



UNDERSTANDING MATERNAL WELL-BEING: A SYSTEMATIC REVIEW OF RESILIENCE AND HAPPINESS DURING PREGNANCY

Ms. Supreeta.D, Ms. Yuvasri.S

Postgraduate Student in Clinical Psychology, Assistant Professor

Department of Psychology,

Rathinam College of Arts and Science, Coimbatore- 642021, Tamilnadu, India.

Abstract: Pregnancy is a complex and intense period of time in a woman's life which is accompanied by biological, physiological, psychological and social functioning. The women's vulnerability is at an extreme state that includes apprehension concerning the outcome, the process and the course of delivery (Bjelica et al., 2018). The aim of the systematic review is to collect empirical data available in the different academic databases such as PubMed, Google Scholar and Scopus. The studies range between years 2010 to 2025 assessing resilience, happiness, subjective wellbeing and psychological outcomes among pregnant women. Variables such as social support, emotional vulnerability, physiological distress, mindfulness, and sociodemographic variables will be included. The assumed outcome is to identify the significance of resilience and happiness in pregnancy as well as understand how they act as protective factors in cases of deteriorated support from other means. The findings will provide insight into promoting maternal wellbeing while developing and implementing evidence based interventions and therapeutic methodologies to enhance mental health during pregnancy. This research review will encompass the change in focus from physiological wellbeing of mothers to incorporating psychological and mental health as means to improve the time of pregnancy.

Keywords: Pregnancy, Resilience, Happiness, Maternal wellbeing

Introduction

Pregnancy is an integral and most vulnerable time period for a mother. The reason being the mother not only has to take care of her wellbeing but also the wellbeing of her unborn child. Her continuous dilemma of knowing yet not knowing her child, finding it difficult to regulate her emotional needs, have loads of physiological and biological distresses like nausea, back pain, that reduces the ability of the mother to look after herself. This results in the need for support in many levels for the mother.

There is a popular saying that goes that is paraphrased as a woman is someone who upholds the family and forms a strong foundation. Wellbeing for her is not only a requirement for the mother but also a need for the whole family. S (2023) states that women are more resilient than men in most epidemics and severe distresses. Dr. Gayathri Deshpande showcased proof on how biological factors like hormones as well as social and environmental ones like being in a joint family or nuclear family build tolerance and resilience for women. Even when this is the case, why is it that mothers or more specifically pregnant women have lower resilience? (Alves et al. 2023). The hormonal changes could be extreme while also having certain physiological constraints

that may not seem natural such as the numerous changes like the weight changes, food cravings, level of independence, ability to have a balance between work and life. Another such reason could include the fear of giving birth, the challenges that come with the future of being a mother.

Davis et al. (2025) in his report put forth how there has been a growth in the interest in zooming into and getting an understanding of maternal wellbeing. According to him, 32 published articles were identified in the year 2023 and an increase in number of about 53 in the year 2025, May. The aim was in alignment with a campaign that WHO proposed for maternal and newborn health with the slogan "Healthy beginnings, Hopeful futures".

This constant feeling of discomfort is with-held by pregnant women in the hope of cherishing the moment with the baby once the baby is born. Happiness for them is not a mere feeling of holding their baby but many mothers talk about how they adore the feeling of giving birth. Birth is a beautiful process that only ones that have gone through will be able to understand, making the new mothers unsure and in a hope they feel the same way. Post-partum is a period of recovery for the mothers but in the current trend of normalizing and sharing pain, mothers openly talk about the issues they face after birth (Ahsan et al., 2023). This causes distress in the mother as they may not be able to fathom the level at which they will be suffering or not suffering. This may hinder the mother's ability to enjoy the process of pregnancy, birth and postpartum. Happiness could be stolen from them due to the fear of the future and what it holds for them.

Maternal Wellbeing in this paper is thus focused on research that talks about resilience of the mother to face the issues she comes across and the different ways mothers cope with issues and be happy with the life they are living. Research for this is scattered which requires condensing and synthesizing that will help with future research that can involve intervention based improvements in pregnant women, applying of physical mobilities that help individuals cope with psychological issues, providing them with support socially and emotionally and so on.

