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AWARENESS AND KNOWLEDGE OF PUERPERAL PSYCHOSIS AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN IN IKORODU GENERAL HOSPITAL, LAGOS STATE, NIGERIA

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ABSTRACT

BACKGROUND:
Puerperal psychosis, a severe mental disorder occurring after childbirth, poses significant risks to maternal and infant well-being, yet awareness remains low among many pregnant women.

OBJECTIVE:
This study aimed to assess the level of knowledge on puerperal psychosis among pregnant women attending the antenatal clinic at Ikorodu General Hospital, Lagos State, and to identify factors influencing their awareness.

METHODOLOGY:
A cross-sectional descriptive study was conducted among 125 pregnant women, selected through simple random sampling. Data were collected using a structured, pretested questionnaire covering socio-demographic data, knowledge of puerperal psychosis, perceived effects, and influencing factors. Descriptive statistics were analyzed using SPSS version 25.

RESULTS:
Findings revealed an overall fair level of knowledge (average mean score of 2.9). While most participants recognized risk factors such as family history and stress, awareness of routine screening tools and obstetric risk factors was limited. Significant factors influencing awareness included family history (100%), healthcare providers' competency (93.3%), cultural and societal norms (91.7%), prenatal counseling (76.7%), and family support (56.7%).

CONCLUSION:
Despite fair awareness, important knowledge gaps persist. Integrating mental health education into antenatal care, routine screenings, culturally sensitive campaigns, and empowering healthcare providers are essential to improve awareness, early detection, and ultimately, maternal and infant health outcomes.

KEYWORDS:
Puerperal psychosis, Awareness, Pregnant women, Antenatal care, Risk factors.

INTRODUCTION:
Puerperal (postpartum) psychosis is a rare but severe perinatal mental health emergency, typically emerging within the first two to four weeks after childbirth and characterized by abrupt onset of mania, severe depression, hallucinations, or delusions. Global estimates suggest a prevalence of roughly 1–2 per 1,000 births, with the highest risk in the early postpartum period[17,15]. The most robust risk factors include a personal or family history of bipolar disorder or prior postpartum psychosis; other contributors include rapid postpartum hormonal shifts, sleep deprivation, primiparity, and medication discontinuation[18]. Empirical data on Nigerian women's awareness and

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knowledge of postpartum psychosis, distinct from depression, are scarce, especially at the facility level in Lagos. Existing local studies emphasize postpartum depression and report pervasive underdiagnosis and limited help-seeking, suggesting similar or greater gaps for psychosis[3,5]. In Ikorodu General Hospital, where mental health services are available, there is no published assessment of pregnant women's awareness, knowledge, or the socio-demographic, obstetric, and psychosocial factors that might influence risk perception, intention to seek care, or early presentation. This information gap constrains context-specific prevention, counseling, and referral pathways[9].

This study quantifies awareness and accurate knowledge of puerperal psychosis among pregnant women attending antenatal care in Ikorodu General Hospital; identifies individual (e.g., prior psychiatric history, parity), social (e.g., support, stigma), and health-system (e.g., prior counseling, access) factors associated with awareness/knowledge; and maps care-seeking intentions and preferred information channels. By distinguishing psychosis from depression, the study generates context-specific evidence to inform antenatal education content, targeted risk communication, and rapid referral protocols within Lagos State's integrated mental health framework (Lagos State Ministry of Health, 2020; Wisner et al., 2013). Findings will complement international evidence on risk factors and timing of onset, while addressing a documented Nigerian gap on perinatal mental health literacy and help-seeking (Abiodun, 2006; Adewuya, 2008). The outputs can guide implementers and policymakers to refine screening, postnatal follow-up, and caregiver engagement strategies, with the goal of earlier recognition and reduced adverse maternal–infant outcomes.

METHODS

Research Design

A cross-sectional descriptive study design with a quantitative approach was adopted to assess the awareness of puerperal psychosis among pregnant women attending the antenatal clinic in Ikorodu General Hospital.

