influencing factors and perceived barriers for them to seek professional psychological help	Knowledge factors	Lack of knowledge of PND symptoms; limited knowledge regarding psychological help-seeking
Ganann et al (2020)[43] Canada	Qualitative study: Semi-structured individual interviews	N=11 women with PPD	To investigate the factors that influence health service accessibility and the optimal role of health services in supporting immigrant women experiencing PPD	Psychological service provider-related factors	Barriers: appointment waiting times and immigration system challenges. Facilitators: 1) service provider understanding the concerns of women; 2) give them time to build trust; 3) providing culturally sensitive services; 4) and assisting them in understanding the relevant service procedures.
Bell et al (2015)[44] Canada	Qualitative study: Semi-structured individual interviews	N=30 women with PPD and N=30 partners	To explore perceived barriers and facilitators to the use of mental health services experienced by women with elevated symptoms of depression and their partners	Demographic factors; Attitude factors; Social psychological factors (stigma); Psychological service provider-related factors	Five principal barriers and facilitators: 1) accessibility and proximity; 2) appropriateness and fit; 3) stigma; 4) encouraged to seek help; and 5) personal characteristics.
Callister et al (2011)[45] Hispanic	Qualitative study: Semi-structured individual interviews	N=20 women with PPD	To describe the perspectives of immigrant Hispanic women with PPD on their conditions and to identify the barriers to seeking mental health services	Demographic factors; Social psychological factors (stigma); Psychological service provider-related factors	Lack of time; lack of childcare; financial cost; lack of time; immigration status; cultural belief's about motherhood and the role of women; stigma caused by experiencing PPD and receiving PPD treatment.
McCarthy et al (2008)[46] New Zealand	Qualitative study: Semi-structured individual interviews	N=15 women with PND	To identify the factors that influence women's decisions to seek, accept, and continue to participate in PPD treatment	Knowledge factors; Social psychological factors (stigma)	Stigma associated with the inability to cope with PND and the perception of being a "bad mother" acts as an obstacle for women seeking help. Women also lack the ability to differentiate between "normal" levels of postpartum distress and PND symptoms.

Notes: Health-care providers, including nursing professionals and medical professionals.
Abbreviations: PND, Perinatal depression; PPD, Postpartum depression; HCPs, healthcare professionals.

Knowledge Factors: Knowledge of PND and Psychotherapy

The knowledge factors encompassed awareness of PND and comprehension of psychotherapy. These factors impacted the couples' ability to recognize depressive symptoms and their decision to undergo psychotherapy. Fourteen studies[14,15,18,21,27,37,38,40,41,46,47,55,57,59] revealed that women suffering from PND often lack an understanding of PND, which impedes their ability to distinguish between "sad/ distress" and "depressed", and to identify the symptoms of PND. Conversely, they tend to normalize depression,[14,21,40,47,55,57] attributing it to a normal part of pregnancy and delivery,[59] new parental stress,[41] hormonal change[15] or a temporary issue.[37] One report emphasized that failure to properly recognize PND caused women and spouses to either dismiss their wives' emotional challenges or incorrectly attribute them to the pressures of parenthood or a typical reaction to pregnancy.[27] Five studies indicated that participants' awareness of psychotherapy significantly impacted their propensity to pursue professional psychological assistance and their ultimate decision to engage in psychotherapy. Of these studies, four emphasized women's negative reactions to psychological help services, primarily due to a lack of awareness of mental health services[15,18] or concerns that medication might adversely affect fetal health.[41,59] Similarly, one study involving spouses corroborated these findings.[27]

Attitude Factors: Perspectives on PND Screening, Psychotherapy, and the Obstetric Team Responsibilities

Regarding the attitude-related factors, they can be classified into several categories: views on postpartum depression screening, psychotherapy, and the responsibilities of the obstetric team. These perceptions influence the decisions of women and their spouses to undergo screening and psychological treatment.