Background of the Study

Women undergo developmental stages similar to that of men but have a distinctive period that is oriented to reproduction. This period is from after puberty till Menopause where in the women have the ability to carry a child through fertilization. This pregnancy period comes with various psychological challenges and adaptations including constant mood swings, body image issues, anxiety and fear of birth, feeling of uncertainty, depression in cases of complications, work life balance, changing of responsibilities in life and many more. In this time period wellbeing becomes an integral part of the mother's life. Positive psychology aims in improving mother's self efficacy, resilience, happiness (Rastad et al., 2021), social support that help mothers cope with stress and other distress (Tuxunjiang et al., 2023). Tuxunjiang et al. (2023), in his study found out how mother's subjective wellbeing increased after positive psychology intervention. Resilience and Happiness work hand in hand to improve overall wellbeing of the mother as resilience enables individuals in bouncing back from distress and happiness provides a sense of satisfaction and peace in mothers. Pregnancy is the time where mothers are told to listen to soothing songs, watch happy ending movies, engage in meaningful conversation all to improve their wellbeing.

Review of Literature

In an age where parenting is considered an important and essential part of the child's growth, mothers have one of the most significant roles in the child's development. Mothers conceive the baby in their uterus making their lifestyle integral and needed by the child. After birth, they feed their children with breast-milk making them a source of nutrients and a way children slowly develop connections. Looking at this, the mothers role becomes not only important during the conception but also becomes their responsibility after birth. This new role of a mother brings them immense joy but can also create a whole set of distresses that the mothers experience throughout the journey of motherhood. During pregnancy, the mother's sense of maternity grows and is generally said to be connected to **how she was mothered** by her mother during her childhood (Leon, 2008). In the same paper, Leon (2008) states that expectant mothers put in a good amount of their own self esteem on to the child to be and if the child turns out to be an ideal child which is the case in most scenarios, her best qualities are endowed while also giving off those that she would like to be. While this is the case when the child is Ideal, a 'defect' may instill grief for the mother.

Looking at the above paper, the mother goes through so many uncertainties that she has to with-hold parallelly to her pregnancy discomforts. *Ramona Mercer - Nursing Theory*, 2019 proposed the **Maternal Role Attainment Theory**. It was given as a framework to nurses to provide interventions for non-traditional mothers to help them adapt to maternal identity. The main goal of the process is to help mothers form attachments with her unborn infant. The role of motherhood is seen in the light of joy, pleasure and competence in caretaking. The theory consists of 4 phases. The first is the Anticipatory stage where the mother learns the social and psychological adaptive mechanism to take on the role of a mother. The second is the Formal stage where the mother forms assumptions at birth which are moulded by her interactions with fellow mothers including her own. The third and fourth phases occur at stretch where the mother formulates her way of taking on the role of being a mother and slowly attaining competence in the area respectively.

In the context of Freud's view on pregnancy, he mentions how each trimester corresponded to the **psychosexual stages** of personality that had a **psychophysiological view**. In the first, the oral predominance of nausea and food cravings compliment the growth of the fetus. The second trimester quickening(fetal movements) takes place which corresponds to the segment of toddlerhood where separation takes place with the parent. This is the stage where lower abdomen pains, and an increase in vaginal discharge(*Stages of Pregnancy | Office on Women's Health*, n.d.) explain the anal stage of pregnancy. The final trimester is where the mother prepares for delivery resulting in 'phallic aggressive wishes', where the mother experiences fear of death of self and child. She also gains some kind of dominance. (Leon, 2008b)

All these psychological and physiological changes come with emotional complexities. Hammarberg et al. (2008) explains in his paper how mothers going through Assisted Reproductive Technology(ART) had **anxiety** about delivery and parenting after birth. Interestingly, parents' emotional wellbeing was seen to be connected to the presence or absence of genetic ties between parents. Mother's and father's psychological wellbeing were seen to be higher when there was an absence of genetic tie between the child and the mother (Golombok et al., 1999). Ilska et al. (2020) results revealed that during the prenatal period, distress and anxiety were seen to be negative components of **subjective well-being**. It was mentioned in his conclusion as to how medical professionals have to take into consideration the personality of the mother as it helps prevent risks and promote health.

