Review of Clinical Psychological Guidance for Perinatal Mental Health among Physically Challenged: Enhancing Maternal Well-being

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Abstract
This review examines the clinical psychological guidance available for addressing perinatal mental health in women with physical disabilities, focusing on enhancing maternal well-being. Perinatal mental health, which spans from conception through the first year postpartum, is critical for both maternal and child health. However, women with physical challenges face unique barriers that can complicate their mental health during this period. These include limited physical mobility, social stigma, insufficient access to disability-inclusive healthcare, and challenges related to child-rearing. The review explores common mental health concerns among this group, such as anxiety, depression, and post-traumatic stress, and evaluates the clinical psychological approaches that can support their mental well-being. Key psychological interventions, including Cognitive Behavioral Therapy (CBT), Interpersonal Therapy (IPT), and mindfulness-based therapies, are discussed in terms of their applicability to physically challenged mothers. Additionally, the review highlights the importance of tailored care plans that incorporate both physical and psychological needs, emphasizing a multidisciplinary approach that includes collaboration between mental health professionals, obstetricians, and physiotherapists. While acknowledging the significant barriers to care such as accessibility issues and cultural stigma this review offers strategies to improve maternal mental health, such as early screening for mental health concerns, building inclusive support networks, and promoting telehealth services. It also underscores the need for disability-sensitive healthcare environments and better representation of physically challenged mothers in public health campaigns. Ultimately, the review calls for greater advocacy, research, and systemic change to ensure that women with physical disabilities receive comprehensive psychological support during the perinatal period, leading to better mental health outcomes and an enhanced sense of well-being for both mother and child.

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1. Introduction

Perinatal mental health is a critical area of focus within the field of maternal health, encompassing the psychological well-being of women from conception through to one year postpartum (Dirlikov *et al*., 2021; Adegoke *et al*., 2022). The perinatal period, which spans from the onset of pregnancy to the first year after birth, is a time of significant physiological, emotional, and psychological changes.

These changes are marked by hormonal fluctuations, physical adjustments to pregnancy and childbirth, and the adaptation to a new parenting role (Nnagha *et al*., 2023). Mental health during this period is crucial not only for the mother's well-being but also for the overall health of the child. Mental health challenges such as depression, anxiety, and post-traumatic stress disorder (PTSD) can emerge during pregnancy and the postpartum period, affecting both the mother's ability to care for herself and her newborn. Given that maternal mental health impacts both short-term and long-term developmental outcomes for children, addressing these issues through clinical guidance and psychological support is essential (Phua *et al*, 2020).

The importance of mental health during pregnancy and the postpartum period cannot be overstated. Pregnancy is often seen as a time of joy and anticipation, but it can also be a period fraught with emotional stress and psychological vulnerability (Al Hasan *et al*., 224). Hormonal shifts, physical changes, sleep disturbances, and the expectations and responsibilities of motherhood can create significant mental health challenges for many women. Postpartum depression, anxiety, and mood disorders are common conditions affecting mothers, sometimes exacerbated by social, economic, and environmental stressors. Early identification and intervention are essential in preventing long-term adverse outcomes for both the mother and the child, as untreated mental health disorders can lead to impaired bonding, negative parenting behaviors, and developmental delays in children (Izett *et al*., 2021; Opia *et al*., 2022). As such, perinatal mental health is not merely a matter of individual well-being but one that affects family dynamics and societal health outcomes.

For women with physical challenges, such as mobility impairments, sensory impairments, or chronic conditions like cerebral palsy, the perinatal period presents additional layers of complexity in terms of mental health. Physical challenges during pregnancy may introduce difficulties in managing daily tasks, experiencing a sense of physical autonomy, or seeking adequate healthcare (Jahun *et al*., 2021; Bidemi *et al*., 2021). Sensory impairments may limit access to support networks, creating social isolation and increasing the risk of depression and anxiety. Chronic conditions such as diabetes or hypertension may also exacerbate emotional strain, complicating pregnancy and childbirth, and creating additional mental health burdens.

Furthermore, women with physical challenges often encounter unique social stigmas and discrimination, which can lead to feelings of inadequacy or helplessness (Thornicroft *et al*., 2021). These social barriers may hinder their ability to engage fully in pregnancy-related activities, seek necessary psychological support, or feel empowered in their role as a mother. Thus, the intersection of physical disabilities and mental health challenges during the perinatal period is critical to understand, as it highlights the need for tailored care that recognizes the combined physical and psychological needs of these mothers (Fagbule *et al*., 2023; Amafah *et al*., 2023).

