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Partner support and prenatal anxiety: A systematic review integrating biopsychosocial and dyadic mechanisms

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Abstract

Background: Pregnancy is a critical period characterized by substantial physiological and psychosocial changes that increase vulnerability to stress and prenatal anxiety. Partner support has been identified as a key protective factor; however, existing studies often conceptualize social support broadly, with limited integration of relational and dyadic mechanisms.
Purpose: To synthesize evidence on the relationship between partner support and prenatal anxiety within a biopsychosocial and dyadic framework.
Method: Following PRISMA 2020 guidelines, systematic searches were conducted in PubMed, Scopus, and Google Scholar, identifying 10 eligible studies published between 2016 and 2025. The included studies were predominantly cross-sectional, with some longitudinal and dyadic designs. Data were extracted using a PICOS framework and synthesized through thematic analysis to identify patterns of association and underlying mechanisms.
Results: Evidence across studies consistently indicates that higher levels of partner support are associated with lower prenatal anxiety, although findings are largely derived from observational designs. The relationship operates through both direct and indirect pathways. Relationship quality and dyadic coping emerge as key relational mechanisms that mediate or strengthen the association between support and maternal psychological outcomes. Additionally, dyadic evidence suggests that prenatal anxiety is shaped by interdependent processes within couples, highlighting the relational nature of maternal mental health.
Conclusions: This review supports a biopsychosocial and dyadic understanding of prenatal anxiety and proposes a multi-pathway conceptual model integrating partner support, relationship quality, and dyadic coping. While the findings highlight the importance of partner involvement in antenatal care, further longitudinal and theory-driven studies are needed to establish causal pathways and strengthen the evidence base.

Keywords: Biopsychosocial Model; Dyadic Coping; Maternal Mental Health; Partner Support; Prenatal Anxiety; Relationship Quality.

INTRODUCTION

Pregnancy is a critical developmental period characterized by profound physiological, psychological, and social changes that may increase women's vulnerability to stress and anxiety. Prenatal anxiety has been widely recognized as a significant public health concern due to its association with adverse maternal and perinatal outcomes, including impaired psychological well-being, complications during pregnancy, and difficulties in the transition to parenthood (Radoš, Tadinac, & Herman, 2018; Cheng, Rifas-Shiman, Perkins, Rich-Edwards, Gillman, Wright, & Taveras, 2016). These risks underscore the importance of identifying protective factors that can mitigate psychological distress and support maternal adaptation during pregnancy.

Among these protective factors, social support has consistently been identified as a key determinant of maternal mental health. In particular, partner or husband

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support represents a central and context-specific form of support during pregnancy. Empirical evidence suggests that higher levels of partner support are associated with lower levels of prenatal anxiety and stress across diverse populations (Ajeng, Nurseskasatmata, & Yulifah, 2025; Khan & Farooq, 2025; Ma, Wang, Hu, Tao, Zhang, & Shi, 2019; Tilahune, Peng, Adams, & Sibbritt, 2022). Systematic evidence further indicates that social support plays a buffering role against pregnancy-related stress and contributes to improved psychological outcomes (Abdi, Faramarzi, Bouzari, Chehrazi, & Esfandyari, 2022). However, much of the existing literature conceptualizes support in broad or generalized terms, with limited attention to the distinct, dynamic, and relational role of the partner within the maternal context.

Beyond the direct effects of support, emerging research highlights the importance of relational context and dyadic processes in shaping maternal mental health. Relationship quality, marital satisfaction, and interpersonal functioning have been shown to influence levels of anxiety and depression during pregnancy, suggesting that the effectiveness of partner support is embedded within broader relational dynamics (Allen, River, Rhoades, & Stanley, 2023; Mangialavori, Cacioppo, Terrone, & O'Hara, 2021; Daugherty, Bueso-Izquierdo, Lara-Cinisomo, Lozano-Ruiz, & Caparros-Gonzalez, 2022). In addition, dyadic perspectives emphasize that emotional experiences during pregnancy are not solely individual phenomena but are shaped by interdependent processes within couples, including dyadic coping and mutual emotional regulation (Bogza, Pierce, Prud'homme, Turcotte, & Roch, 2025; Zhao, An, Liu, Shen, He, Hu, & Liu, 2025; Hughes, Devine, Foley, Ribner, Mesman, & Blair, 2020). These developments reflect a conceptual shift from individual-centered models toward relational and dyadic frameworks in maternal mental health research.

