

# Peer Support Models for Perinatal Mental Health: Implementation and Participant Experiences

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## ABSTRACT

Perinatal mental health disorders, including depression and anxiety during pregnancy and postpartum, are a significant global issue of public health concern. Many of these women are not getting adequate care due to hindrances like stigma, lack of mental health care, and service integration of maternal healthcare systems. Peer support has become a potential approach that uses common lived experience to offer emotional and practical support to mothers in the perinatal period. This narrative review identifies and synthesizes the current evidence on peer support interventions in perinatal mental health, on intervention models, implementation strategies, and women lived experiences of participating. Empirical studies, systematic reviews, and qualitative research published in recent years on the topic of peer support programs to pregnant and postpartum women were reviewed. The evidence shows that peer support interventions provided in one-on-one mentoring programs, group-based programs, digital platforms, and peer-counselor models can be used to increase emotional support, social isolation, and coping among women facing perinatal mental health challenges. Qualitative research highlights that shared lived experience promotes trust, emotional validation, and normalization of maternal mental health struggles. However, variations in program design, implementation strategies, and evaluation approaches are common across studies. Peer support provides a low-cost and scalable intervention that can be used to augment current maternal mental health services. The way forward in the future would be to focus on standardized reporting, long-term outcomes assessment, and cultural responsiveness of the implementation to provide equal access and sustainability of the integration of peer support into the perinatal healthcare systems.

**Keywords:** Perinatal mental health, Postpartum depression, Peer support, Community-based support

## INTRODUCTION

Perinatal mental health disorders constitute a significant global issue of public health, as they can occur in women during pregnancy and within the first year of childbirth. One of the most prevalent ones in this period is depression and anxiety, and in this case, it is estimated that about 10-20 percent of women have clinically significant depressive symptoms during the perinatal period, though the rates differ significantly depending on the context (Dennis et al., 2017; Shorey et al., 2018). There is some evidence to suggest that prevalence is relatively high in low- and middle-income countries (LMICs), with social adversity, reduced access to healthcare, and gender inequities possibly making these countries especially vulnerable to mental health challenges during the postnatal period (Fisher et al., 2012). Effects of unaddressed perinatal mental health disorders go beyond the well-being of mothers, where maternal depression and anxiety have been found to relate to poor maternal functioning, impaired mother-infant bonding, and poor developmental outcomes in children (Stein et al., 2014). All these extended effects highlight the need to have effective and accessible interventions that can support the mental health requirements of women in the perinatal period. Although this burden is known, a significant gap in the delivery of care to women with perinatal mental health challenges is evident, which underscores a significant treatment gap in maternal mental health care.

There are several structural and social obstacles that can be attributed to having created the low accessibility of perinatal mental health care, as is witnessed worldwide. Many countries experience a shortage of trained mental health specialists, especially in rural and resource-limited settings, which limits access to specialized services for pregnant and postpartum women (Singla et al., 2021). Where services are available, women may not seek help because of the stigma towards mental illness, the fear of being judged because of being a mother, and the fear of adverse consequences like child welfare intervention (Howard & Khalifeh, 2020). Other barriers involve disjointed services, inadequate screening during regular maternity services, and lack of integration of obstetric and mental health services. In LMICs there is a sharp rise in these pressures as mental health services are both under-resourced in many areas and usually concentrated in cities. It has led to renewed interest, then, in scalable, community-based solutions that can be extended to offer more access to psychosocial support. Therefore, community-delivered interventions and task-sharing have become potential solutions to the treatment gap in perinatal mental health care.

Since the topic of peer support as a scalable way to enhance maternal mental health gains increased attention, there is a desire to synthesize the conceptualization and implementation of these interventions and experiences by the participants more clearly. The available literature consists of randomized trials, qualitative research, and systematic reviews, but these studies tend to concentrate on the outcomes of effectiveness without paying full attention to program implementation and the experiences of women themselves who are involved in peer support programs. An evidence synthesis narrative that incorporates evidence of study designs can thus yield useful information about the processes, frameworks, and situational aspects that define perinatal mental health peer support programs. The current paper is expected to review the conceptual underpinnings of peer support, synthesize the body of peer support models applied in perinatal mental health, overview some of the most critical implementation strategies and program designs, and analyze the experiences of participants and perceived benefits. The review also aims to determine the implementation barriers and to point out significant gaps in the existing evidence base to guide future research and practice.

## **MATERIALS AND METHODS**

This study employed a narrative review approach to examine existing evidence on peer support interventions in perinatal mental health, with particular emphasis on implementation models, participant experiences, perceived benefits, and barriers to delivery. A structured literature search was conducted using major electronic databases, including PubMed, PsycINFO, Scopus, and Google Scholar, to identify relevant peer-reviewed studies. Additional articles were identified through manual screening of reference lists from relevant studies and review papers.

The search strategy combined keywords related to maternal mental health and peer support interventions. Common search terms included “perinatal mental health,” “postpartum depression,” “maternal mental health,” “peer support,” “peer counseling,” “community-based support,” “postpartum anxiety,” and “lived experience.” Boolean operators such as “AND” and “OR” were used to broaden and refine the search process. The search aimed to capture a wide range of literature examining peer-led psychosocial support interventions among pregnant and postpartum women.

Studies were included in the review if they focused on peer support interventions for women during pregnancy or the postpartum period and addressed outcomes related to perinatal mental health, implementation strategies, participant experiences, or intervention effectiveness. The review considered qualitative studies, quantitative studies, mixed-methods research, systematic reviews, and meta-analyses published in peer-reviewed journals. Studies that focused exclusively on professionally delivered psychological interventions without a peer support component were excluded. Conference abstracts, editorials, dissertations, and non-peer-reviewed reports were also excluded from the review.

Following the database search, titles and abstracts of identified studies were screened for relevance to the objectives of the review. Full-text articles that met the inclusion criteria were subsequently reviewed in detail. Attention was given to studies exploring lived experiences of participants, models of peer support delivery, and integration of peer support into maternal healthcare systems. Although a formal quality appraisal tool was not

applied due to the narrative nature of the review, priority was given to studies with clearly described methodologies and those published in reputable peer-reviewed journals.