The primary objective of this review is to explore the clinical psychological guidance available for addressing perinatal mental health in women with physical challenges. By reviewing the existing literature on this topic, the aim is to assess current approaches in psychological care and identify gaps in the support systems for women with disabilities during the perinatal period. In doing so, the review seeks to understand how mental health interventions, including therapeutic approaches and support systems, can be adapted to meet the specific needs of this population.

Additionally, this review will examine strategies that enhance maternal well-being, particularly for women with physical disabilities. These strategies might include developing multidisciplinary care models that integrate physical and mental health care, providing tailored psychological support such as cognitive-behavioral therapy (CBT) or mindfulness-based interventions, and creating accessible healthcare environments. Moreover, the review will look at the role of social support networks, community resources, and family involvement in enhancing mental well-being. By understanding how these strategies can be implemented and refined, the review aims to offer evidence-based recommendations for improving the mental health outcomes of mothers with physical challenges during the perinatal period, ultimately promoting better maternal and child well-being.

2. Methodology

The PRISMA methodology for this review on clinical psychological guidance for perinatal mental health among physically challenged women involved a comprehensive and systematic approach to identifying, evaluating, and synthesizing relevant studies. The review began with a clearly defined research question aimed at assessing the effectiveness and availability of psychological interventions for perinatal mental health in women with physical disabilities. An extensive literature search was conducted across multiple electronic databases, including PubMed, PsycINFO, Scopus, and Google Scholar, to identify studies published in peer-reviewed journals. The search strategy included terms related to "perinatal mental health," "psychological guidance," "physically challenged," and "maternal well-being." Studies published in English and those that focused on the perinatal period, mental health challenges, and psychological interventions for women with physical disabilities were considered for inclusion.

Studies were screened for eligibility based on predefined inclusion and exclusion criteria. Eligible studies included randomized controlled trials, cohort studies, case studies, and systematic reviews that explored psychological approaches to perinatal mental health, with a specific focus on women with physical disabilities. Articles were excluded if they focused solely on women without physical challenges, or if they did not include psychological interventions. Two reviewers independently assessed the titles, abstracts, and full texts of identified studies, resolving discrepancies through discussion. Data extracted from the included studies focused on study design, interventions, outcomes, and the impact on maternal well-being.

The methodological quality of the included studies was assessed using standardized tools such as the Cochrane Risk of Bias Tool and the Joanna Briggs Institute Checklist for case studies. A narrative synthesis of the findings was performed, integrating information on psychological interventions and their effectiveness in improving perinatal mental health for physically challenged women. The review adhered to the PRISMA guidelines to ensure transparency, reproducibility, and rigor in the selection and synthesis of relevant literature, ultimately contributing valuable insights to the field of perinatal mental health and physical disability.

2.1 Understanding perinatal mental health among physically challenged women

Perinatal mental health is a critical aspect of overall maternal health, encompassing the emotional, psychological, and social well-being of women from conception through to one year postpartum (Dirlikov *et al*., 2021; Al Zoubi *et al*., 2022). This period is often accompanied by significant emotional and physical changes, which can lead to or exacerbate mental health issues. While mental health concerns during the perinatal period are common across all women, those with physical disabilities face additional and unique challenges that complicate their mental health and caregiving experience (Obi *et al*., 2023; Efobi *et al*., 2023). Understanding these challenges requires an exploration of the prevalence of mental health issues, common concerns, and the unique obstacles faced by physically challenged mothers.

The prevalence of mental health issues in the perinatal period is significant, with studies consistently reporting high rates of mental health concerns among women during pregnancy and the postpartum phase (Eweida *et al*., 2020; Uwumiro *et al*., 2023). Among women with disabilities, the prevalence of mental health issues tends to be even higher. Research indicates that approximately 10-20% of women experience some form of mental health disorder during the perinatal period, with depression, anxiety, and post-traumatic stress disorder (PTSD) being the most common. However, the rates of mental health disorders among physically challenged women are even more concerning. According to studies, women with physical disabilities are 2-3 times more likely to experience perinatal depression and anxiety compared to their non-disabled counterparts. This elevated risk can be attributed to a range of factors, including the physical and emotional demands of motherhood, the challenges of managing physical impairments, and the social stigma surrounding disability (Nguyen *et al*., 2019; Acheampong *et al*., 2020).