Despite this growing body of evidence, several important gaps remain. First, existing studies frequently examine partner support as an isolated predictor, without integrating it into a comprehensive biopsychosocial framework that captures the interaction between social, relational, and psychological processes. Second, although dyadic mechanisms have been increasingly explored, they have not been systematically synthesized in relation to prenatal anxiety. Third, previous reviews have predominantly focused on general social support rather than explicitly examining partner support as a distinct and central determinant of maternal mental health (Antoniou, Stamoulou, Tzanoulinou, & Orovou, 2021). Consequently, there is a lack of integrative synthesis that connects partner support, relationship quality, and dyadic processes within a unified conceptual model.

This review addresses these gaps by providing a novel integrative synthesis of partner support and prenatal anxiety within a biopsychosocial and dyadic framework. Specifically, it is, to our knowledge, among the first reviews to systematically combine relational and dyadic mechanisms into a unified conceptual model of maternal mental health during pregnancy. By moving beyond fragmented approaches, this review advances a more comprehensive understanding of how partner-related factors interact across multiple levels to influence prenatal anxiety.

Addressing these gaps is essential for advancing both theoretical and clinical perspectives in maternal mental health. Conceptualizing partner support within a biopsychosocial and dyadic framework provides a more holistic understanding of how prenatal anxiety develops and can be mitigated. This perspective shifts the focus from individual-level risk factors toward relational systems of support and adaptation, which are particularly relevant for midwifery and perinatal care practice.

Therefore, this systematic literature review aims to synthesize current evidence on the relationship between partner support and prenatal anxiety within a biopsychosocial and dyadic framework. Specifically, this review is guided by the following research questions (RQ): (1) How is partner support conceptualized and measured in pregnancy research?; (2) What is the relationship between partner support and prenatal anxiety?; (3) How do relationship quality and dyadic processes influence this relationship?; and (4) How can these findings inform a comprehensive biopsychosocial model of maternal mental health?

RESEARCH METHOD

A systematic literature review (SLR) was conducted in accordance with the PRISMA 2020 guidelines. The review aimed to synthesize empirical and conceptual evidence on the relationship between partner support and prenatal anxiety, with particular emphasis on integrating these relationships within a biopsychosocial and dyadic framework. This approach was considered appropriate for advancing theoretical understanding and informing maternal and midwifery practice, where psychosocial and relational factors play a central role in maternal mental health during pregnancy.

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A systematic literature search was conducted using three electronic databases: PubMed, Scopus, and Google Scholar to ensure comprehensive coverage of relevant studies in maternal mental health and perinatal care. PubMed and Scopus were used as primary databases, while Google Scholar was used as a supplementary source to identify additional relevant articles. The literature search was conducted in Januari 2026.

The search strategy was guided by the PICOS framework to ensure conceptual clarity and relevance to the research objectives. PICOS Framework : Population (P) = Pregnant women, expectant mothers, and couples during pregnancy. Exposure (I) = Partner-related factors, including partner support, husband support, partner involvement, relationship quality, and dyadic coping. Comparator (C) = Implicit comparison across varying levels of partner support (low vs high support), as commonly applied in observational maternal health studies. Outcome (O) = Maternal mental health outcomes, including prenatal anxiety, psychological stress, emotional distress, and overall mental well-being. Study design (S) = Empirical studies (cross-sectional, cohort, longitudinal, and dyadic studies) and review articles published in peer-reviewed journals.