One study explored the factors associated with attitudes towards PND screening, finding that spouses are often exhibit unsupportive attitudes, believing that their wives do not require screening and viewing it as a waste of time and resources.[27]

Seven studies[27,29,44,47,52,55,61] have explored factors associated with attitudes towards psychotherapy. Three studies of women with PND showed that perceived need and recognition of the benefits of psychotherapy promoted women's intention to seek professional psychological help.[52,55] Conversely, women with PND who require psychological support often have negative attitudes. They may believe that psychotherapy is ineffective,[47] or that the help they are seeking is inadequate.[61] They may also assume that their depression will improve over time.[44,47] Spouses who believe that psychotherapy is ineffective tend to be reluctant to seek professional psychological support.[27] Additionally, study on couples found that negative attitudes weakened couples' intention to seek professional psychological support.[29]

Both the women and their spouses believe that they believed the obstetric team should not address psychological issues. Due to a poor understanding of the team's scope of responsibilities, they decline prompt PND screening and referral services.[27,37,56]

Social Psychological Factors: Stigma and Self-Efficacy

Stigma

Eighteen studies involving women with PND and their spouses reported that these individuals had low intentions of seeking professional psychological help, primarily due to stigma. This stigma is inversely related to help-seeking attitudes.[48] This finding is consistent with the Theory of Planned Behavior (TPB), which states that positive attitudes are crucial in determining behavioral intentions and subsequent actions. The stigma hindering women and their spouses' intention to seek professional psychological help for PND can be categorized into three distinct forms: public stigma,[18,29,39,41,45,46,49,54,55,57,60] self-stigma,[19,21,25] and stigma stemming from traditional cultural beliefs.[15,38,39,42,45,53]

Thirteen studies highlight that prevailing stereotypes about depression lead to a reduced inclination among women with PND to seek professional psychological help. These women are embarrassed to talk about their personal matters and afraid that their families might disapprove of them receiving treatment.[49] They are anxious about being perceived as overreacting or trivializing their concerns about motherhood.[18] They were also apprehensive about being labelled "mad"[57] or "bad/ crazy mothers".[39,41,45,46] Four studies revealed that women with PND and their spouses often avoid seeking help for fear of being judged negatively or being labelled with a mental illness.[14,29,44,54] The reluctance of parents of multiples to pursue professional psychological assistance is linked to the stigma associated with seeking mental healthcare during periods stereotypically perceived as happy.[60] Conversely, one study indicated that women who

express concern about their friends' perceptions are actually more likely to seek help at health facilities,[55] suggesting that this social apprehension may paradoxically drive their engagement with healthcare services.

Studies have shown that women who experienced self-stigma, harbored unrealistic expectations. Consequently, these women were indifferent towards psychological assistance services.[19,21] Another study[25] found that spouses exhibiting high levels of gender-role conflict, such as dimensions of success, power and competition, and restricted emotionality tended to experience increased stigma and were less likely to seek professional help.

The stigma caused by culture included traditional postpartum customs and deeply rooted cultural beliefs. One study[15] have reported that women experiencing PND who have immigrated to the United States often hesitate to seek professional psychological assistance due to the stigma associated with cultural traditions. For Chinese-American women, distinct postpartum cultural traditions can act as a barrier to seeking professional help. Additionally, these women tend to view both depression and seeking professional help as signs of weakness.[15] Five studies[38,39,42,45,53] have found that stigma caused by deeply rooted cultural beliefs prevents postpartum women from seeking formal assistance. Depressed Chinese women are reluctant to seek help because they adhere to the Chinese cultural concept of "don't wash your dirty linen in public"[38] or "face (getting ahead through social achievement)".[53] In Hispanic culture, women have been regarded as the cornerstone of family integrity, meaning that seeking mental health services is not culturally appropriate.[45] Family ethics mean that Latina women suffering from PPD will not seek help unless their husbands give their consent. They tend not to disclose to their families that they are receiving psychological counselling, in order to avoid being humiliated or judged by others for discussing personal matters with outsiders.[39] Although PPD women are aware that they need external support and professional assistance, they do not seek help due to due to Nigerian cultural expectations that require women to remain resilient and strong.[42]