The most common mental health concerns for physically challenged women during the perinatal period are depression, anxiety, and post-traumatic stress (Roberts, *et al*., 2019). Perinatal depression is the most frequently reported condition and is associated with symptoms such as persistent sadness, lack of interest in activities, low energy, and difficulty bonding with the baby. Anxiety is another significant issue, with women experiencing excessive worry, fear, and panic attacks, particularly regarding their ability to care for their newborns. Post-traumatic stress disorder (PTSD) is also prevalent, particularly among women who have experienced trauma related to pregnancy, childbirth, or previous negative healthcare experiences (Gankanda *et al*., 2021; Liu *et al*., 2021). The stress of coping with both physical and emotional challenges during pregnancy and after childbirth can significantly affect the mother's mental health, and these issues may persist well beyond the perinatal period.

The challenges for physically challenged mothers are multidimensional and complex. One of the most significant barriers is the physical limitations that come with mobility impairments, chronic pain, sensory disabilities, or other physical health conditions (Hashemi *et al*., 2021). These limitations can have a profound impact on maternal care and child-rearing. The physical strain of pregnancy may be more pronounced for women with disabilities, who may experience increased fatigue, pain, and discomfort, making the process of nurturing both themselves and their children more difficult. The limitations in performing physical caregiving tasks can also lead to feelings of inadequacy, frustration, and stress, which further exacerbate mental health problems such as anxiety and depression.

In addition to physical limitations, social stigma and discrimination are pervasive challenges that women with disabilities face during the perinatal period. These women often experience societal judgment and exclusion, which can lead to internalized feelings of shame, guilt, and inadequacy (Pineau *et al*., 2021). The stigma surrounding disability can result in discriminatory attitudes from healthcare providers, family members, and society at large, who may view physically challenged mothers as incapable of caring for their children. This can lead to a lack of support and resources, as well as social isolation, both of which are known risk factors for mental health issues. The intersectionality of physical disabilities with mental health concerns during the perinatal period is particularly concerning, as it compounds the stress and challenges faced by mothers (Hoang and Wong, 2022; Sharma *et al*., 2022).

Another critical issue for physically challenged women is access to healthcare services. Many women with disabilities face significant barriers in accessing appropriate prenatal and postnatal care, including physical accessibility of healthcare facilities, a lack of trained medical professionals who are experienced in managing pregnancies for women with disabilities, and inadequate adaptations for physical impairments (Kazembe *et al*., 2022; Blair, *et al*., 2022). These challenges can lead to delayed or inadequate prenatal care, which in turn increases the risk of adverse pregnancy outcomes and mental health issues. Additionally, women with disabilities may face difficulties navigating the healthcare system, such as a lack of information, poor communication with healthcare providers, or financial barriers, which can contribute to heightened stress and anxiety.

To address these unique challenges, it is essential that healthcare systems, clinicians, and society at large recognize and respond to the specific needs of physically challenged mothers (Lawrence, 2021). Adapting prenatal and postnatal care services to accommodate physical disabilities, improving accessibility in healthcare settings, and training medical professionals to better understand and support women with disabilities are crucial steps in reducing mental health disparities in this population. Furthermore, providing mental health support, such as therapy, counseling, and support groups, can help physically challenged mothers manage their mental health concerns. Additionally, strengthening social support systems, including family, friends, and community organizations, is vital for promoting the well-being of mothers with disabilities during the perinatal period.

In conclusion, understanding perinatal mental health among physically challenged women requires a comprehensive examination of the prevalence and unique challenges they face. These women are at higher risk for mental health disorders such as depression, anxiety, and PTSD due to the combined burden of physical limitations, social stigma, and inadequate access to healthcare services. Addressing these challenges through tailored healthcare interventions, mental health support, and social empowerment is essential for promoting maternal well-being and ensuring better outcomes for both mothers and their children (Akter *et al*., 2020; Bidemi *et al*., 2021).

2.2 Clinical psychological guidance for perinatal mental health

The perinatal period, which spans from conception through the first year after childbirth, is a critical time for mental health, as it is marked by significant physical, emotional, and psychological changes (Davis and Narayan, 2020; Matthew *et al*., 2021). Mental health challenges, including perinatal depression and anxiety, are prevalent during this time, and effective psychological interventions are essential for ensuring both maternal and infant well-being as shown in figure 1. This discusses several key psychological approaches that can support women during the perinatal period, including Cognitive Behavioral Therapy (CBT), Interpersonal Therapy (IPT), and mindfulness-based interventions. Additionally, it examines the importance of tailoring psychological support for physically challenged women, the benefits of a multidisciplinary approach to care, and the integration of physical and psychological support (J Driscoll *et al*., 2021).