A narrative thematic synthesis approach was used to organize and analyze the evidence. The included studies were reviewed to identify recurring themes related to conceptual foundations of peer support, intervention models, implementation structures, participant experiences, barriers to implementation, and future directions for research and policy. Evidence from both qualitative and quantitative studies was integrated to provide a broader understanding of how peer support interventions function across different healthcare and sociocultural contexts. In total, 30 empirical studies, systematic reviews, and review articles were included in the final synthesis.

This narrative approach enabled the integration of diverse forms of evidence and provided a comprehensive overview of the role of peer support in improving maternal mental health outcomes during the perinatal period.

## LITERATURE REVIEW

### Conceptual Foundations of Peer Support in Perinatal Mental Health.

The World Health Organization WHO (2021) believes that Peer support is one of the approaches that has received increasing attention in the context of mental health services. Peer support is a community-based approach built on recovery-oriented mental health paradigms. Broadly defined, it involves emotional, informational, and practical assistance delivered by an individual leveraging their own lived experience of a health condition to support others facing similar challenges. Unlike traditional, professionally directed services, the foundational principles of peer support center on mutuality, empathy, experiential learning, and shared empowerment (Gillard et al., 2017). Shalaby & Agyapong (2020) posits that in perinatal care, peer supporters are typically mothers who have previously navigated postpartum depression or anxiety and now utilize this experiential knowledge to build trust, validation, and open communication with mothers currently in distress.

Theoretical premises of peer support go hand in hand with the social support theory, which focuses on the protective impact of supportive relationships with others on psychological well-being. The concept of social support is often assumed to be composed of multiple interconnected elements, such as emotional support (expressions of empathy, care, and reassurance), informational support (advice or guidance), and appraisal support (affirmation and feedback that assist individuals in assessing and managing stressful events) (Khademi & Kaveh, 2024). During the perinatal period, such types of support can be especially useful when women face the substantial physical, emotional, and social shifts of pregnancy and the first months of motherhood. The studies suggest that the lack of proper social support is one of the principal risk factors of perinatal depression, and supportive interpersonal networks could mitigate the effects of stress and enhance coping (McLeish et al., 2023). Peer support interventions aim to put these mechanisms into operational form by offering mothers organized emotional reassurance, sharing helpful information on parenting and mental health, and building self-confidence in their capacity to cope with the demands of early motherhood.

Mental health care is also guided by recovery-oriented and empowerment-based approaches to peer support. The views focus on individual agency, self-efficacy, and identity reform in the recovery of mental illness challenges. Instead of positioning people as recipients of care, recovery-oriented approaches emphasize experiential learning and mutual support among people with shared experiences. In peer support relationships, members can see the examples of recovery in other members, who have already gone through the same difficulties, and this will help build hope and strengthen the notion that they can improve (Hölzle et al., 2024). Peer interactions could also play a role in the process of normalization of distressing events in the context of perinatal mental health, which mothers can perceive as stigmatizing or isolating. According to qualitative research, mothers often report that they feel reassured when participants share their experiences of perinatal depression or anxiety openly, which makes the participants redefine their struggles as normal and addressable but not a failure as individuals (Rice et al., 2022).

The processes involving the operation of peer support can be especially relevant in the process of a motherhood transition, which is also a time of serious psychological and social adaptation. Pregnancy and the postpartum period are usually associated with identity changes, alteration of social roles, and additional responsibility towards caregiving, which can in turn lead to susceptibility to mental health challenges. Meanwhile, the women who have undergone the loss of social interaction or isolation have been observed to be more prevalent in their early motherhood, especially when the traditional sources of support are minimal (Cummings Graduate Institute, 2025). Peer support programs can thus meet the emotional and social needs by providing a platform of sharing, a place for mothers going through the same life transitions. By sharing stories and discussing as a group, the participants will be able to gain a feeling of belonging and community that will overcome the feeling of isolation. These interpersonal processes can be particularly useful in cases of women who feel stigmatized or misunderstood by their relatives or medical personnel when they talk of mental health matters.

Collectively, these theoretical perspectives suggest that peer support may influence perinatal mental health through interconnected mechanisms of social connection, emotional validation, experiential learning, and empowerment. By promoting supportive relationships and reducing stigma, peer support interventions may enhance psychological well-being and improve women’s capacity to manage both parenting responsibilities and mental health challenges. Understanding these conceptual foundations is important for explaining how peer support interventions function across different maternal healthcare settings and why they may represent a valuable complement to formal mental health services.

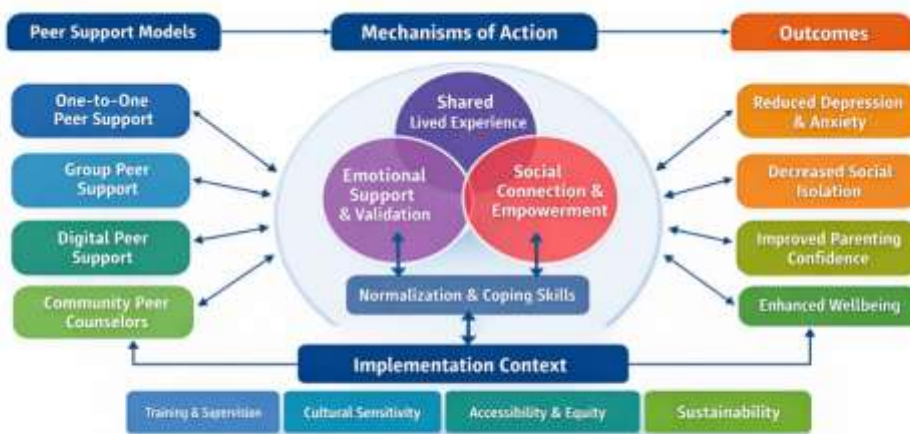


Figure 1. Conceptual framework of peer support mechanisms in perinatal mental health.

The structural and psychosocial pathways defining the impact of peer interventions are conceptualized in **Figure 1**. The framework establishes a clear directional flow from structural peer support models to downstream public health outcomes, mediated by core interpersonal mechanisms of action and moderated by the broader implementation context. At the core of this model is a triadic engine of change: shared lived experience, emotional validation, and social connection. The intersection of these three domains facilitates the normalization of maternal distress and the cultivation of coping skills, allowing participants to reframe their experiences away from individual failure and stigma.

