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(REVIEW ARTICLE)

BEYOND THE PUERPERIUM: POTENTIAL LONG-TERM EFFECTS OF ANTENATAL PSYCHOPROPHYLAXIS ON MATERNAL MENTAL HEALTH, BREASTFEEDING, AND INFANT WELL-BEING DURING THE FIRST POSTPARTUM YEAR: A NARRATIVE REVIEW

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ABSTRACT

Background: Antenatal psychoprophylaxis, particularly the Lamaze method, combines childbirth education, breathing techniques, relaxation, and psychological preparation. Although its effects on childbirth and the immediate postpartum period have been investigated, its potential contribution to maternal and infant well-being throughout the first postpartum year remains insufficiently explored.

Aim: To discuss the potential long-term implications of antenatal psychoprophylaxis for maternal psychological adjustment, breastfeeding continuation, parenting self-efficacy, mother–infant interaction, and infant well-being.

Methods: A focused narrative synthesis was developed using published studies of psychoprophylaxis and relevant evidence from antenatal psychoeducation, perinatal mental health, breastfeeding interventions, and early maternal–infant care. Direct evidence concerning psychoprophylaxis was distinguished from findings derived from broader educational and psychosocial interventions.

Discussion: Available studies suggest possible associations between psychoprophylaxis and favorable early postpartum outcomes, particularly maternity blues and breastfeeding-related practices. Nevertheless, randomized findings remain inconsistent. Evidence from broader psychological and educational interventions suggests that maternal mental health, parenting competence, and breastfeeding may respond to structured support extending beyond childbirth. The independent contribution of Lamaze psychoprophylaxis to these outcomes at six and twelve months remains uncertain. Potential implications for infant development are plausible but have not been directly established.

Conclusions: Antenatal psychoprophylaxis may represent a useful component of comprehensive maternal care. However, evidence of sustained maternal or infant benefits during the first postpartum year is currently insufficient. Longitudinal studies using standardized intervention protocols are needed to determine whether early benefits persist and whether postpartum support modifies their duration.

Keywords: Psychoprophylaxis; Postpartum Depression; Maternal Mental Health; Breastfeeding; Parenting Self-Efficacy; Infant Development.

1 INTRODUCTION

Pregnancy, childbirth, and the transition to parenthood constitute a continuum of interconnected biological, psychological, and social experiences. Although childbirth represents a major event in this process, maternal adaptation does not end with delivery. Instead, the months following birth involve continuing physical recovery, emotional adjustment, changes in family relationships, breastfeeding challenges, and the acquisition of new caregiving responsibilities.

The first postpartum year is therefore a particularly important period for both maternal and infant well-being. Psychological difficulties may emerge or persist after the immediate puerperium, while infant feeding, sleep, growth, and early social interactions evolve rapidly. Maternal mental health and infant development are closely interconnected, although their relationship is complex and influenced by numerous biological and environmental factors [1,2].

Psychoprophylaxis was developed as a method of childbirth preparation intended to reduce fear, improve coping with labor pain, and strengthen women's sense of control. The Lamaze approach traditionally incorporates structured education, breathing exercises, relaxation techniques, and psychological preparation. Contemporary programs may also address breastfeeding, early parenting, and partner participation.

The possible effects of psychoprophylaxis on childbirth have been investigated for several decades. Some studies suggest favorable associations with labor outcomes, whereas others report limited or inconsistent benefits [3–6,16].

More recently, attention has shifted toward the postpartum period. Natsiou et al. [3] reported an association between participation in group psychoprophylaxis and reduced maternity blues scores. Subsequent narrative reviews identified possible benefits regarding breastfeeding-related practices and early maternal psychological adjustment [4,5].

However, these findings raise a question that has received relatively little direct investigation: could antenatal psychoprophylaxis influence maternal and infant well-being beyond the immediate postpartum period?

Unlike previous reviews primarily addressing labor and the immediate postpartum period, the present review focuses on the first twelve months after childbirth, critically examining the distinction between direct evidence concerning Lamaze-based psychoprophylaxis and indirect evidence from broader psychoeducational interventions. Rather than assuming long-term effectiveness, it identifies potential mechanisms, limitations, and priorities for future research.