Cognitive Behavioral Therapy (CBT) is a widely used therapeutic approach that focuses on the relationship between thoughts, feelings, and behaviors (Matthew *et al*., 2022). In the context of perinatal mental health, CBT is particularly effective in treating depression, anxiety, and stress-related disorders. The therapy helps women identify and challenge negative thought patterns and replace them with more balanced and adaptive ones. During the perinatal period, many women experience fears and negative thoughts about childbirth, parenting, and their identity as mothers. CBT assists in reframing these thoughts, reducing anxiety, and promoting positive coping strategies. A study on CBT's application in perinatal depression demonstrated its effectiveness in reducing depressive symptoms and preventing relapse. The structured, goal-oriented nature of CBT is also particularly suited for the perinatal period, as it can be tailored to address specific concerns related to pregnancy, childbirth, and postpartum experiences (Diamanti *et al*., 2019; Szkwara *et al*., 2019). The therapy's emphasis on developing coping strategies to manage stress, improve self-esteem, and enhance emotional regulation is vital for women navigating this challenging phase of life.

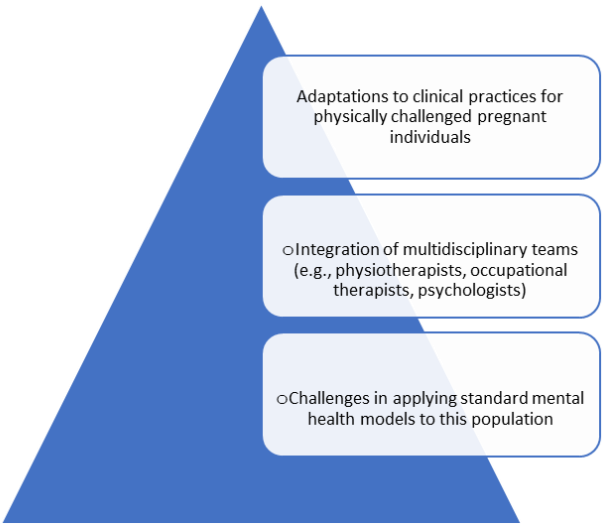

Fig 1: Specific considerations for physically challenged individuals

Interpersonal Therapy (IPT) focuses on improving interpersonal relationships and social functioning (Ravitz *et al*., 2019). It is particularly useful in addressing perinatal depression and anxiety, as it helps women navigate the relationship changes and social challenges that often occur during the perinatal period. Pregnancy and childbirth can lead to shifts in a woman's relationships with her partner, family, and friends, and these changes may contribute to feelings of isolation, distress, and sadness (Bäckström, *et al*., 2021). IPT works by identifying and addressing interpersonal difficulties, such as role transitions, communication problems, and unresolved grief or conflict. By enhancing communication and strengthening social support, IPT aims to alleviate depressive symptoms and improve emotional well-being. Studies have shown that IPT is effective in treating postpartum depression, and its focus on improving social networks and interpersonal support is beneficial for perinatal women who may feel disconnected or unsupported (Sharifipour, *et al*., 2022; Posmontier *et al*., 2019).

Mindfulness-based interventions (MBIs) are another promising approach for managing perinatal mental health (Yan *et al*., 2022). These interventions focus on cultivating awareness and acceptance of the present moment through practices such as mindfulness meditation and breathing exercises. MBIs have been found to reduce symptoms of anxiety, depression, and stress, and they promote emotional regulation, self-compassion, and resilience. For perinatal women, mindfulness can be particularly beneficial in managing the emotional rollercoaster that accompanies pregnancy and the postpartum period (Cortizo, 2019). The ability to focus on the present moment can help women reduce worry about the future, cope with physical discomfort, and improve overall emotional well-being. Research has indicated that MBIs are effective in reducing perinatal depression and anxiety, making them a valuable component of a comprehensive psychological care plan. Women with physical disabilities face unique challenges during the perinatal period, which require specialized psychological support (Becker *et al*., 2021). These women may experience additional stressors related to mobility, accessibility, or caregiving tasks, which can exacerbate existing mental health conditions. Therefore, personalized care plans are essential to address the specific psychological and physical needs of women with disabilities. Psychologists and healthcare providers must collaborate to create individualized care plans that consider both the woman's physical limitations and her psychological health. This might involve adjusting therapy settings to accommodate mobility issues, providing extra support with daily caregiving tasks, or offering psychological interventions that focus on enhancing coping mechanisms for managing disability-related stressors (Bertschi *et al*., 2021; Schultz *et al*., 2022).