The searches were conducted using Boolean operators (AND/OR) within database search fields (TITLE–ABS–KEY). The core search strategy was as follows: ("partner support" OR "husband support" OR "partner involvement" OR "relationship quality" OR "dyadic coping") AND ("pregnancy" OR "pregnant women" OR prenatal) AND ("anxiety" OR "prenatal anxiety" OR "psychological stress" OR "mental health").

Studies were included if they met one or more of the following criteria: (1) Empirical studies involving pregnant women or expectant couples that examined partner support, husband support, or relational factors in relation to maternal mental health outcomes, including prenatal anxiety, psychological stress, or emotional distress; and/or (2) Conceptual, theoretical, or review articles that provided insights into partner roles, relationship dynamics, or dyadic processes relevant to maternal mental health during pregnancy. Eligible studies employed quantitative, qualitative, or conceptual designs, were published in peer-reviewed English-language journals, and appeared between 2016 and 2025. The inclusion of both empirical and conceptual literature was intended to support the development of a comprehensive biopsychosocial and dyadic framework, rather than to produce only effect-size estimates.

Studies were excluded if they: (1) focused exclusively on general social support without specific reference to partner or husband support; (2) did not report outcomes related to maternal mental health, particularly anxiety or psychological distress; (3) involved non-pregnant populations without clear relevance to pregnancy or maternal context; or (4) were non–peer-reviewed publications, including editorials, commentaries, theses, or conference proceedings.

All identified records were exported into a reference management system, and duplicate entries were removed. Study selection was conducted in two stages: (1) title and abstract screening and (2) full-text review. To enhance methodological rigor, the screening process was conducted independently by two reviewers. Discrepancies between reviewers were resolved through discussion and consensus. The study selection process followed the PRISMA 2020 framework, resulting in 10 studies that met the eligibility criteria and were included in the final synthesis.

Data were extracted using a standardized form based on the PICOS framework. Extracted information included authors, year of publication, country, study population, exposure variables (partner support and relational factors), comparison, outcomes, measurement instruments, and key findings related to prenatal anxiety and maternal mental health.

The methodological quality of empirical studies was assessed using criteria adapted from the Joanna Briggs Institute (JBI) critical appraisal tools for observational studies. Each study was evaluated based on methodological rigor, clarity of measurement, and risk of bias, and categorized as high, moderate, or low quality. Conceptual and review articles were appraised based on clarity, theoretical coherence, and relevance to the biopsychosocial and dyadic framework. Quality appraisal was used to inform the interpretation of findings rather than as a basis for exclusion.

Given the heterogeneity of study designs, populations, and outcome measures, a narrative synthesis with thematic analysis was conducted. Findings were organized into key themes aligned with the research objectives: (1) direct effects of partner support on prenatal anxiety; (2) the role of relationship quality and marital satisfaction; (3) dyadic processes and interdependence; and (4) integration within a biopsychosocial framework. The synthesis focused on identifying patterns, consistency of findings, and underlying mechanisms across studies, rather than estimating pooled effect sizes.