According to Costa and McCrae(1980), subjective wellbeing is positively correlated to extraversion. In Abdullahi et al. (2020)'s paper, he connects the big five personalities and traits of subjective wellbeing; Happiness, Satisfaction with Life, Social, Psychological and Emotional well-being to understand how Africans(n=732) need to personalize their persuasive health interventions. It was seen that individuals with Agreeableness, should focus on **Happiness** and Social Wellbeing and those Neuroticism to promote psychological and emotional wellbeing.

Hedonism is an aspect of happiness. **Hedonic Adaptation** explains how individuals habituate to an event. According to Lyobomirsky(2011), it occurs completely and at a fast rate during positive experiences compared to negative ones. Rastad et al. (2021) explained in his paper that women with unintended pregnancy had lower happiness levels at the beginning of the research(31.3) which increased through Positive psychology intervention-PPI to about 42.5 in the 10 day follow up and dipped to about 39.8 after the complete intervention had completed. These constant fluctuations of emotions, moods, physical differences, all require some kind of persistence.

Resilience is a buzzword that has gained huge significance from Covid-19. During Covid-19, facing challenges of sadness, grief, loneliness and anger and acknowledging them were considered the first step to resilience(Barthélemy et al., 2020). In the paper by Thompson et al. (2023), he mentions how SES(Socio-Economic Status) of the individuals helped them face covid-19 with resilience. AliSher et al. (2024) focused his study on Low-income Middle-income countries wherein the review explored how **Maternal Resilience** is such a vital component as women fight against mental health challenges during pregnancy. It could be explained through its implicit factors such as subjective nature, multidimensionality, interrelatedness of the dimensions, identity and relational shifts specific to motherhood and the evolving nature of it as well as its explicit factors that included depressive symptoms, anxiety and/or perceived support (Jomeen et al., 2025a).

Methodology

Aim

To integrate and critically examine the existing literature on Resilience and Happiness during Pregnancy to understand Maternal and highlighting conceptual gaps and future research directions.

Objectives

To review and summarize key theoretical perspectives on Resilience, Happiness and Maternal Wellbeing

To analyze current empirical findings regarding the role of Resilience and Happiness in improving Maternal wellbeing

To identify gaps, limitations, and future needs in research addressing the contribution of Resilience and Happiness related interventions in promoting Maternal wellbeing

To propose conceptual frameworks that integrate these constructs

Hypotheses

H₁- Resilience during Pregnancy improves Maternal Wellbeing

H₁- Happiness during Pregnancy improves Maternal Wellbeing

H₁- Resilience and Happiness help understand and promote Maternal Wellbeing

Conceptual Development/Argument

Definition

Maternal Wellbeing. Maternal wellbeing is a positive state(Jomeen et al.,2025) that has a subjective experience(Bahuguna et al., 2025) for the mother to adapt to physical, psychological, emotional and social changes(Ojong et al., 2023) that occur in her life after pregnancy while taking on the maternal role(Ramona Mercer - Nursing Theory, 2019) with the ability to self sustain and relish the process.

Resilience. Resilience is the ability of individuals to bounce back and is considered a dynamic and ongoing process to positively adapt(Luthar, Gicchetti, and Becker, 2000) to situations of adversity (Toland and Carrigan, 2016).

Happiness. Happiness is an innate feeling of satisfaction, immense joy and a sense of wellbeing.

Theoretical Background

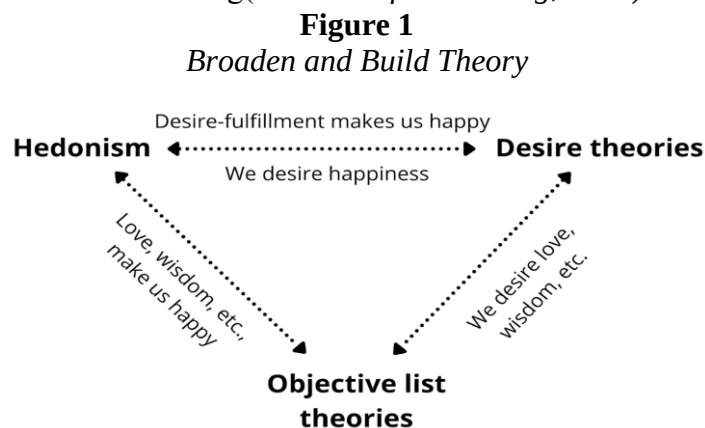
Norman Garmezy's Theory of Resilience. This theory focused on the protective factors such as environment, personality traits and relationships that help individual withstand an adversity