Psychoeducation plays a crucial role in supporting women with physical disabilities during the perinatal period. Healthcare providers, including psychologists, obstetricians, and nurses, should receive training on the unique needs of physically challenged women, including potential physical complications during pregnancy, childbirth, and the postpartum period (Becker *et al*., 2021; Wilson *et al*., 2021). This education can help providers better understand the psychological impact of these challenges and equip them to offer compassionate, inclusive care. Furthermore, educating women about their rights, available resources, and adaptive strategies for managing both physical and emotional well-being can empower them to seek appropriate help and support. Understanding the intersection of physical and

mental health is critical for healthcare providers to offer comprehensive care that promotes overall well-being.

Integrating physical therapy with psychological counseling is essential for providing comprehensive care to women with physical disabilities during the perinatal period (Critchley, 2022). Physical therapy can address mobility issues, improve strength, and reduce pain, while psychological counseling can address the emotional and psychological challenges that arise (Coronado *et al*., 2020). Together, these approaches ensure that the woman's physical and mental health are both prioritized and supported. Collaborative care models, where physical therapists and psychologists work together, can lead to more holistic and effective interventions for perinatal women with physical disabilities (Ickovics *et al*., 2019; Wei, 2022). This integrated approach helps create a supportive environment in which women feel empowered to manage both their physical and mental health needs. The perinatal period requires a multidisciplinary approach to care, with psychologists, obstetricians, physiotherapists, and other specialists working together to address the diverse needs of perinatal women. Collaborative care allows for the integration of physical, psychological, and social support, ensuring that each aspect of the woman's health is addressed comprehensively.

Coordinating services across healthcare professionals is essential for developing effective care plans and ensuring that all aspects of the woman's health are being monitored and supported (Karam *et al*., 2021). This teamwork is particularly important for women with complex needs, such as those with physical disabilities or multiple mental health conditions. The role of family and community support in promoting mental well-being during the perinatal period cannot be overstated. Family members can provide crucial emotional and practical support, while community resources, such as support groups and social services, can offer additional assistance. Encouraging strong family involvement and community connections can foster resilience and improve the mental health outcomes for perinatal women. Clinical psychological guidance during the perinatal period is crucial for addressing the mental health needs of women (Howard and Khalifeh, 2020). By employing evidence-based approaches such as Cognitive Behavioral Therapy, Interpersonal Therapy, and mindfulness-based interventions, healthcare providers can effectively support women through this transformative phase. Additionally, tailoring psychological care for women with physical disabilities, fostering multidisciplinary collaboration, and strengthening family and community support networks are all essential strategies for improving perinatal mental health. By providing holistic and personalized care, healthcare systems can better support the mental and physical well-being of perinatal women, ultimately promoting positive outcomes for both mothers and their infants (Wadephul *et al*., 2020; Alves *et al*., 2021).

2.3 Barriers to effective psychological support

Barriers to effective psychological support for women with physical disabilities during the perinatal period are multifaceted, with healthcare system, social stigma, cultural attitudes, and physical accessibility all playing significant roles in limiting access to care as shown in figure 2. These barriers can contribute to poor mental health outcomes and missed opportunities for support, which are critical during such a vulnerable time in a woman's life. Understanding these barriers is essential for improving access to mental health care and ensuring that women with physical disabilities receive the support they need during pregnancy, childbirth, and the postpartum period.

One of the primary barriers to effective psychological support for women with physical disabilities is the inadequate access to mental health services within the healthcare system (Webb *et al*., 2021). Women with disabilities often face significant difficulties in accessing the mental health services they need, particularly in the perinatal period. Many mental health services are not tailored to meet the specific needs of women with physical disabilities, which can create a mismatch between what is available and what is required. Moreover, mental health professionals may lack the necessary training to understand and address the unique challenges faced by disabled women during the perinatal period, further complicating the provision of appropriate care (Powell *et al*., 2021; Saeed *et al*., 2022).