The systemic relevance of this framework lies in its dual focus on clinical efficacy and structural implementation. Rather than viewing peer support as an isolated psychological interaction, the model demonstrates that the activation of these internal mechanisms depends heavily on external implementation pillars, including standardized training, cultural sensitivity, equitable access, and financial sustainability. By

mapping these relationships, the framework provides health system administrators and policymakers with a clear blueprint for translating community-delivered psychosocial care into regular maternal health services, ultimately driving key public health outcomes such as reduced maternal depression, decreased isolation, and enhanced parenting confidence.

### **Types of Peer Support in Perinatal Mental Health.**

Various models of peer support interventions have been applied to perinatal mental health, and these vary in terms of their structure, intensity, and connection with official health services. In general, such interventions may be grouped into one-to-one peer mentoring, group-based peer support, digital or online peer support, and community-based peer counselor models. Both models are based on the common idea of support provided by the persons with lived experience of perinatal mental health challenges; however, they are different in terms of how the interactions should take place and how the programs are designed. According to recent reviews, the variety of peer support strategies is an indication of their attempts to make interventions responsive to various health systems, cultural settings, and resource settings (Shalaby & Agyapong, 2020).

One-to-one peer mentoring is one of the most popular perinatal mental health models, where a mother in distress is matched with a trained peer supporter who has gone through such struggles. These involve relationships in a systematic format that may be in the form of telephone calls, home visits, or scheduled meetings. Initial randomized controlled studies showed that the use of telephone-based peer support by trained volunteers had the potential of alleviating postpartum depression symptoms in women who were identified as at a high risk (Dennis et al., 2009). During these interventions, the peer supporters usually gave frequent emotional assistance, shared their coping techniques, and reassured them on the basis of their own lived experiences. Recent research has remained focused on the individualized peer mentoring models, with a great impact placed on the necessity of the close matching of the peers and the participants, the systematic training of the volunteers, and the continuous supervision of the quality of the programs. This individualized character of the approach enables the provision of personalized support and can be of great use, especially to women who are more comfortable with one-on-one interaction as opposed to a group.

The other method commonly used is group-based peer support, where mothers come together in facilitated groups and exchange experiences and offer support to one another. Such groups can be structured via community-based organizations, maternal health services, or nonprofit organizations, and such groups usually entail periodic gatherings under the guidance of trained peer facilitators. Qualitative and mixed-method research indicates that group contexts might create the feeling of community and shared experience among the interviewees and enable mothers to understand that their experiences are not isolated, as other mothers might be going through the same problems (Rice et al., 2022). Common issues discussed during group discussions are coping with depressive symptoms, managing relationship transitions, and coping with the demands of early parenting. Peer groups that take place in the community can also include educational elements, access to parenting support, or referrals to formal health services. Even though group formats are not as personalized and can be compared to one-to-one mentoring, they can be of great benefit in that they offer participants the chance to be socially connected and learn from each other.

As a relatively recent development, online and digital peer support has gained significant popularity as a model of providing perinatal mental health services. These are online forums that are moderated, mobile applications, and social media communities where mothers can communicate with each other, exchange experiences, and get suggestions. Digital peer support has also found some interest with its potential to break geographical barriers and offer flexible access to support, especially to mothers who might have logistical issues of childcare or limited mobility due to postpartum. According to the studies in the online health journals, such as the research on online peer support for postpartum depression, it is suggested that online support could provide emotional disclosure, knowledge exchange, and support networks by means of the online sites (Smit et al., 2021). Nevertheless, digital peer support can be effective depending on factors like the moderation, the design of the platform, and the perceived safety and support of online communication by the participants, as well as the specific needs and preferences of the mothers seeking support.

Another model is that of community health workers or peer counselor programs, which are especially prevalent in the low- and middle-income countries where mental health practitioners are less available. Community members, usually mothers who have been trained on basic psychosocial help, offer systematic assistance to women during pregnancy or during the postpartum phase in such interventions. These programs are often based on more comprehensive maternal and child health programs and can include home visits, community meetings, or can be part of primary healthcare services. These models tend to coincide with task-sharing strategies when non-specialist employees are trained to offer simple mental health care under the guidance of health experts. Global mental research has shown that community-based peer counselors can be effective in expanding the mental care coverage of resource-limited environments and offer culturally appropriate services in local communities (Singla et al., 2021; McLeish et al., 2023).

Peer support interventions have been applied in perinatal mental health over the last twenty years, and there is an increasing body of literature to assess their effectiveness. Over the past two decades, an expanding body of literature has evaluated the utility of these interventions. The efficacy documented in early telephone-based trials has been reinforced by subsequent systematic reviews and meta-analyses; these studies report small to significant pooled effects in reducing perinatal depressive symptoms and enhancing overall psychological well-being. Beyond quantifiable symptom reduction, qualitative evaluations confirm that peer support facilitates profound emotional validation, breaks down the isolation characteristic of the perinatal period, and helps normalize maternal struggles.

The differences notwithstanding, these peer support models have several potential benefits that have led to their increasing application in maternal mental health programs. An example is one-to-one mentoring is personalized and can provide good interpersonal relationships, whereas group-based models provide the participants with a chance to socialize and learn together. Online platforms can be flexible and can help increase the accessibility of support to mothers who would otherwise be unable to participate, and interventions can be increased in underserved environments through community-based programs of peer counselors. Nevertheless, both models have issues regarding training needs, coordination of the program, and sustainability. Comparative studies indicate that peer support interventions might be effective based not as much on the format used but more on the quality of peer relationships, program design, and its incorporation with the other health services (Holzle et al., 2024). Given these variations, understanding the implementation of peer support programs is essential for identifying factors that influence their effectiveness and sustainability.

To critically evaluate how these operational models function across varying public health landscapes, their contextual utility, strengths, and primary constraints must be systematically contrasted. While one-to-one mentoring provides deep relational intimacy and high participant preference in individualistic settings, it requires heavy coordination and suffers from high volunteer attrition. Conversely, community health worker and peer counselor models demonstrate the highest scalability and cultural adaptability within low- and middle-income countries (LMICs) where professional psychiatric infrastructure is scarce, though they demand robust clinical escalation pathways to ensure safety (Cuncannon et al., 2024).