2 METHODOLOGY

A descriptive review of the international literature was carried out. The key words and phrases used in the search in various combinations were Psychoprophylaxis, Lamaze method, pregnancy, outcome, post-partum, anxiety, depression, maternity blues, relaxation, breastfeeding; antenatal education; postpartum depression; maternal mental health; breastfeeding; parenting self-efficacy; mother–infant interaction; infant development.

2.1 Psychoprophylaxis: From Childbirth Preparation to Postpartum Adaptation

The Lamaze method emerged from the concept that psychological preparation and learned behavioral responses could modify the experience of childbirth. Its principal components include education about pregnancy and labor, controlled breathing, relaxation, and techniques intended to reduce fear and enhance coping.

Although originally focused on labor, these components may have implications extending beyond childbirth. Educational preparation may improve women's understanding of physiological changes and reduce uncertainty. Relaxation techniques may provide strategies for coping with stressful situations, while group participation may encourage communication and strengthen perceived social support.

These potential benefits are relevant because the transition to motherhood involves challenges that cannot be fully anticipated before delivery. Nevertheless, psychoprophylaxis is not a uniform intervention. Programs differ in duration, content, teaching methods, involvement of partners, and the extent to which breastfeeding or parenting issues are included.

Furthermore, the term is sometimes used interchangeably with general antenatal education, despite important differences between these approaches. This heterogeneity complicates the interpretation of research findings and makes it difficult to identify the specific contribution of Lamaze techniques.

The Cochrane review by Gagnon and Sandall [7] examined individual and group antenatal education for childbirth and parenthood. The authors found insufficient consistent evidence to establish the effectiveness of general antenatal education across the outcomes investigated.

This uncertainty does not demonstrate that antenatal education is ineffective. Rather, it reflects differences between interventions, methodological limitations, and the absence of consistent outcome measurements. Consequently, long-term effects should be examined in relation to clearly defined intervention components and follow-up periods.

3 EARLY POSTPARTUM PSYCHOLOGICAL OUTCOMES: WHAT IS CURRENTLY KNOWN?

The early postpartum period is characterized by substantial hormonal, physical, and psychological changes. Emotional instability, fatigue, and uncertainty may coexist with positive experiences of childbirth and motherhood.

Maternity blues are relatively common during the first days after delivery and are generally transient. They should be distinguished from postpartum depression, which involves a more persistent and clinically significant symptom pattern.

In a nonrandomized controlled study involving 414 pregnant women, Natsiou et al. [3] investigated the contribution of group psychoprophylaxis to maternal depressive symptoms and maternity blues. The intervention consisted of six Lamaze-based sessions conducted during pregnancy.

The authors reported more favorable maternity blues outcomes among women who attended the intervention. Socioeconomic difficulties and depressive symptoms were also associated with maternal emotional adjustment. These findings suggest that psychological preparation may be relevant to early postpartum well-being.

However, the nonrandomized design limits causal interpretation. Women choosing to participate in psychoprophylaxis may differ from nonparticipants in educational attainment, motivation, socioeconomic status, and access to information or healthcare. The intervention also included group interaction and professional support, making it difficult to separate the effects of specific Lamaze techniques from those of social contact and educational attention.

A different perspective emerges from the randomized study by Bergström et al. [6], which compared natural childbirth preparation incorporating breathing and relaxation with standard antenatal education. The investigators did not demonstrate improvements in parental stress during early parenthood, nor consistent benefits for several childbirth-related outcomes.

This finding is important because it indicates that psychological preparation for childbirth does not necessarily produce measurable improvements in subsequent psychological adjustment. Taken together, the available evidence suggests that psychoprophylaxis may influence certain early postpartum experiences, but its effects are neither consistently demonstrated nor sufficiently characterized.

4 MATERNAL MENTAL HEALTH BEYOND THE PUERPERIUM

Maternal psychological adjustment continues throughout the first postpartum year. Sleep deprivation, physical recovery, breastfeeding difficulties, changes in family responsibilities, financial pressures, and reduced social support may contribute to psychological distress. Pre-existing anxiety or depression may further increase vulnerability.

Howard et al. [1] emphasized the clinical importance of nonpsychotic mental disorders during pregnancy and the postpartum period, including their consequences for maternal functioning and family well-being.