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RESEARCH RESULTS

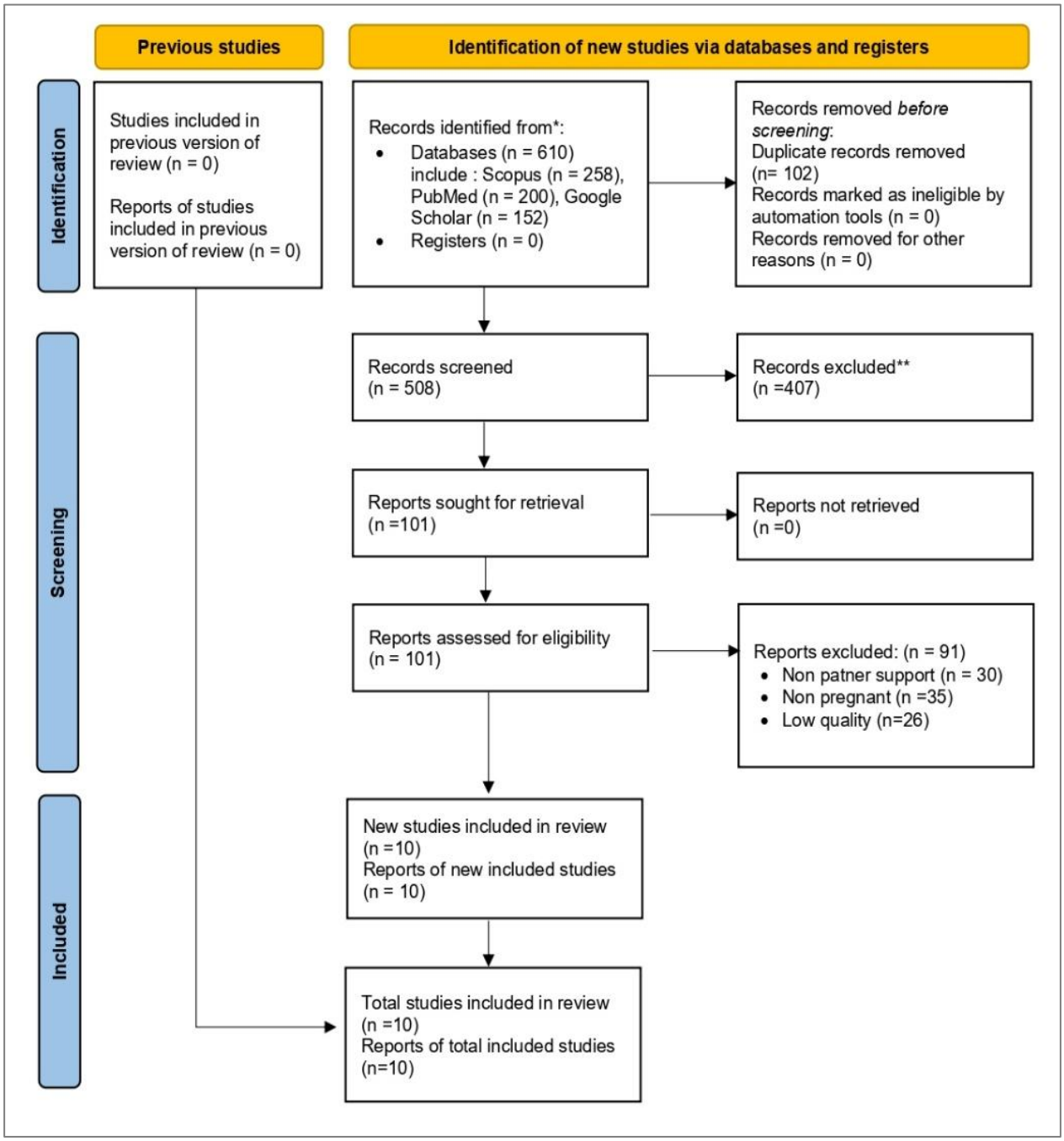

Figure 1. PRISMA 2020 Flow Diagram

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Table 1. PICO Framework of Included Studies (N=10)