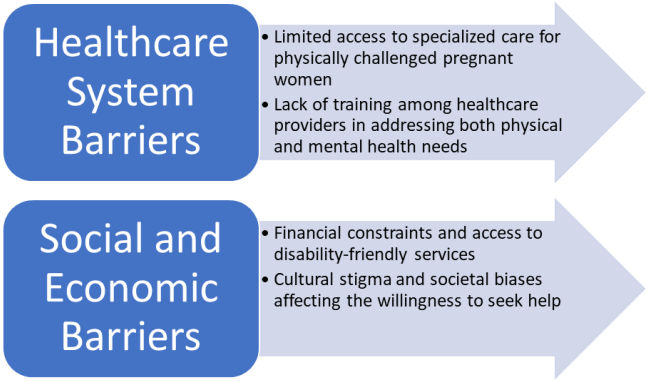

Fig 2: Barriers to effective psychological support

In addition to these challenges, the healthcare system often lacks disability-inclusive policies, further exacerbating disparities in care (Kuper *et al*., 2022). Healthcare settings may not have protocols or practices in place to address the specific needs of women with physical disabilities. For instance, the physical environment in healthcare facilities may not be designed to accommodate women with mobility impairments, making it difficult for them to access both physical and mental health services. Additionally, mental health professionals may not be trained to recognize how a woman's physical disability can intersect with her mental health needs, leading to inadequate psychological support (Whittle *et al*., 2019; Boydell *et al*., 2020). Without disability-inclusive policies, these women are at risk of receiving suboptimal care, leaving them vulnerable to mental health issues such as anxiety, depression, and stress.

Social stigma is another significant barrier that prevents women with physical disabilities from seeking psychological support. Society often holds negative perceptions of disabled women, viewing them as less capable of fulfilling traditional roles, including that of a mother (Frederick *et al*., 2019). These stereotypes can create a sense of shame, self-doubt, and inadequacy among disabled women, particularly in relation to their ability to care for a child. The stigma surrounding disability and motherhood may lead to feelings of isolation and discourage women from seeking help when they experience mental health difficulties (Banerjee *et al*., 2021). Disabled women may internalize societal judgments, feeling that they are not deserving of care or that their experiences are invalid compared to those of able-bodied mothers. Cultural attitudes also play a critical role in the

reluctance of women with disabilities to seek psychological support. In many cultures, there are deeply ingrained beliefs about gender roles, motherhood, and the capabilities of disabled individuals (Battalova, 2019; Amin *et al*., 2020). In some cultures, disability may be viewed as a personal failure or a source of shame, which can further discourage women from reaching out for mental health assistance. Additionally, traditional beliefs about motherhood may emphasize the notion of self-sacrifice and resilience, leading to a cultural expectation that women should not seek help for psychological distress, especially during the perinatal period. These cultural attitudes can make it more difficult for women to access appropriate psychological support, as they may fear being judged or marginalized by their community or healthcare providers (Chiang *et al*., 2019; Hui *et al*., 2021).

Physical barriers in healthcare settings are another major obstacle to effective psychological support for women with physical disabilities. Many healthcare facilities are not equipped with the necessary adaptations to ensure that disabled women can comfortably access both physical and mental health services (Torsha *et al*., 2022). In some cases, physical barriers may also include insufficient space for wheelchair users or lack of ramps, elevators, or appropriate seating arrangements that would allow women with disabilities to participate in consultations comfortably. Inadequate adaptations to healthcare facilities can also impact the quality of psychological support provided. Mental health professionals may not always be equipped with the tools to create a comfortable and supportive environment for physically challenged women (Torsha *et al*., 2022). These issues may create a sense of discomfort or alienation for women with disabilities, which can deter them from attending sessions or fully engaging with their therapist. A lack of physical accommodations and accessibility in healthcare settings can exacerbate feelings of frustration and hopelessness, making it even more challenging for these women to receive the mental health support they need. The barriers to effective psychological support for women with physical disabilities during the perinatal period are multifaceted and complex. Healthcare system barriers, including inadequate access to mental health services and the lack of disability-inclusive policies, contribute significantly to the challenges faced by these women (Ebuenyi *et al*., 2020). Social stigma and cultural attitudes further discourage women from seeking psychological support, while physical barriers in healthcare settings, such as inaccessible facilities and inadequate adaptations, hinder access to care. Addressing these barriers requires a comprehensive approach that includes creating more inclusive and accessible healthcare systems, challenging societal stereotypes about disability and motherhood, and ensuring that healthcare facilities are physically accommodating to women with disabilities (Smith and Sinkford, 2022; Kwok *et al*., 2022). Only through these efforts can we ensure that women with physical disabilities receive the psychological support they need to navigate the perinatal period and promote their well-being.