Psychoprophylaxis may theoretically contribute to psychological resilience by strengthening perceived control, reducing uncertainty, and providing coping strategies before childbirth. Nevertheless, the possibility of long-term benefits should be considered separately from demonstrated effectiveness.

Evidence from broader psychoeducational interventions provides relevant, although indirect, information. Gao et al. [8] evaluated an interpersonal-psychotherapy-oriented childbirth education program among Chinese first-time mothers. Their intervention incorporated psychological and interpersonal components extending beyond conventional childbirth preparation.

In a subsequent follow-up study, Gao et al. [9] assessed outcomes at three months postpartum and reported favorable findings regarding depressive symptoms, perceived social support, and maternal role competence. These findings suggest that selected antenatal psychoeducational interventions may contribute to improved maternal psychological adjustment during the first months after delivery, although the generalizability of these effects to Lamaze-based psychoprophylaxis remains uncertain.

However, the intervention was not equivalent to the Lamaze method, and its psychological components and continued support may have contributed substantially to the observed outcomes.

Broader evidence supports the preventive value of psychosocial interventions. In a Cochrane review including 28 randomized controlled trials and almost 17,000 women, Dennis and Dowswell [10] reported that psychosocial and psychological interventions reduced the risk of postpartum depression compared with usual care. Promising approaches included individualized professional support, peer-based interventions, and interpersonal psychotherapy.

Importantly, the effectiveness of these interventions does not establish that psychoprophylaxis itself prevents postpartum depression. Nevertheless, the findings suggest that structured psychological preparation and continuing support may be relevant components of maternal healthcare.

A major unanswered question is whether psychoprophylaxis delivered exclusively during pregnancy can produce sustained psychological benefits without subsequent reinforcement. Future research should therefore distinguish antenatal-only preparation from interventions that combine prenatal education with postpartum psychological support.

5 BREASTFEEDING INITIATION AND CONTINUATION

Breastfeeding represents a particularly relevant outcome because many psychoprophylactic programs include information about lactation and early infant care. Knowledge about breastfeeding, expectations regarding common difficulties, and increased maternal confidence may facilitate breastfeeding initiation.

Previous narrative reviews have described favorable associations between psychoprophylaxis participation and breastfeeding-related practices [4,5]. However, early initiation and long-term continuation are different outcomes.

Breastfeeding duration depends on multiple factors, including maternal health, infant feeding difficulties, social support, return to employment, healthcare practices, and access to professional assistance.

Victora et al. [11] reviewed the epidemiology and health implications of breastfeeding, emphasizing its relevance to maternal and child health. Given these benefits, identifying effective interventions to support breastfeeding initiation and continuation remains an important public health priority.

Nevertheless, evidence concerning antenatal education alone is inconsistent. Lumbiganon et al. [12], in a Cochrane review of antenatal breastfeeding education, found insufficient conclusive evidence that education alone consistently improves breastfeeding initiation or duration.

By contrast, Oggero et al. [13] reviewed prenatal breastfeeding education and breastfeeding duration beyond twelve weeks, identifying favorable findings in some studies. Differences in intervention content, behavioral components, and continued postpartum support may partly explain the variation between studies.

Additional evidence comes from the Cochrane review by Gavine et al. [14], which found that breastfeeding-specific support can improve breastfeeding duration and exclusivity. These findings suggest that sustained breastfeeding may depend not only on antenatal knowledge but also on continued access to practical and emotional assistance.

For psychoprophylaxis, the implications are important. A woman who receives breastfeeding information during pregnancy may enter motherhood with greater confidence. However, difficulties arising after delivery may require additional support that antenatal education cannot replace.

Thus, a possible long-term contribution of psychoprophylaxis may depend on whether it facilitates early breastfeeding experiences, strengthens maternal self-efficacy, or encourages timely help-seeking. Direct evidence demonstrating that Lamaze psychoprophylaxis independently increases exclusive breastfeeding at six months or any breastfeeding at twelve months remains insufficient.

6 MATERNAL SELF-EFFICACY AND ADAPTATION TO THE PARENTING ROLE

The transition to motherhood requires the acquisition of practical skills and the development of confidence in caring for an infant. Maternal self-efficacy refers to the perceived ability to perform parenting tasks and respond effectively to caregiving challenges.