Resiliency Model of Family Stress, Adjustment and Adaptation by McCubbin. McCubbin proposes how families foster means to use the resources, appraise a situation and employ problem solving and strategies to cope with the stress.(Yeh & Bull, 2011)

Hedonism. Hedonism is a theory built into classical Utilitarianism. It believes that wellbeing is experienced in the balance of positive and negative experiences. Though these views are on the 'All or Nothing' spectrum of cognition, it helps understand wellbeing in their polarities. The aspect lacking in this theory is considering all negative experiences as bad of an individual(Theories of Well-Being, 2023).

Desire Theory. Desire theory is in contrast to Hedonism focuses on an individual's satisfaction of desire (Theories of Well-Being, 2023).

Objective List Theory. Objective List Theory suggests that happiness is an important component of wellbeing but denies the aspect that it is the only component. The theory focuses on pluralism. The objective value of things contributes to one's wellbeing(Theories of Well-Being, 2023).



Broaden and Build Theory. The theory proposed by Barbara Fredrickson states that positive emotions broadens an individual's cognition and behaviour process while building their resources over time. This basically explains how an individual experiencing emotions like happiness, joy, interest opens up spaces for social connectivity, creativity and awareness while building skill and resilience for future endeavors (Fredrickson, 2004).

Maternal Wellbeing is distinct in the pregnancy period as multidimensional constructs shape it including psychological, physiological and social processes. Resilience and Happiness have been analysed separately in prenatal mental health literature. The view or the argument for this review states that these constructs not only are outcomes of enhanced maternal livelihood but rather act as **protective resources** that shape adaptation to the various transitions occurring during pregnancy.

We can vouch for the fact that wellbeing is not merely absence of distress (*Health and Well-Being*, n.d.), but requires a positively oriented psychological state of mind; Resilience and Happiness, to ease the process of pregnancy. This thus calls for a need to form a comprehensive understanding of Maternal wellbeing with these two as its core components. Resilience as we termed it, is a means to bounce back from adversity. Pregnancy comes with its set of hormonal changes, identity issues, the buildup of uncertainty and a heap of socio-cultural expectations. The argument here is that resilience brings forth emotional regulation, flexibility in coping strategies, forming resources for connection and helps women not merely bounce back but **move forward** with adaptive function.

Anxiety and stress releases cortisol in the system which fluctuates the normal pattern of body functioning (*Chronic Stress Puts Your Health at Risk*, n.d.). Happiness enables individuals to not only improve an individual's emotional wellbeing but also reduces the secretion of cortisol which is harmful for health. Seeing the two constructs we can understand that resilience improves the positive affect by reducing stressors while happiness broadens resources that help develop resilience.

Implication

Academic Implications

Conceptual Framework. With separate theoretical foundations, the 2 constructs; resilience and Happiness in context of Maternal wellbeing can be established as a Conceptual Framework.

Holistic Model of Pregnancy. The scholarly focus shifts from pathological to a more widespread, strength based model of pregnancy.

Practical Implications

Guidance. Provides clinicians, nurses, and caregivers guidance to incorporate strength based assessments during routine checkups

Interventions Building. It enables therapists to develop intervention programmes to trigger these constructs as well as incorporate them in pregnancy based interventions such as ACT, Mindfulness based relaxation.

Future Research Relevance

Intervention Trials. Opening barriers to incorporate trials applying ACT, Mindfulness, compassion based programmes and interventions tailored to pregnant women

Biopsychosocial pathway. Examining hormonal markers, sleep patterns, symptoms, beliefs, spiritual inclinations etc

Conclusion

Maternal Wellbeing is not merely the absence of distress but the presence of psychological resources that imbibe positivity. Resilience and Happiness establish as key components to help women adapt to the numerous changes and exemplary demands of pregnancy. Holistically they form a system that enhances coping strategies, enables positive emotions, and helps with overall adjustment. This review thus emphasizes the need for strength based approaches to help form interventions and advance future studies in maternal wellbeing.

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