Table 1. Contextual Utility, Strengths, and Constraints of Perinatal Peer Support Models.

Peer Support Model	Primary Contextual Best Fit	Key Structural Advantage	Primary Implementation Risk	Supporting Evidence
<b>One-to-One Mentoring</b>	High-resource settings; participants seeking private, individualized care.	Deep relational trust; highly personalized emotional reinforcement.	High volunteer attrition; resource-intensive matching and coordination.	McLeish et al. (2023)
<b>Group-Based Support</b>	Community clinics; maternal health centers with existing	Mitigates maternal isolation rapidly; fosters long-term	Potential for group dynamic imbalances; less individualized attention.	Hölzle et al. (2024)

	infrastructure.	social networks.		
<b>Digital &amp; Online Platforms</b>	Urban areas; geographically isolated or highly mobile populations.	Eliminates logistical and childcare barriers; flexible, low-cost access.	Requires baseline digital literacy; risks of unmoderated or unsafe spaces.	Smit et al. (2021)
<b>Community Health Workers</b>	Low-resource settings (LMICs); rural or underserved districts.	Maximizes scalability; deep cultural integration; high community trust.	Demands continuous institutional funding and strict clinical supervision.	Cuncannon et al. (2024)

## RESULTS

### Implementation Strategies and Structures of the Program.

The effectiveness of the model of peer support interventions in perinatal mental health requires various working dimensions, such as the process of recruiting, training, supervising, and incorporating the peer supporters within the current health systems. Peer support programs differ depending on the context, but a number of elements of implementation have been found to be common in the literature. Such elements usually encompass organized recruitment, well-established training programs, systems of continuous monitoring, and integration with maternity or mental health services (McLeish et al., 2023; Holzle et al., 2024). The implementation strategies also indicate the need to balance the informal, relational character of peer support with safeguards for participants' safety and program quality, such as ensuring that peer supporters are adequately trained and supported to handle sensitive situations effectively. The ability to comprehend these operational elements is essential in explaining the way that peer support interventions can operate in practice and in identifying conditions that can support the delivery of the programs in a sustainable way.

One of the most important aspects of the program implementation is the recruitment and training of peer supporters, a group of individuals who usually have lived experience of perinatal mental health problems and recovery. Many programs have eligibility criteria that ensure peer supporters have past the conditions that include experiencing either postpartum depression or anxiety and have attained a stable level of recovery, allowing them to support others without compromising their own psychological health (Rice et al., 2022). Besides lived experience, communication skills, empathy, and willingness to undergo training and supervision can also be used in the recruitment process. The training programs usually have active listening, boundaries, confidentiality, identification of indicators of mental health weakening, and proper referral channels to professional services modules. Systematic reviews indicate that the content and length of training programs differ significantly across programs, with some being as short as workshops and others being complex multi-session curriculums aimed at providing the peer supporter with basic counseling and communication skills. This is the reason such an arrangement will assist in assuring that peer supporters could be useful and, at the same time, have the right role boundaries.

The type of program delivery also varies in peer support interventions that can be home visits, telephone or video calls, group sessions, and digital communication platforms. The mode of delivery mostly depends on resources at hand, the preference of the participants, and the whole health system environment. An illustration of this is the community-based program, which offers planned home visits during pregnancy or the postpartum period, which enables peer supporters to meet the mothers in their own homes. Interventions based on telephone communication or virtual meetings can be considered other interventions, and they could be more flexible to both the participants and the volunteers (Prevat et al., 2018). Group sessions that can be carried out in the community facility or through the internet platform allow the possibility of collective discussion and support among various participants. Increasingly, digital messaging and mobile communication tools are finding their way into peer support programs that allow continuous contact between the sessions and allow prompt responses to the problems of participants.

The other important element of implementation is the incorporation of the peer support programs in the existing health systems. Numerous interventions are aimed at supporting, not to substitute, professional mental health services but to offer more psychosocial support to the mothers in distress. Practically, this usually entails creating referral channels between maternity care and primary care providers and peer support programs based in the community. Medical workers can screen vulnerable women and then refer them to peer support programs within a bigger treatment strategy. This type of collaboration will have a positive effect on continuity of care and adequately refer participants who may need more intensive mental health care services to specialist services (Holzle et al., 2024). Opportunities of efficient integration with health systems could thus increase the accessibility and the credibility of peer support programs.

The quality and safety of peer support services would demand a proper supervision and oversight system. Despite the fact that peer supporters are not usually trained mental health professionals, several programs involve a supervision framework to mentor volunteers and keep a check on the wellbeing of the participants. Supervision can be in the form of regular sessions with trained facilitators, mental health professionals, or program coordinators who offer advice, resolve obstacles that arise during peer interactions, and make sure the program protocols are followed (McLeish et al., 2023). The structures also offer peer supporters a chance to reflect on their experiences as well as obtain emotional support, which is extremely crucial, bearing in mind the emotional burden that might be linked to the involvement in the process of assisting mothers in distress. Together with the mechanisms of referral to professional services, in certain programs, the supervision contains some escalation mechanisms, permitting peer supporters to direct participants to professional services in cases of serious mental health concerns evolving.

Another important aspect of program implementation is cultural adaptation, especially in multicultural populations and in global health issues. The peer support interventions can have to be modeled to meet the local culture, language preference, and community expectation about motherhood and mental health. As an example, the programs working with migrant or minority populations can invite peer supporters who have similar cultural or linguistic backgrounds to the participants to ease communication and trust (Kåks et al., 2024). Adaptations can also include changing program materials, including culturally relevant parenting practices, or include context-specific obstacles like the stigma of mental illness. There is evidence to indicate that culturally responsive peer support models can produce better engagement and acceptability of those subjects who may otherwise have impediments to accessing traditional mental health services.

Repeatedly, implementation research has placed a significant focus on the utilization of implementation science frameworks to inform the design, evaluation, and sustainability of the peer support programs. The Consolidated Framework for Implementation Research (CFIR) and other models of implementation offer systematic ways to analyze issues that determine the use and success of health interventions. These models emphasize the significance of organizational preparedness, participation of stakeholders, and context in determining program outcomes. In the framework of perinatal mental health, barriers could be identified with the help of implementation frameworks, which include lack of funding, shortage of workforce, and lack of integration with healthcare services. They are also able to guide scaling of successful peer support program development and still uphold the fundamental principles of intervention (Singla et al., 2021). It is then crucial to understand the role of implementation processes as well as the effectiveness outcomes when translating the research into sustainable practice.