(Author, Year) (Country)	Purpose	Method	Population (P)	Exposure (I)	Comparison (C)	Outcome (O)	Instruments	Key Findings
(Ajeng et al., 2025) (Indonesia)	To determine the correlation between husband's support and anxiety levels in primigravida mothers.	Quantitative study employing cross-sectional design.	30 Primigravida women	Husband support	Low vs high support	Maternal anxiety	Anxiety scale	Husband support significantly reduces anxiety
(Khan & Farooq, 2025) (Pakistan)	To investigate the relationship between perceived partner support, relationship satisfaction and pregnancy related anxiety in pregnant women.	Correlational design	245 Pregnant women	Partner support & satisfaction	Low vs high support	Pregnancy-related anxiety	Standard anxiety scales	Higher partner support associated with lower anxiety
(Zhao et al., 2025) (China)	To analyze the relationships between perceived stress, adult attachment (attachment avoidance and attachment anxiety), and dyadic coping among Chinese couples during pregnancy. Additionally, it seeks to explore the mediating effects of adult attachment on these relationships.	Cross-sectional study	701 heterosexual couples	Dyadic coping	Low vs high coping	Anxiety	Psychological scales	Dyadic coping mediates stress–anxiety relationship
(Martin & Brock, 2023) (USA)	To investigate the extent to which interparental support reduced pregnancy stress and subsequent postpartum bonding impairments with infant.	Correlational design	157 Pregnant women	Partner support quality	Low vs high quality	Prenatal stress/anxiety	Standardized scales	High-quality partner support reduces prenatal stress
(Allen et al., 2023) (USA)	To examine how specific aspects of romantic relationship functioning—relationship commitment, perceived partner support, constructive communication, and destructive conflict—moderated the links between mothers' and fathers' childhood maltreatment and depression during pregnancy.	Cross-sectional dyadic modeling (APIM with moderation analyses)	1,135 heterosexual couples	Relationship functioning	Low vs high functioning	Depression & anxiety	Relationship scales	Relationship quality moderates anxiety outcomes

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(Author, Year) (Country)	Purpose	Method	Population (P)	Exposure (I)	Comparison (C)	Outcome (O)	Instruments	Key Findings
(Daugherty et al., 2022) (USA)	To assess how partner relationship conflict and social support may mediate mental health outcomes during the COVID-19 lockdown.	Cross sectional	152 Pregnant women	Relationship quality & support	Low vs high support	Maternal stress	Psychological scales	Better relationship quality reduces stress
(Mangialavori et al., 2021) (Italy)	To evaluate the mediating role of dyadic satisfaction on the relationship between perceived stress and prenatal depressive symptomatology in both members of male-female-mixed-gender couples who were expecting their first child.	Cross-sectional dyadic analysis with APIMeM and SEM	138 couples who were expecting their first child	Marital satisfaction	Low vs high satisfaction	Prenatal depression	Dyadic Adjustment Scale	Marital satisfaction mediates stress–depression
(Hughes et al., 2020) (UK)	To test the unique influences of friendship support and family support on parental psychological distress, including couple relationship quality and prenatal salivary cortisol as covariates in our longitudinal dyadic model.	Prospective longitudinal study	474 Expectant couples	Social/partner support	Low vs high support	Psychological distress	Standard distress scales	Support buffers distress in couples
(Ma et al., 2019) (China)	To explore the effect of resilience to stress on prenatal anxiety/ depression in pregnant women.	Prospective cohort study design	2,813 Pregnant women	Partner support	Low vs high support	Anxiety	Standardized scale	Partner support negatively correlated with anxiety
(Cheng et al., (016) (USA)	To examine the associations between antenatal partner support and maternal psychological outcomes, smoking behavior, and pregnancy outcome.	Cohort study with regression analyses across two distinct populations	1,764 Pregnant women	Partner support	Low vs high support	Pregnancy outcomes	Clinical & survey tools	Partner support improves maternal outcomes

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RQ1. Conceptualization and Measurement of Partner Support

Across the included studies, partner support was operationalized using various constructs, including husband support, partner support, partner involvement, and relationship quality. Direct measures of partner support were reported in several studies, including husband support (Ajeng et al., 2025), perceived partner support (Khan & Farooq, 2025; Ma et al., 2019), and partner support influencing pregnancy outcomes (Cheng et al., 2016). These measures were typically assessed using standardized or study-specific scales capturing perceived emotional and practical support. Other studies operationalized partner-related variables through relationship functioning and marital satisfaction, including relationship functioning (Allen et al., 2023), relationship quality (Daugherty et al., 2022), and marital satisfaction (Mangialavori et al., 2021). In dyadic studies, partner support was examined within broader constructs such as dyadic coping (Zhao et al., 2025), reflecting interaction-based measures rather than individual perceptions.