Psychoprophylaxis may theoretically strengthen this confidence through education, familiarization with childbirth and infant care, and opportunities to discuss concerns with healthcare professionals. Group-based preparation may also normalize anxiety and reduce feelings of uncertainty.

However, confidence regarding childbirth does not necessarily translate into confidence regarding infant care. The relationship between childbirth self-efficacy and parenting self-efficacy requires empirical investigation.

The study by Gao et al. [9] is particularly relevant because it assessed maternal role competence beyond the immediate postpartum period. The favorable findings suggest that structured psychoeducation may influence selected aspects of maternal adaptation.

Nevertheless, the intervention included interpersonal and psychological components that differ from traditional Lamaze preparation. Future psychoprophylaxis research should therefore evaluate parenting self-efficacy as an independent outcome rather than assuming that improved childbirth confidence automatically produces better parenting adjustment.

7 MOTHER–INFANT INTERACTION AND EMOTIONAL BONDING

Mother–infant interaction is a central component of early development. Sensitive and responsive caregiving involves recognizing infant signals, interpreting needs, and responding appropriately.

Maternal psychological well-being may influence these interactions, although the relationship is neither simple nor deterministic. Stein et al. [2] reviewed evidence linking perinatal mental disorders with offspring psychological and developmental outcomes.

Their analysis highlighted the importance of maternal mental health while emphasizing that adverse child outcomes are not inevitable and depend on multiple interacting factors. This evidence provides a rationale for investigating whether interventions improving maternal emotional adjustment could indirectly support early mother–infant interaction.

Psychoprophylaxis might contribute through increased preparedness, improved coping, or stronger confidence. However, no causal pathway can currently be established from antenatal Lamaze participation to improved mother–infant bonding at six or twelve months.

Moreover, maternal bonding, attachment, and observed interaction quality represent different constructs and should not be used interchangeably. Future investigations should incorporate validated measures of maternal bonding and, where feasible, observational assessments of caregiver responsiveness.

8 POTENTIAL EFFECTS ON INFANT WELL-BEING DURING THE FIRST YEAR

The first year of life is characterized by rapid physical growth, neurological maturation, and the development of increasingly complex behavioral and social capacities. Infant well-being is influenced by numerous factors, including biological characteristics, feeding practices, the family environment, caregiver mental health, and access to healthcare.

The relationship between maternal psychological health and infant development has been extensively discussed in the perinatal literature [2]. Nevertheless, this relationship should not be interpreted as evidence that any particular antenatal intervention improves infant developmental outcomes.

The World Health Organization [15] emphasizes maternal mental health, breastfeeding support, responsive caregiving, and continuity of care as important components of a positive postnatal experience. These recommendations provide a useful clinical framework for considering how antenatal preparation might fit within broader maternal–infant services.

Potential infant outcomes relevant to psychoprophylaxis research include feeding practices, growth, sleep, healthcare utilization, and early developmental indicators. However, each outcome requires separate evaluation.

For example, improved breastfeeding confidence does not necessarily imply longer breastfeeding duration. Similarly, longer breastfeeding duration cannot automatically be attributed to psychoprophylaxis, nor can it establish improved infant neurodevelopment caused by the intervention.

At present, there is insufficient direct evidence to conclude that antenatal psychoprophylaxis improves infant growth, sleep, emotional regulation, or neurodevelopment during the first twelve months. The significance of this research gap lies in the possibility of investigating clinically relevant outcomes that have largely remained outside the traditional scope of psychoprophylaxis studies.

9 POTENTIAL MECHANISMS OF LONG-TERM INFLUENCE

Several potential mechanisms may connect antenatal preparation with postpartum maternal and infant outcomes.

Psychological preparedness and perceived control. Education may reduce uncertainty regarding childbirth and early motherhood. Women who understand common physiological and psychological changes may feel better prepared to interpret their experiences and seek assistance when needed. However, preparedness must be distinguished from measurable reductions in depressive or anxiety disorders.

Stress management and coping strategies. Breathing and relaxation techniques may provide practical coping strategies during stressful experiences. Although these techniques are primarily taught for labor, women may continue using them after childbirth. Whether such continued use produces sustained psychological or physiological benefits has not been adequately established.