Self-Efficacy

Four studies[29,39,41,61] have emphasized the impact of self-efficacy on women's intention to reveal their emotional issues, as well as their capacity and inclination to seek and utilize mental health services. Low self-efficacy can result in women being unaware of the location and types of psychological services available, meaning they are unable to seek assistance.[39,41,61] Studies involving women with PND and their spouses have also shown that couples with lower self-efficacy tend to acquire less knowledge and have poorer coping abilities. This directly contributes to their reduced willingness to seek professional psychological help.[29]

Psychological Service Provider-Related Factors

Fifteen studies analyzed the association between psychological provider-related factors and the intention of women with PND and their spouses to seek professional psychological assistance. These factors included the individuals' previous treatment experiences,[21,37,38,41,42] the obstetric team's attitudes,[23,43] their attention to maternal mental health,[18,19,44,45,56] logistical barriers to care (eg, long distance,[38,44,60] lack childcare,[23,39,45,60] accessibility of mental health services,[23,38,43,44,49,60] the obstetric team's professionalism in PND[38,39] and the lack relevant policies[38]).

The obstetric team mentioned that mental health was associated with women's help-seeking intention during the perinatal period.[56] Notably, women and their spouses have consistently reported that the obstetric team prioritizes infant health, breastfeeding, and family planning, while neglecting their mental health.[18,19,44,45] Previous treatment experiences are closely tied to women's trust in HCPs. HCPs are often time-pressd[38] and sometimes neglect, misinterpret or normalize women's psychological issues.[21,41] Consequently, women are reluctant to disclose their psychological problems. Similarly, Malaysian women have expressed dissatisfaction with nurses who failed to adequately explain the purpose of the Hepatitis B vaccination, and instead provided unrelated details regarding infant positioning.[37] Consequently, these women are distrustful of treatment recommendations offered by HCPs. Women have also noted that the attitude of HCPs influences their engagement with mental health services. Encouragement and empathetic listening from HCPs serve as key facilitators.[23] The obstetric team makes efforts to build a trusting relationship with women, respecting their individual backgrounds and providing personalized services, which encourages them to utilize services.[43] In terms of logistical barriers to care, issues such as long distances and service availability have prevented women from obtaining timely psychological assistance.[18,43,44,60] The lack of childcare was also significant, preventing

women from attending appointments assistance.[23] Furthermore, the presence of psychiatrists within the obstetric setting facilitates women's access to mental health care services during their perinatal visits.[49] It has been reported that the obstetric team lacks the competency to select assessment tools and identify PND.[39] Due to a lack of training, the team stated that they had limited knowledge of PND and were unaware of the screening and referral.[38] In the absence of clear policies, the team did not proactively offer PND screening and referral.[38]

Discussion

This scoping review synthesized existing literature to identify the key factors that influence women with PND and their spouses' intention to seek professional psychological help. Help-seeking intentions among women with PND and their spouses are shaped by an interplay of knowledge, attitudes, social-psychological influences, and characteristics of service providers.

Traditional Postpartum Customs and Deeply Rooted Cultural Beliefs Have Created Stigma That Diminishes Women's Intention to Seek Professional Psychological Assistance

The postpartum period is a critical phase in a mother's life, during which specific cultural traditions are observed to ensure her well-being. However, it is precisely these traditions that perpetuate deeply ingrained biases against women, affecting their attitudes towards professional psychological assistance and resulting in missed optimal windows for intervention.[15,62] For example, Chinese women are expected to follow the tradition of "sitting the month", which entails restrictions on bathing and physical activity, alongside isolation from the outside world for a month after childbirth.[63] Similarly, Vietnamese women observe postpartum customs that closely parallel these practices.[64] Failing to adhere to these customs can lead to significant social stigma, including being labeled an unfit mother or a weak woman.[15,45] Although Chinese and Korean women living in the United States have access to widely available psychological counselling services, like other Asian populations, they often adhere to Confucian values (eg, saving face) and view mental illness as a result of being "weak-minded" or "defective".[15,65] Given the profound impact of cultural values and traditional customs on women's intention to seek professional psychological assistance, community education should prioritize family-centered education. For instance, in Latin America, knowledge about postpartum depression should be widely disseminated among family members to transform them into supporters. In regions with specific postpartum customs such as South Korea and China, interventions should be integrated with local postpartum convalescence practices. HCPs serving diverse populations must understand childbearing traditions across different cultural backgrounds to deliver culturally competent care, thereby avoiding stereotypes and enhancing the practical efficacy of global perinatal mental health care services.