RQ2. Relationship Between Partner Support and Prenatal Anxiety

All included empirical studies examining partner support reported a relationship between partner-related variables and maternal mental health outcomes. Studies focusing on direct partner support consistently reported that higher levels of support were associated with lower levels of prenatal anxiety or psychological distress (Ajeng et al., 2025; Khan & Farooq, 2025; Ma et al., 2019). Similarly, studies examining broader outcomes reported associations between partner support and improved maternal outcomes, including reduced stress and better pregnancy-related outcomes (Cheng et al., 2016). Studies assessing partner support quality also reported associations between higher-quality support and lower levels of prenatal stress and anxiety (Martin et al., 2023). Across studies, comparisons were commonly made between low and high levels of support, with consistent patterns indicating differences in maternal psychological outcomes.

RQ3. Role of Relationship Quality and Dyadic Processes

Several studies examined relational and dyadic factors associated with maternal mental health. Studies focusing on relationship quality and marital satisfaction reported associations between these variables and maternal psychological outcomes. Relationship functioning was associated with levels of depression and anxiety (Allen et al., 2023), while marital satisfaction was identified as a mediating variable in the relationship between stress and depression (Mangialavori et al., 2021). Relationship quality was also associated with levels of maternal stress (Daugherty et al., 2022). Dyadic studies examined interaction-based processes within couples. One study reported interdependence of anxiety between partners, while another identified dyadic coping as a mediating factor in the relationship between stress and anxiety (Zhao et al., 2025). Additionally, longitudinal evidence indicated that partner or social support functioned as a buffering factor for psychological distress within couples (Hughes et al., 2020).

RQ4. Partner Support within Maternal Mental Health Context

Across the included studies, partner support and related relational variables were consistently examined in relation to maternal mental health outcomes, including anxiety, stress, depression, and psychological distress. The systematic review included in the analysis reported that partner involvement plays a significant role in perinatal mental health outcomes. Overall, the included studies collectively documented associations between partner-related variables and maternal psychological outcomes, with consistent reporting of outcomes related to prenatal anxiety and distress across different study designs and populations.

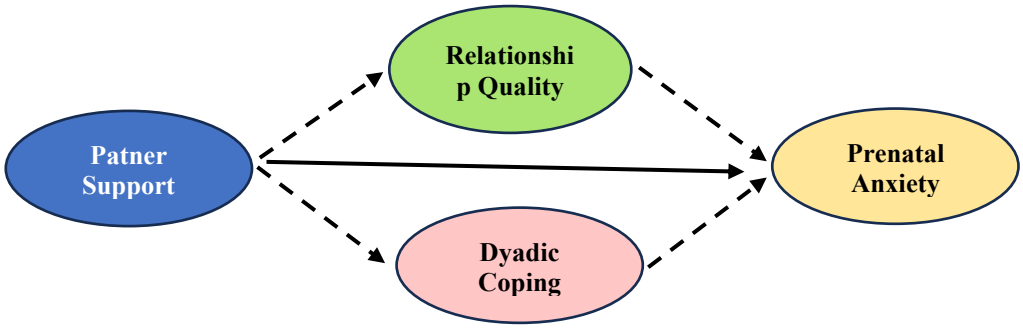

Figure 2. Conceptual Model of Partner Support and Prenatal Anxiety within a Biopsychosocial and Dyadic Framework

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Figure 2 presents the conceptual model illustrating the relationship between partner support and prenatal anxiety, incorporating both direct and indirect pathways within a biopsychosocial and dyadic framework. This model is derived from the synthesis of the included studies and reflects the integration of social, relational, and psychological processes in maternal mental health. Partner support is positioned as the primary independent variable, representing emotional, instrumental, and relational contributions provided by the partner during pregnancy. Empirical evidence consistently demonstrates that partner support has a direct effect on reducing prenatal anxiety, indicating that higher levels of support are associated with lower levels of maternal psychological distress (Ajeng et al., 2025; Khan & Farooq, 2025; Ma et al., 2019; Martin et al., 2023). This direct pathway highlights the immediate protective role of partner involvement in maternal mental health.