2.4 Strategies for enhancing maternal well-being

Maternal well-being is a critical component of overall health during the perinatal period (McNamara *et al*., 2019). However, for women with physical disabilities, the challenges of pregnancy, childbirth, and the postpartum period are often compounded by their physical limitations, leading to increased risks for mental health issues such as anxiety, depression, and stress. Addressing these challenges requires targeted strategies aimed at enhancing the psychological and emotional well-being of physically challenged mothers as shown in figure 3. This explores key strategies for improving maternal well-being, including early screening and intervention, building inclusive support networks, accessible psychological resources, and promoting positive representation.

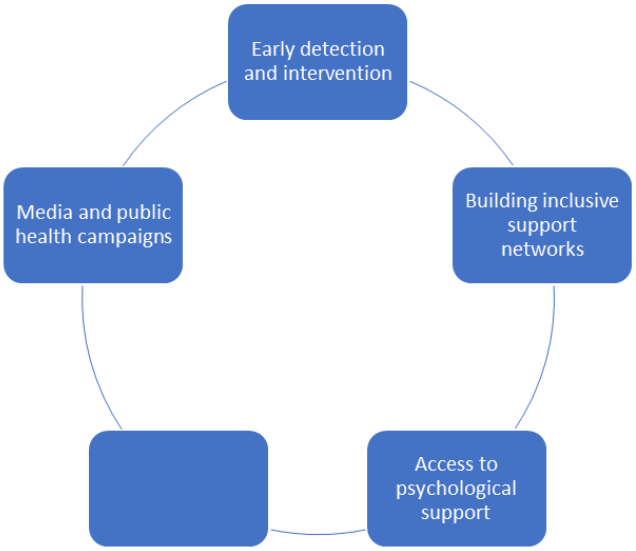

Fig 3: Strategies for enhancing maternal well-being

Early detection and intervention are vital components in supporting the mental health of perinatal women, particularly those with physical disabilities (Brown *et al*., 2022). Identifying mental health issues early allows for timely and appropriate intervention, which can mitigate the potential for more severe psychological distress later in the perinatal period. Women with physical disabilities are often at an increased risk of mental health concerns due to added stressors related to their physical condition, mobility limitations, and potential isolation. Routine mental health screening during both prenatal and postnatal visits is essential for all women, but especially for those with physical disabilities. Integrating mental health screenings into regular prenatal care visits enables healthcare providers to detect early signs of depression, anxiety, or other mental health disorders, even before they fully manifest (Miller *et al*., 2020; Sidebottom *et al*., 2021). These screenings can include questionnaires, interviews, and self-reporting tools designed to assess emotional and psychological well-being. Additionally, clinicians should be trained to recognize the unique challenges faced by women with disabilities, such as the physical barriers to caregiving and the psychological strain of managing both motherhood and disability. By implementing systematic and comprehensive mental health assessments, healthcare professionals can identify at-risk women and provide them with timely psychological support, thus improving long-term maternal and infant health outcomes (Johnson *et al*., 2021; Waqas *et al*., 2022).

An inclusive support network is a cornerstone of maternal well-being. Women with physical disabilities often face additional challenges in accessing care and support, and building a network of peer support is crucial for enhancing their mental health (Lyons *et al*., 2021). Peer support programs that connect women with similar experiences can

provide emotional validation, practical advice, and a sense of solidarity. These programs can be facilitated through support groups, online forums, or community-based organizations that focus on disability and motherhood. Peer support groups not only offer a platform for women to share experiences but also help to reduce feelings of isolation and stigma. Hearing from others who have navigated similar challenges can provide new perspectives and coping strategies, fostering a sense of empowerment and belonging (Hinman *et al*., 2021). In addition, these networks can assist in reducing the societal stigma that often surrounds disability, promoting the idea that women with physical disabilities can be successful and capable mothers. Another key aspect of building an inclusive support network is the involvement of family and partners. Strengthening the role of family members in the mental health care of women with physical disabilities is vital. Family members can provide emotional support, assist with caregiving tasks, and offer practical help during the perinatal period (Anders *et al*., 2019). Furthermore, partners should be encouraged to take an active role in mental health care by attending therapy sessions, providing reassurance, and learning about the psychological challenges their partner may face.