Self-Stigma Affect the Psychological Help-Seeking Intentions of Women with PND and Their Spouses

Self-stigma involves internalizing shame or negative perceptions about one's mental health. Women with PND often face self-stigma when seeking professional psychological help, as utilizing mental health services contradicts their aspirations to be ideal, self-sufficient mothers, thereby intensifying their guilt.[19,21,39] Similarly, men experience self-stigma because seeking help violates traditional male norms.[25] Driven by ideals of success and restrictive emotionality (gender role conflict), men view vulnerability as a threat to their masculinity.[25,66] These stigmas manifest in gender-specific coping mechanisms. Women tend to employ emotion-focused or ruminative coping, whereas men often adopt problem-focused or avoidance strategies. For men, this avoidance significantly diminishes not only their own willingness to seek help but also their likelihood of recommending professional assistance to their wives.[25,67] Because the decision to seek help is highly interdependent, high self-stigma in either partner lowers the couple's overall intention to seek treatment. This hesitation delays clinical interventions and exacerbates gender differences in treatment responses, as evidenced by the Esketamine study showing women recover faster from non-suicidal self-harm than men.[68] Given these findings, clinical interventions should adopt a couple-based approach, as help-seeking decisions are highly interdependent. Reducing

maternal self-stigma requires simultaneously addressing male stigma rooted in gender role conflicts. Specifically, psychoeducation should challenge restrictive masculine norms and reframe help-seeking as a proactive coping strategy. Multidisciplinary psychosocial intervention measures led by obstetricians, nurses and mental health professionals should be incorporated into routine perinatal care. Early involvement of men in this process can mitigate stigma, foster spousal support, and ultimately improve help-seeking behaviors for both partners.

Couples are Commonly Influenced by Financial Problems and Time Constraints

Financial problems and time constraints are prevalent barriers that discourage women and their spouses from pursuing professional psychological assistance. In terms of financial problem, couples facing financial constraints[20,29] or lacking health insurance[39,45,64] demonstrate lower willingness seek psychological help. During the perinatal period, parents often require substantial financial resources for childcare. Consequently, those with lower incomes tend to experience financial strain.[60] As previous studies have indicated, many individuals lack knowledge of PND.[69,70] Without recognizing severe PND, they are reluctant to seek psychological services. Time constraints are a pivotal factor in women's and their spouses' decisions to seek professional psychological support. Indeed, parents must invest significant time in fulfilling their parenting responsibilities. Women strongly prefer a facility that integrates physical and mental health evaluations, ideally coupled with childcare services, to help mothers with PND manage their time more efficiently.[23,49,60]

Limited Knowledge of PND and Psychotherapy is a Key Factor That Reduces Couples' Intention to Seek Professional Psychological Help

Researches have demonstrated that couples lacking knowledge about PND are unable to identify and interpret its symptoms as abnormal.[18,71] Despite experiencing symptoms such as sadness, crying, sleep disturbances, or body image anxiety, women often attribute these to normal reactions to pregnancy and view them as temporary emotional issues.[27,37] Moreover, under societal pressure to conform to idealized parental roles, new parents are likely to attribute these symptoms to the natural challenges of the postpartum period.[15,27] This lack of knowledge not only diminishes their initial intention to seek help, but also hinders their access to actual psychological services. Few studies in this review revealed that both women and their spouses lacked knowledge about psychotherapy, which in turn influenced their attitudes towards it and their actual help-seeking behaviors. For instance, they were concerned about the teratogenic effects of the medication[27] and believed that psychological treatments were ineffective.[47] This review found that the majority of women with PND and their spouses in both developed and developing countries are unaware of PND. This impairs their ability to recognize symptoms and seek treatment. Therefore, it is incumbent upon the obstetrical team to actively promote awareness of PND among couples during routine antenatal and postnatal consultations. Failing to do so would mean missing a significant opportunity to educate and screen these women.[18] Given that the knowledge of PND is positively correlated with knowledge of psychotherapy, and those unfamiliar with PND are less motivated to learn, it is necessary to provide education on both PND and psychotherapy concurrently.