In addition to the direct effect, the model incorporates relationship quality as a key mediating variable, representing the broader relational context in which partner support is experienced. Higher-quality relationships are associated with more effective emotional adjustment and lower levels of anxiety and stress during pregnancy (Allen et al., 2023; Daugherty et al., 2022). Furthermore, marital satisfaction has been identified as an important mechanism through which relational dynamics influence maternal psychological outcomes (Mangialavori et al., 2021). The model also includes dyadic coping as a second mediating variable, capturing the processes through which couples jointly manage stress and emotional challenges during pregnancy. Dyadic coping reflects the interdependent nature of psychological experiences within couples, where shared coping strategies contribute to reduced anxiety and improved emotional regulation (Zhao et al., 2025; Hughes et al., 2020).

Together, these mediating pathways indicate that partner support influences prenatal anxiety not only directly but also indirectly through relational and dyadic mechanisms. In addition, dyadic evidence suggests that emotional experiences during pregnancy are interconnected between partners, further reinforcing the importance of considering interpersonal processes in maternal mental health (Bogza et al., 2025). Overall, the model represents a multi-pathway structure, in which partner support contributes to maternal psychological outcomes through both direct and indirect mechanisms. This conceptualization reflects a shift from individual-centered models toward a relational and biopsychosocial understanding of prenatal anxiety, emphasizing that maternal mental health is shaped by both individual and couple-based processes during pregnancy.

DISCUSSION

This systematic review synthesizes evidence on the relationship between partner support and prenatal anxiety within a biopsychosocial and dyadic framework. The findings consistently demonstrate that partner support plays a central and multidimensional role in maternal mental health, operating through both direct and indirect pathways. These findings reinforce the understanding of prenatal anxiety as a relational and context-dependent phenomenon, rather than solely an individual psychological condition.

Direct Effect of Partner Support on Prenatal Anxiety

The results show a consistent direct association between higher levels of partner support and lower levels of prenatal anxiety. Empirical evidence indicates that emotional, instrumental, and relational support from partners significantly reduces maternal psychological distress during pregnancy (Ajeng et al., 2025; Khan & Farooq, 2025; Ma et al., 2019; Martin et al., 2023). In addition, partner support has also been linked to broader maternal and pregnancy outcomes, further highlighting its central role in maternal well-being (Cheng et al., 2016).From a broader perspective, these findings align with extensive evidence demonstrating that social support functions as a protective factor against prenatal stress and anxiety across populations (Abdi et al., 2022; Tilahune et al., 2022; Yu, Qiu, Liu, Cui, & Wu, 2020; Hijazi, Alyahya, Al Abdi, Alolayyan, Sindiani, Raffee, & Al Marzouqi, 2021; Taheri, Saffarieh, Taherian, & Mirmohammadkhani, 2025). Additional studies also confirm that perceived support and partner satisfaction are closely associated with reduced anxiety and improved maternal outcomes (Schaal, Marca-Ghaemmaghami, Märthesheimer, Hepp, Preis, Mahaffey, & Castro, 2023). Furthermore, recent findings suggest that social support may also operate through emotional regulation pathways, reducing anxiety by buffering maladaptive emotional responses (Grzesik-Gąsior, Zalewska, Pieczykolan, Kowalski, Żak-Kowalska, Niewiadomska, & Bień, 2025). Together, these findings indicate that partner support functions as a primary psychosocial protective mechanism, directly influencing maternal emotional well-being during pregnancy.

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Indirect Effects Through Relationship Quality

Beyond direct effects, this review highlights the critical role of relationship quality as a mediating mechanism. Studies consistently demonstrate that the effectiveness of partner support is closely embedded within the relational context (Allen et al., 2023; Daugherty et al., 2022). High-quality relationships facilitate emotional security, communication, and trust, which in turn enhance maternal psychological adaptation.Marital satisfaction has also been identified as a key pathway through which stress influences maternal mental health outcomes (Mangialavori et al., 2021). These findings are consistent with relational frameworks suggesting that supportive behaviors are most effective when embedded in stable and satisfying interpersonal relationships (Randall & Bodenmann, 2017). Thus, relationship quality acts as a relational amplifier, strengthening or constraining the impact of partner support on maternal anxiety outcomes.