Access to psychological support is critical for all women during the perinatal period, but it is especially important for those with physical disabilities. Telehealth and online counseling offer significant advantages for women who may face physical or logistical barriers to in-person therapy, such as mobility issues, transportation difficulties, or geographic isolation (Azarang *et al*., 2019; Leroux *et al*., 2022). Virtual counseling services provide flexible, convenient access to mental health care, making it easier for women to engage in therapy from the comfort of their own homes. These services can be a valuable resource for women who may otherwise struggle to find local support or attend traditional therapy appointments. Additionally, disability-friendly therapy spaces and practices are essential to ensure that women with physical disabilities can access the care they need. Therapy environments should be designed with accessibility in mind, offering wheelchair ramps, comfortable seating, and other accommodations to ensure that physical barriers do not hinder participation in psychological care. Therapists should also be trained to understand the unique needs and experiences of women with disabilities, adopting practices that are sensitive to both their physical and mental health needs. By providing accessible therapy spaces and training for providers, healthcare systems can ensure that all women, regardless of their physical challenges, have access to the mental health support they deserve.

Promoting positive representations of mothers with physical disabilities in the media and public health campaigns is another essential strategy for enhancing maternal well-being (Fisher and Makleff, 2022). The portrayal of physically challenged women as competent and capable mothers in popular media can help to combat negative stereotypes and reduce stigma. Representation in media, including advertisements, television, and social media, has a powerful impact on public perception, and when women with disabilities are shown as active, loving mothers, it fosters a more inclusive and supportive societal view. Public health campaigns that focus on raising awareness of the challenges faced by physically challenged mothers can also help educate the general population and healthcare providers about the specific needs of this group (Feinberg *et al*., 2021; Kamaludin *et al*., 2022). Campaigns that advocate for better mental health resources, promote inclusivity, and provide information on available support services can empower women with disabilities and reduce feelings of isolation or inadequacy. These efforts can also create an environment where disabled women feel more comfortable seeking support and accessing services. Encouraging empowerment and advocacy is another key element in promoting positive representation. Women with physical disabilities should be encouraged to advocate for themselves and their mental health needs, both within healthcare settings and in society at large. This empowerment allows them to demand better access to resources, challenge discriminatory practices, and create a sense of agency in managing their health and well-being.

Enhancing maternal well-being for physically challenged women requires a multifaceted approach that incorporates early screening, building supportive networks, providing accessible psychological resources, and promoting positive representation (Govender *et al*., 2020; Jones *et al*., 2022). By prioritizing mental health during the perinatal period, healthcare systems can help women with physical disabilities navigate the challenges of motherhood while maintaining their psychological and emotional well-being. Ensuring that women with disabilities have access to tailored, inclusive support systems is crucial for improving their quality of life and fostering better outcomes for both mothers and their children (Krishna *et al*., 2020; Hailemariam *et al*., 2020). These strategies not only empower women but also create a more inclusive society where all mothers are supported, regardless of physical ability.

3. Conclusion

The findings from this review underscore the importance of adopting a specialized and inclusive approach to perinatal mental health care for physically challenged women. Women with physical disabilities face unique challenges during the perinatal period, including physical limitations, social stigma, and inadequate access to healthcare services, all of which can significantly impact their mental health and overall well-being. The elevated risk of mental health issues, such as depression, anxiety, and post-traumatic stress, highlights the need for targeted psychological support that addresses both the physical and emotional complexities of motherhood in this population. Despite the existing barriers, a more integrated, inclusive healthcare system can help mitigate these challenges and improve maternal mental health outcomes.

To enhance the quality of care for physically challenged mothers, future research should focus on evaluating the effectiveness of psychological interventions tailored to this group. Studies should investigate how different therapeutic approaches, such as cognitive-behavioral therapy or mindfulness-based interventions, can be adapted to meet the unique needs of women with disabilities during the perinatal period. Additionally, research should explore the long-term impacts of perinatal mental health interventions on both maternal and child outcomes, providing evidence to guide clinical practice and policy.

Policy recommendations should focus on integrating disability-inclusive practices into perinatal care. Healthcare systems must implement accessible and adaptable services, ensuring that women with physical disabilities can easily access psychological support. This includes training

healthcare professionals to recognize and address the intersectionality of physical and mental health needs in this population and creating policies that ensure equal access to care. Furthermore, there is an urgent need to challenge societal stigma and cultural attitudes that perpetuate discrimination against disabled mothers, fostering a more supportive environment for these women.

Ultimately, there is a critical need for advocacy and systemic change in both healthcare and societal attitudes to improve maternal mental health outcomes for physically challenged women. This includes advocating for better healthcare access, improved training for healthcare providers, and the development of policies that prioritize inclusivity. Only through such concerted efforts can we ensure that women with physical disabilities receive the comprehensive support they deserve during the perinatal period, ultimately promoting their mental well-being and that of their children.

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