Social support and professional relationships. Group sessions provide opportunities for interaction with other pregnant women and healthcare professionals. Such contact may strengthen perceived support and facilitate communication about psychological or practical difficulties. The benefits observed in some studies may therefore reflect the combined influence of education, professional attention, and peer support rather than specific psychoprophylactic techniques.

Breastfeeding preparedness. Antenatal information may increase familiarity with breastfeeding and reduce uncertainty regarding early feeding challenges. Nevertheless, breastfeeding continuation often requires practical support after delivery. Consequently, the relationship between prenatal preparation and sustained breastfeeding is likely to depend on the broader postnatal care environment.

Maternal confidence and responsive caregiving. Greater confidence and emotional adjustment may facilitate maternal responsiveness. However, this remains a hypothetical pathway in relation to Lamaze psychoprophylaxis. Studies designed to evaluate mediation would be required to determine whether changes in maternal confidence or psychological symptoms explain any subsequent infant outcomes.

10 METHODOLOGICAL CHALLENGES AND RESEARCH PRIORITIES

The limited evidence concerning long-term psychoprophylaxis outcomes reflects several methodological difficulties. First, intervention protocols are heterogeneous. Programs vary in the number of sessions, educational content, relaxation techniques, professional involvement, and postpartum support.

Second, participation is frequently voluntary, creating a risk of selection bias. Women attending antenatal classes may differ systematically from nonparticipants in educational attainment, socioeconomic circumstances, motivation, and health-related behavior.

Third, the effects of specific Lamaze techniques are difficult to distinguish from those of general education and social support. Fourth, available studies often emphasize childbirth and early postpartum outcomes, with limited follow-up beyond the puerperium.

Finally, different studies employ different definitions and instruments for psychological adjustment, breastfeeding, and maternal confidence. An additional limitation concerns the narrative nature of the present review, which does not permit a quantitative estimation of intervention effects. Furthermore, the inclusion of evidence from heterogeneous psychoeducational and psychosocial interventions limits the extent to which findings can be attributed specifically to antenatal psychoprophylaxis.

Future investigations should use standardized intervention descriptions and distinguish the effects of prenatal preparation from those of postpartum support. Prospective follow-up at three, six, and twelve months would allow assessment of whether early benefits persist, diminish, or emerge later.

Relevant outcomes should include depressive and anxiety symptoms, breastfeeding initiation and continuation, maternal self-efficacy, mother–infant interaction, and selected infant health indicators. Such studies should also account for socioeconomic conditions, previous mental health, obstetric complications, parity, and access to postpartum healthcare.

11 CLINICAL IMPLICATIONS

Despite the limited evidence for long-term effectiveness, psychoprophylaxis remains relevant to discussions of comprehensive antenatal care. Its educational and psychosocial components may contribute to maternal preparedness and facilitate engagement with healthcare professionals.

However, antenatal preparation should not be considered a substitute for postpartum mental health assessment, breastfeeding counselling, or individualized clinical support.

A potentially valuable approach would involve integrating psychoprophylaxis within a continuum of care extending from pregnancy through the first postpartum year. This model would emphasize continuity, early recognition of psychological difficulties, support for breastfeeding, and appropriate referral when necessary.

The potential benefits of such an integrated approach should be evaluated independently rather than assumed from existing evidence.

12 CONCLUSIONS

Antenatal psychoprophylaxis has traditionally been evaluated in relation to childbirth, but its educational and psychosocial components raise important questions about possible effects extending beyond delivery.

Existing studies suggest favorable associations with selected early postpartum outcomes, particularly maternity blues and breastfeeding-related practices. Nevertheless, randomized evidence is inconsistent, and direct evidence concerning sustained benefits during the first postpartum year remains scarce.

Research on broader psychoeducational and psychosocial interventions demonstrates that maternal psychological adjustment, parenting competence, and breastfeeding may respond to structured support. However, these findings cannot establish the independent long-term effectiveness of Lamaze psychoprophylaxis.

Potential effects on mother–infant interaction and infant development remain hypothetical. The principal contribution of this narrative review is therefore to identify an underexplored dimension of psychoprophylaxis: its possible relevance to maternal and infant well-being beyond the puerperium.

Further longitudinal research is necessary to determine whether antenatal psychoprophylaxis produces sustained, clinically meaningful benefits and whether continued postpartum support enhances its effectiveness.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of conflict of interest

The author declares no conflict of interest.

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