Dyadic Coping as an Interpersonal Mechanism

The findings further emphasize the importance of dyadic coping as a core interpersonal mechanism linking partner support to reduced prenatal anxiety. Dyadic coping reflects how couples jointly regulate stress and emotional challenges, moving beyond individual coping toward shared adaptive processes (Zhao et al., 2025; Hughes et al., 2020). Evidence from dyadic studies indicates that emotional experiences during pregnancy are interdependent, with anxiety and stress in one partner influencing the other (Bogza et al., 2025). This reinforces the view that maternal mental health is embedded within interactive couple dynamics. Dyadic coping therefore represents a key mechanism through which partner support is translated into improved psychological outcomes, supporting the importance of couple-based and relational approaches in maternal care.

Integration Within a Biopsychosocial and Dyadic Framework

The integration of direct and indirect pathways observed in this review supports a biopsychosocial and dyadic conceptualization of prenatal anxiety. Partner support represents the social dimension, relationship quality reflects relational processes, and dyadic coping captures interpersonal regulatory mechanisms, while anxiety represents the psychological outcome. This integrated perspective is consistent with previous systematic evidence emphasizing the central role of partners in maternal mental health (Antoniou et al., 2021). Additionally, broader research highlights the influence of contextual stressors, resilience, and life experiences on prenatal psychological outcomes (Mondolin, Karlsson, Tuulari, Pelto, Karlsson, Nordenswan, & Kataja, 2024; Radoš et al., 2018). By integrating these dimensions, the present review extends existing literature by demonstrating that prenatal anxiety is shaped by multi-level and interdependent processes, rather than isolated individual factors.

Implications for Clinical Practice and Maternal Care

The findings have important implications for midwifery and maternal healthcare practice. Interventions aimed at reducing prenatal anxiety should not focus solely on individual-level psychological support but also incorporate partner involvement and relational dynamics. Enhancing partner support, improving relationship quality, and promoting effective dyadic coping strategies may provide a more comprehensive approach to maternal mental health. This is particularly relevant in antenatal care settings, where partner engagement can be integrated into education, counseling, and psychosocial interventions.Moreover, recognizing pregnancy as a shared relational experience rather than an individual condition may lead to more effective and culturally responsive care models.

LIMITATION OF THE STUDY

This review is limited by the predominance of observational and cross-sectional studies, restricting causal inference. Variability in measurement instruments for partner support and anxiety may affect comparability, indicating the need for more standardized tools. In addition, existing evidence remains largely focused on psychosocial dimensions, highlighting the need for more integrative biopsychosocial approaches to better understand prenatal anxiety.

CONCLUSION

This systematic review confirms that partner support is a key determinant of prenatal anxiety within a biopsychosocial and dyadic framework. Evidence shows that partner support reduces anxiety both directly and indirectly through relationship quality and dyadic coping, highlighting the importance of relational dynamics in maternal mental health.These findings shift the understanding of prenatal anxiety from an individual condition toward a relational and multi-pathway process, emphasizing the role of partner involvement in shaping

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psychological outcomes during pregnancy. Clinically, integrating partner support, relationship quality, and dyadic coping into antenatal care may enhance strategies to reduce prenatal anxiety. This review provides a foundation for future research to develop and test biopsychosocial models of maternal mental health using advanced analytical approaches.

RECOMMENDATIONS

Future research should extend this review by integrating a biopsychosocial framework, positioning partner support as a central determinant interacting with psychological and spiritual processes. Studies are encouraged to examine spiritual well-being, religious coping, and meaning-making as potential mediators or moderators alongside relationship quality and dyadic coping. The use of longitudinal designs and structural equation modeling (SEM) is essential to test causal pathways. Additionally, the development of couple-based and culturally sensitive interventions is recommended to enhance maternal mental health during pregnancy.

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