Lastly, peer support program assessment is usually a mix of quantitative and qualitative strategies aimed at capturing the clinical outcomes as well as participant experiences. Changes in depressive or anxiety symptoms are often measured by quantitative methods utilizing standardized measures like the Edinburgh Postnatal Depression Scale (EPDS), common in perinatal mental health studies. Other outcome measures can be the indicators of social support, maternal well-being, parenting confidence, and service utilization. Besides quantitative measures, qualitative interventions like interviews and focus groups are also typically employed to understand how participants perceive peer support, the character of peer relationships, and perceived advantages or constraints of interventions. Mixed-methods techniques can thus offer a more holistic perspective of the way peer support programs work and their interaction with participants (Rice et al., 2022). Examining both implementation processes and program outcomes is essential for understanding how peer

support interventions influence maternal mental health. The next part will thus discuss the experiences of participants and perceived benefits of peer support in perinatal mental health programs.

### **Participant Experiences and Perceived Benefits.**

Qualitative studies have also given valuable information on the way women perceive peer support interventions during the perinatal stage. In various studies carried out in the different environments, the participants often refer to the role of peer support as having positive complementation to the formal healthcare service, where they receive relational and emotional support that may not necessarily be present within clinical contact. Qualitative evidence synthesis reviews also reveal a number of common themes, such as emotional validation, fewer feelings of isolation, greater confidence in help-seeking, and sharing of practical parenting knowledge (McLeish et al., 2023; Rice et al., 2022). These results indicate that peer support can affect maternal well-being not just by directly improving the psychological well-being of mothers but also because peer support can be associated with the relational process that leads to the establishment of social bonding and understanding. Notably, qualitative descriptions tend to draw attention to features of peer relations, including trust, reciprocity, and experience, that are hard to measure based on quantitative measures of outcome alone.

Emotional validation and sanctioning of maternal mental health experience have been reported as one of the most reliable benefits of peer support. Most of the women who report having perinatal depression or anxiety complain of guilt, shame, or a sense of failure due to their struggles in the initial fathering period. Similar lived experiences can be challenged by peer supporters with lived experience who have gone through the same experience and are not ashamed to talk about their own experiences and recovery. Interview studies (qualitative) have identified that participants often report that they felt, when talking with peers, that they felt understood or less judged than when interacting in certain clinical contexts (Rice et al., 2022). This feeling of a collective experience can be used to assist women to rebrand their symptoms as usual phenomena instead of individual failures. The normalization process can thus help minimize stigma and make mothers more open about mental health issues.

The lessening of social isolation is another important theme that appears due to the qualitative research. The early postpartum period is known to be socially isolating to most women, especially those with few social networks, those with infants in their care at home, and those who have impediments to community activities. The peer support program, whether it is provided in the form of group meetings, one-to-one interactions, or online, can provide mothers with a chance to share with people that are currently passing through the same life transitions. Participants say that such connections make them feel included and not alone (McLeish et al., 2023). Once more, group-based peer support programs, specifically, seem to help foster supportive networks among mothers and allow the participants to be able to share experiences, discuss challenges, and develop continuous social networks after the formal intervention.

There has also been a relation of peer support participation to help-seeking behaviors and empowerment. In the case of some women, the interaction with a peer supporter can be taken as the first step toward recognizing their mental health needs and thinking about the other possible sources of support. Peers can prompt the participants to seek professional services, communicate information about existing resources, or demonstrate positive help-seeking behavior on the basis of their own experience of recovery. The research on the experience of peer support among women has shown that these experiences can enhance self-efficacy and confidence in coping with mental health issues and parenting roles (Holzle et al., 2024). By doing this, peer support can serve as a connection between informal support and the formal healthcare services, allowing engagement in treatment earlier when it is necessary.

In addition to emotional support, women have indicated that they have gained great practical advice regarding parenting and overcoming the challenges of early motherhood. Peer supporters tend to provide tips on how to cope with sleep deprivation, how to juggle childcare, and how to overcome the usual infant care challenges. Such interactions of first-hand experience knowledge could work in tandem with information that healthcare professionals provide because they would be tackling the realities of day-to-day parenting. The interviewees often report enjoying advice based on the lived experience, which might be more relatable and relevant to their

situation. This practical support can also be useful in alleviating stress and uncertainty in the postpartum phase and is indirectly related to a better mental state.

Lastly, there is qualitative data that peer support can favorably affect the recovery pathways of women with perinatal mental health challenges. Among the most frequently reported changes are an improvement in the emotional well-being of participants, a sense of confidence in their parenting skills, and a better sense of hope about recovery. Although not always resulting in immediate clinical symptom relief, peer support can be an essential part of a larger recovery process of women. Relational and social aspects of peer support can thus have a significant role to play in aiding long-term coping and resilience through the motherhood transition. Nonetheless, despite these claimed advantages, qualitative research also reveals a number of issues and problems associated with the work implementation and involvement in the program. The next section thus discusses obstacles and the implementation issues connected to the peer support interventions in perinatal mental health.

### **Barriers and Implementation Challenges.**

Although there is an increased interest in peer support interventions as a method of perinatal mental health, several implementation challenges have been disseminated through research. These obstacles are usually brought about by the structural, organizational, and contextual issues that affect the way the peer support programs are provided and maintained (Howard & Khalifeh, 2020; Webb et al., 2021). Community-based peer support programs have been reviewed, and it is observed that most programs rely on volunteer involvement, restricted funding sources, and a range of health system integration (Cooper et al., 2023; Webbe et al., 2021). Although peer support can be a cost-effective and potentially scalable method of enhancing maternal mental health, such operational limitations can impact the program expansion, stability, and sustainability. Such barriers should be understood, however, to develop effective and feasible interventions to be applied in different healthcare settings.