Service Providers Play a Vital Role in Encouraging Women's Willingness to Seek Professional Psychological Support for PND

This review found that service provider-related factors significantly influence women's intentions to seek professional psychological help for PND. An obstetric team's attentiveness to women's mental health is positively associated with their propensity to seek professional psychological help. Bennett et al's found that prenatal care providers frequently discuss depression with pregnant women. If these women experience psychological distress, up to 61% are likely to turn to their obstetricians for help.[56] Furthermore, whether women trust the obstetric team and are willing to accept psychological assistance services is influenced by the team's professionalism, which directly shapes their early treatment experiences.[37] If women's uncertainty is not alleviated by the advice they receive, they are likely to lose trust in the obstetric team's care. Therefore, in addition to enhancing their ability to provide maternal and infant healthcare, obstetric teams need training in mental healthcare services. This will ensure comprehensive physical and mental healthcare services are delivered.

Limitation

This scoping review has several limitations that must be taken into consideration. Firstly, restricting the search to English-language articles may have resulted in the exclusion of relevant studies published in other languages. Secondly, although data extraction was verified by a second reviewer and discrepancies were resolved by a third, the process did not meet the recommended standard of independent dual extraction. Thirdly, although results stem from a variety of geographical areas around the globe, the majority of studies were conducted in America, Portugal and China. Consequently, the identified influencing factors were skewed towards specific traditional cultures and medical practices. Fourthly, even though the primary focus was on women with PND and their spouses, we incorporated data from HCPs and other caregivers to enrich contextual understanding; this ancillary inclusion, while broadening the scope, may also have introduced heterogeneity that was not systematically examined.

Implications for Clinical Practice

This scoping review incorporates the perspective of spouses and summarizes the intentions of women with PND and their spouses to seek professional psychological help. To translate these findings into clinical practice, HCPs should implement targeted educational strategies and psychological interventions to support both partners, thereby increasing couples' willingness to seek help.

Firstly, given that knowledge influences couples' help-seeking intentions, mental health education should be implemented throughout the perinatal period. Obstetric teams should deliver this education to couples and their support companions, as improving health literacy can reduce stigma. Secondly, community-based care should be highly prioritized, with psychological interventions integrated into local postpartum rehabilitation practices. To improve global perinatal mental health services, HCPs should understand diverse cultural fertility traditions to provide culturally sensitive care. Thirdly, obstetric teams should expand their maternal and infant care responsibilities. Obstetricians should actively screen for PND and enhance adherence to standardized clinical guidelines to ensure early detection and timely referral. Furthermore, obstetric nurses should establish peer support groups to offer consultations and extend health education. These intervention measures can provide necessary support to affected women and their spouses, ultimately enhancing their mental health literacy.

Conclusion

This review outlines the factors that affect women with PND and their spouses' willingness to seek professional psychological help. These factors include couples' knowledge of PPD, which often leads them to prioritize parenting and physical health over mental well-being, along with stigma, time constraints, financial barriers, and the expertise and efficiency of the obstetric team. Therefore, integrating these factors is essential for developing dyadic interventions targeting the woman-spouse unit, to foster mutual support and facilitate their joint engagement in psychological assistance. As a crucial gateway for clinical practice and policy, obstetric teams require both maternal and mental health training. Policy should expand their scope of responsibilities to integrate standardized PND screening,[7] obstetrician-led psychological counseling, alongside nurse-led health education and support groups. These structured interventions will significantly enhance couples' mental health awareness, alleviate time constraints, and optimize postpartum management. Finally, since these influencing factors are deeply rooted in national, historical, and cultural contexts, and given the variations in perinatal mental health service guidelines and cultural differences across regions, each country should formulate standardized psychological care norms for obstetric teams, as well as medical insurance coverage, that align with its own national conditions.

Data Sharing Statement

The data that support the findings of this study are available on request from the corresponding author.

Ethics Statement

This study is a scoping review of previously published studies. Therefore, it was exempt from ethical approval.

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Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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