A frequent issue that has been reported is recruitment and retention of peer supporters, especially when the program is volunteer-dependent (Cooper et al., 2023). It can be challenging to recruit people who have suitable lived experience, communication skills, and availability, particularly in few communities where perinatal mental health is poorly understood. Although peer supporters can be successfully recruited, some of the challenges might be the long-term engagement because of the emotional requirements related to helping the mothers who are in distress (Hillard et al., 2025). In other cases, there has been a call of concern on the issue of volunteer fatigue or burnout, especially where peer supporters are faced with complicated emotional scenarios and lack adequate support systems (Holzle et al., 2024). The challenges of retention can interfere with the continued support of the participants and make the programs spend more resources on continuous recruitment and training.

The other issue pertains to the training needs and role definition of peer supporters. Although the value of the peer support depends on the lived experience, proper delivery includes a clear path on boundaries of peer support, roles, and constraints of the peer role. In practice, the boundaries separating peer support from formal clinical intervention can occasionally become blurred, particularly when participants present with severe psychological distress or complex social vulnerabilities. Lack of explicit guidelines can leave peer supporters in a dilemma of how to act when such a situation comes or when to direct participants to professional services. Research on peer support programs draws attention to the need for formal training and role clarification to facilitate the delivery of proper assistance by peer supporters and leave the responsibilities that might demand professional clinical skills to the clinical team (Rice et al., 2022). These concerns should be addressed to protect the participants and peer supporters.

Financial issues are also another major obstacle to the long-term sustainability of peer support programs. Most of the initiatives are formulated in research projects, pilot schemes, or community organizations that depend on short-lived grants or scarce external funds. This means that the programs that have recorded positive results might not be able to continue working after the first funding periods are over. The financial resources are limited, and the limitation may touch various issues of the program's delivery, such as training, supervision,

coordination, and evaluation activities. The implementation research recommends that successful long-term collaboration with peer support can involve consistent institutional support, incorporation into the current health services, and acknowledgment of the role of peers in the general maternal health systems (Singla et al., 2021). The absence of such a structural support means that even promising interventions can continue to be small-scale or costly to sustain in the long run.

Other issues are associated with cultural and access barriers that can affect individuals who can receive peer support programs. The language barrier, cultural beliefs regarding mental health, and stigmatization with regard to mental distress may inhibit interaction amongst some groups. Migrant women, women of minority origin, etc. can encounter other obstacles in the form of language, social isolation, or mistrust towards formal medical care. Research investigating culturally tailored peer support programs proposes the possibility of recruiting peer supporters with a similar background of cultural or language history and introducing cultural adaptation to overcome these barriers and enhance the program acceptability (Kåks et al., 2024). But the realization of equal access has been a consistent problem, especially in situations where there is scarcity of resources to support culturally specific interventions.

Lastly, peer support interventions still have limitations in their evidence base that are associated with evaluation and long-term outcome data. Although there is evidence of improvement in depressive symptoms and psychosocial outcomes with randomized controlled trials and short-term studies, less has been done to determine the long-term effects on maternal well-being, parenting outcomes, or child development. Besides, the design and outcome measures of the programs differ in different studies, complicating comparisons. The necessity of a more rigorous and longitudinal assessment that integrates quantitative and qualitative data on program processes has become a prominent focus of the researchers (Holzle et al., 2024; McLeish et al., 2023). Such gaps in evidence will be significant to tackle to enhance the scientific basis of peer support interventions and to guide the development of future programs. The subsequent section, hence, addresses the main gaps in research and directions of future developments toward peer support of perinatal mental health development.

### **Research Gaps and Future Directions.**

Although the evidence base on the topic of peer support in perinatal mental health has enlarged significantly over recent years, there are still several significant research gaps. One of the problems is related to the heterogeneity regarding the designs of interventions and reporting practices among studies. The peer support programs are diverse in nature with respect to recruitment methods, training methodology, level of intervention, form of delivery, and how it integrates with health services. This heterogeneity indicates the flexibility of peer support to varying settings but also makes it harder to compare the results among the studies as well as to establish the elements that are most closely related to positive outcomes. The recent systematic reviews have emphasized that there should be more standardized reporting intervention characteristics with details on peer supporter training, supervision framework, and interaction with participants (Holzle et al., 2024). Implementation of research Structured reporting frameworks may enhance transparency and enable stronger synthesis of the evidence across future studies, including those generally used to implement research.

Longitudinal and implementation-oriented studies that are aimed at investigating sustainability and the long-term effects of peer support interventions are another priority of future research. Several studies that are available have focused on the short-term effects, including decreases in depressive symptoms observed in the initial postpartum phases. Very few studies, however, have investigated whether peer support influences longer-term maternal mental health, parenting outcomes, or child developmental trajectories. Also, the mechanisms of successful implementation and maintenance of peer support programs in various health system settings are sparsely evidenced. Research that has been conducted on the implementation aspects, including program fidelity, engagement of participants, and organizational preparedness, would be fruitful in gaining knowledge about how the peer support interventions can be expanded and sustained in a non-pilot study (McLeish et al., 2023). The knowledge gaps would be resolved to enhance the evidence base required to promote the wider application of peer support initiatives.

Recent studies also emphasize the increased significance of online communication platforms with more conventional support methods; they are referred to as digital and hybrid peer support models. Online programs such as message boards, chatbots, and virtual peer groups provide the chance to increase access to support services among mothers whose geographical, logistical, or social barriers may prevent their participation in physical programs. The recent research recommends that online peer groups have the potential to support emotional disclosure, sharing knowledge, and building supportive networks among mothers with perinatal mental health problems (Smit et al., 2021). A hybrid model, combining a digital platform with periodic face-to-face or phone interaction, can be an especially promising solution addressing the needs of accessibility and still managing the degree of relational depth sometimes linked with face-to-face interaction with peers. More studies are required to compare the effectiveness, safety, and acceptability of these digital solutions in different populations and cultures.

From a public health policy perspective, integrating peer-led psychosocial prevention interventions into regular maternal and child health frameworks represents an economically viable solution to address global treatment gaps (Prina et al., 2023). In low-resource settings, successful scaling up cannot rely on top-down expansion alone; instead, it requires structural adaptations such as "cascade training" models, where a minimal cohort of clinical experts upskills senior community health agents, who subsequently train local peer volunteers (Oladeji et al., 2023). Furthermore, to ensure systemic sustainability and equity across healthcare continuums, national health administrators must embed standardized perinatal mental health indicators directly into primary care data registries (Asefa et al., 2024). This structural alignment transitions peer support from isolated pilot projects into permanent, data-driven components of regional maternal care policies.

## DISCUSSION

This narrative review has summarized the available literature on peer support models for perinatal mental health in terms of conceptual underpinnings, type of intervention, implementation plans, and their experiences. In general, it is possible to say that peer support interventions might be a useful supplement in increasing access to psychosocial support for women during pregnancy and postpartum. In studies of various intervention models, such as one-to-one mentoring, group-based support, digital platforms, and community peer counselor programs, the potential of peer support is consistently reported to minimize depressive symptoms, social isolation, and maternal well-being (Holzle et al., 2024; McLeish et al., 2023). The qualitative data also suggests that the relationship aspect of the peer support is frequently appreciated by the participants, especially the chance to exchange experiences with those who went through the same mental health issues at the moment of moving to motherhood. Combined, these results indicate that peer support is a potentially effective and scalable intervention to fill the enduring gaps in perinatal mental health care.

Conceptually, the results of this review show that the effectiveness of interventions of peer support is directly related to processes of social connection and experiential credibility. In contrast to conventional clinical interventions, relationships between peer supporters and participants are based on shared lived experience that can lead to the development of trust, empathy, and open communication between peer supporters and participants. It seems that these relationship processes contribute to emotional validation and normalization of perinatal mental health challenges and enable women to redefine their experiences in less stigmatizing terms (Rice et al., 2022). Also, peer support interaction can enhance the ability to cope, as it can offer emotional support as well as practical skills regarding parenting and mental health management. In theory, these mechanisms are consistent with social support and recovery-focused models, and it is possible that peer relations can lead to psychological well-being through increasing social connectedness, decreasing perceived stigma, and enabling women to seek additional support when necessary.

The results of this review also carry significant implications for the health system and service delivery of maternal health. Since there are persistent gaps of mental health professionals in most environments and especially in low- and middle-income countries, peer support programs can be a viable approach towards the expansion of psychosocial support through the available maternal health services. Enhancing peer support as a part of regular perinatal care (via referral routes in maternity services, primary care, or community health interventions) may aid in the acquisition of more women in the perinatal period in the state of psychological

distress and support them. This type of integration would probably need to be structured through training, supervision systems, and fund sustenance systems, which would maintain the quality and sustainability of the programs. The impetus of implementation research has focused more on the idea that peer support programs are best implemented as components of larger care routes that involve access to professional mental health services to women in need of extra support (Singla et al., 2021).

These strengths and limitations of this review should also be mentioned. The most important strength is the thematic synthesis of various types of evidence, such as randomized trials, qualitative research, and implementation studies, which made it possible to delve into the outcomes of the interventions as well as the experiences of participants. The method facilitated the detection of cross-cutting mechanisms and implementation considerations, which would not be evident in separate research. Nevertheless, there are quite a number of shortcomings that ought to be taken into account when attaching meaning to the findings. To begin with, the body of literature regarding peer support interventions is not homogeneous, as there is a great deal of variation in the design of programs, their populations, and outcomes of evaluations. This heterogeneity prevents the direct comparison of intervention effectiveness of studies. Second, most of the available evidence is narrowed on short-term consequences, and there has been relatively little research that analyzes the long-term effects on maternal mental health or family well-being. Lastly, although the review was aimed at incorporating the works of various global settings, the body of evidence is still limited to high-income ones, which is why additional studies in the underexplored areas should be conducted. In spite of these weaknesses, the results are valuable in revealing the possible role of peer support as a component of the overall plans to enhance perinatal mental health.

## CONCLUSION

This review demonstrates that peer support interventions represent a vital and scalable solution to the persistent gaps in perinatal mental health services. By centering shared lived experience, these models provide a level of emotional validation and social reciprocity that is often absent in standard clinical care. Whether delivered through individual mentoring, community groups, or digital platforms, peer-led support effectively reduces the isolation associated with maternal mental health disorders and empowers women during the transition to parenthood. However, the shift from pilot projects to sustainable, system-wide integration requires addressing significant structural barriers. Future implementation must focus on establishing formal training standards, securing consistent funding, and ensuring that interventions are culturally adapted for diverse and underserved populations. Additionally, more rigorous longitudinal research is needed to quantify the long-term benefits of these programs for both maternal well-being and child development. If properly integrated into the broader maternal healthcare continuum, peer support offers a scalable, economically viable mechanism to expand the reach of psychosocial care and ensure essential support is accessible to all women throughout the perinatal period.

## REFERENCES

1. Asefa, A., Hanlon, C., Marchal, B., Homer, C., Gebremedhin, S., Tunçalp, Ö., ... & Beňová, L. (2024). Revisiting health systems to integrate perinatal mental health into maternal and child health services: perspectives from research, policy and implementation. *BMJ Global Health*, 9(12). <https://doi.org/10.1136/bmjgh-2024-015820>
2. Cooper, R. E., Saunders, K. R., Greenburgh, A., Shah, P., Appleton, R., Machin, K., ... & Johnson, S. (2024). The effectiveness, implementation, and experiences of peer support approaches for mental health: a systematic umbrella review. *BMC medicine*, 22(1), 72. <https://doi.org/10.1101/2023.10.23.23297394>
3. Cummings Graduate Institute for Behavioral Health Studies. (2025, January 27). Breaking barriers in perinatal mental health: The impact of peer support training. <https://cgi.edu/news/breaking-barriers-in-perinatal-mental-health-the-impact-of-peer-support-training/>
4. Cuncannon, A., Seitz, K., Brar, A. S., & Dosani, A. (2024). Peer counseling for perinatal depression in low-and middle-income countries: A scoping review. *Cambridge Prisms: Global Mental Health*, 11, e85. <https://doi.org/10.1017/gmh.2024.73> Cited by: 5

5. Dennis, C. L., Falah-Hassani, K., & Shiri, R. (2017). Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(5), 315-323. <https://doi.org/10.1192/bjp.bp.116.187179>
6. Dennis, C. L., Hodnett, E., Kenton, L., Weston, J., Zupancic, J., Stewart, D. E., & Kiss, A. (2009). Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. *Bmj*, 338. <https://doi.org/10.1136/bmj.a3064>
7. Fang, Q., Lin, L., Chen, Q., Yuan, Y., Wang, S., Zhang, Y., ... & Tian, L. (2022). Effect of peer support intervention on perinatal depression: A meta-analysis. *General hospital psychiatry*, 74, 78-87. <https://doi.org/10.1016/j.genhosppsy.2021.12.001>
8. Fisher, J., Mello, M. C. D., Patel, V., Rahman, A., Tran, T., Holton, S., & Holmes, W. (2012). Prevalence and determinants of common perinatal mental disorders in women in low-and lower-middle-income countries: a systematic review. *Bulletin of the World Health Organization*, 90, 139-149.
9. Gillard, S., Foster, R., Gibson, S., Goldsmith, L., Marks, J., & White, S. (2017). Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services. *Mental health and social inclusion*, 21(3), 133-143.
10. Hilliard, F., Horan, H., Zgierska, A. E., Edwards, R. C., & Workgroup, H. S. N. (2025). Establishing a model of peer support for pregnant persons with a substance use disorder as an innovative approach for engaging participants in the healthy brain and child development study. *Developmental Cognitive Neuroscience*, 71, 101495. <https://doi.org/10.1016/j.dcn.2024.101495>
11. Hölzle, L., Schöch, P., Hörtnagl, C., Buchheim, A., Lampe, A., Zechmeister-Koss, I., & Paul, J. L. (2024). Identifying and synthesizing components of perinatal mental health peer support—a systematic review. *Frontiers in psychiatry*, 15, 1389545. <https://doi.org/10.3389/fpsy.2024.1389545>
12. Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. *World psychiatry*, 19(3), 313-327. <https://doi.org/10.1002/wps.20769>
13. Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. *World psychiatry*, 19(3), 313-327. <https://doi.org/10.1002/wps.20769>
14. Huang, R., Yan, C., Tian, Y., Lei, B., Yang, D., Liu, D., & Lei, J. (2020). Effectiveness of peer support intervention on perinatal depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, 276, 788-796. [10.1016/j.jad.2020.06.048](https://doi.org/10.1016/j.jad.2020.06.048)
15. Kåks, P., Målqvist, M., Tomlinson, M., & Stansert Katzen, L. (2024). Empowerment strategies of the Mentor Mother peer support program among mothers who have migrated to Sweden: a photovoice study. *BMC Public Health*, 24(1), 1912. <https://doi.org/10.1186/s12889-024-19442-5>
16. Khademi, K., & Kaveh, M. H. (2024). Social support as a coping resource for psychosocial conditions in postpartum period: a systematic review and logic framework. *BMC psychology*, 12(1), 301. [10.1186/s40359-024-01814-6](https://doi.org/10.1186/s40359-024-01814-6)
17. McLeish, J., Ayers, S., & McCourt, C. (2023). Community-based perinatal mental health peer support: a realist review. *BMC pregnancy and childbirth*, 23(1), 570. <https://doi.org/10.1186/s12884-023-05843-8>
18. Oladeji, B. D., Ayinde, O. O., Bello, T., Kola, L., Faregh, N., Abdulmalik, J., ... & Gureje, O. (2023). Cascade training for scaling up care for perinatal depression in primary care in Nigeria. *International journal of mental health systems*, 17(1), 41. <https://doi.org/10.1186/s13033-023-00607-5>
19. Prevatt, B. S., Lowder, E. M., & Desmarais, S. L. (2018). Peer-support intervention for postpartum depression: Participant satisfaction and program effectiveness. *Midwifery*, 64, 38-47.
20. Prina, E., Ceccarelli, C., Abdulmalik, J. O., Amaddeo, F., Cadorin, C., Papola, D., Tol, W. A., Lund, C., Barbui, C., & Purgato, M. (2023). Task-sharing psychosocial interventions for the prevention of common mental disorders in the perinatal period in low- and middle-income countries: A systematic review and meta-analysis. *International Journal of Social Psychiatry*, 69(7), 1578-1591. <https://doi.org/10.1177/00207640231174451>
21. Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health*, 20(4), 392-411. [10.3109/09638237.2011.583947](https://doi.org/10.3109/09638237.2011.583947)
22. Rice, C., Ingram, E., & O'Mahen, H. (2022). A qualitative study of the impact of peer support on women's mental health treatment experiences during the perinatal period. *BMC Pregnancy and Childbirth*, 22, 671. <https://doi.org/10.1186/s12884-022-04959-7>

23. Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR mental health*, 7(6), e15572. [10.2196/15572](https://doi.org/10.2196/15572)
24. Shorey, S., Chee, C. Y. I., Ng, E. D., Chan, Y. H., San Tam, W. W., & Chong, Y. S. (2018). Prevalence and incidence of postpartum depression among healthy mothers: A systematic review and meta-analysis. *Journal of psychiatric research*, 104, 235-248. [10.1016/j.jpsychires.2018.08.001](https://doi.org/10.1016/j.jpsychires.2018.08.001)
25. Singla, D. R., Lawson, A., Kohrt, B. A., Jung, J. W., Meng, Z., Ratjen, C., Zahedi, N., Dennis, C.-L., & Patel, V. (2021). Implementation and effectiveness of nonspecialist-delivered interventions for perinatal mental health in high-income countries: A systematic review and meta-analysis. *JAMA Psychiatry*, 78(5), 498–509. <https://doi.org/10.1001/jamapsychiatry.2020.4556>
26. Smit, D., Vrijzen, J. N., Groeneweg, B., Vellinga-Dings, A., Peelen, J., & Spijker, J. (2021). A newly developed online peer support community for depression (depression connect): qualitative study. *Journal of Medical Internet Research*, 23(7), e25917. [10.2196/25917](https://doi.org/10.2196/25917)
27. Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, 27(4), 392.
28. Stein, A., Pearson, R. M., Goodman, S. H., Rapa, E., Rahman, A., McCallum, M., ... & Pariante, C. M. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384(9956), 1800-1819.
29. Webb, R., Uddin, N., Ford, E., Easter, A., Shakespeare, J., Roberts, N., ... & Williams, L. R. (2021). Barriers and facilitators to implementing perinatal mental health care in health and social care settings: a systematic review. *The Lancet Psychiatry*, 8(6), 521-534.
30. World Health Organization (2021) Peer support mental health services: Promoting person-centred and rights-based approaches. [Peer support mental health services](#)