Study Setting

This study was conducted at Ikorodu General Hospital, Lagos State. The hospital was originally established in 1950 at Agbala and relocated to its current site on TOS Benson Road in 1983. It is one of the busiest secondary healthcare facilities in Lagos, serving about 40,000 patients monthly. The hospital operates with a bed capacity of 265, a workforce of over 700 staff, and annexes at Agbala Pediatric Centre, Imota, and Majidun Rehabilitation Centre. It is a multi-specialist hospital, housing the first Maternal and Child Centre (MCC) in Lagos, commissioned in 2010 to strengthen maternal and child health services. Guided by its vision of delivering quality healthcare, the hospital emphasizes professionalism, patient-centered care, and prompt service delivery.

General Hospital Ikorodu was established to provide secondary-level and specialist healthcare services to the people of Ikorodu and its environs in all areas of healthcare. The main services provided include medical and surgical, child and maternal care, nursing care, dental care, and heart-to-heart. Antenatal clinics are conducted on Mondays and Wednesdays at the hospital, and about eighty (80) pregnant women on average attend each clinic, thereby making it a total of about one hundred and sixty (160) pregnant women on a weekly basis.

Target Population

The target population of this study is made up of pregnant women attending the antenatal clinic in Ikorodu General Hospital.

Sample Size Determination

The respondents for this study were recruited from pregnant women who attend the antenatal clinic at Ikorodu General Hospital. Since the average number of pregnant women in attendance per week is about one hundred and sixty (160), the sample size was determined below using a simplified formula by Taro Yamane:

$$n = N/(1+N(e)2)$$

Where, n = sample size; N = population under study (160); e = margin of error/level of significance (0.05)

significance (0.05)

$$n = 160/(1+160(0.05)2)$$
$$n = 114.3$$
$$n \cong 114$$

Attrition rate = 10% of sample size (114) = 11.4

Total sample size = n + attrition rate = 114 + 11.4 = 125.4 = 125

Therefore, a total of one hundred and twenty-five (125) pregnant women participated in the study.

Sampling Technique

A simple random sampling technique via a paper ballot system was used to select one hundred and twenty-five (125) pregnant women from a population of pregnant women attending the antenatal clinic in Ikorodu General Hospital.

Instrument for Data Collection

A well-structured questionnaire is the instrument for data collection. The questionnaire contained open and closed-ended questions classified into four (4) sections:

Section A: Socio-demographic data of respondents.

Section B: Respondents' awareness/knowledge of puerperal psychosis.

Section C: Respondents' awareness of the perceived effects of puerperal psychosis.

Section D: Respondents' awareness of the factors influencing puerperal psychosis.

Responses in the questionnaire for the respondents' awareness/knowledge of puerperal psychosis were measured using a 4-point Likert scale, with options ranging from strongly disagree (1) to strongly agree (4). The mean scores of participants' responses were computed and interpreted using established criteria. A mean score between 1.0–1.9 was rated as poor, 2.0–2.9 as fair, and 3.0–3.9 as good. This classification enabled the quantification of participants' awareness and knowledge levels on puerperal psychosis in a simple and comparable manner (Asika, 1991; Ogunyemi, 2000).

Validity of Instrument

The questionnaire was developed using study objectives, as well as consultation of relevant literature (Abiodun, 2006; Adewuya, 2008), in addition to modification of questionnaires used in previous studies on related matters to ensure content validity. Each question was examined for content, coverage, and relevance. Ambiguous items were reconstructed; amendments, suggestions, and corrections were strictly followed. Face validity was ensured by peer review and scrutinized by the researcher's supervisor.

Reliability of Instrument

Cronbach's alpha coefficient was used to measure the internal consistency/reliability of the instrument. A pilot study of the instrument was carried out among pregnant women attending the antenatal clinic in Alimosho General Hospital, and corrections were made before administration of the instrument to the actual respondents.

Method of Data Collection

Structured and pretested questionnaires were used for data collection. After obtaining formal permission from the ethical community of Ikorodu General Hospital, questionnaires were distributed among pregnant women using a simple random sampling technique. The details of the study were explained to the respondents, and their consent was sought before participation. Clarifications were provided when necessary, and the questionnaires were retrieved on the same day after completion

Method of Data Analysis

Completed questionnaires were collected, checked for completeness, and analyzed using SPSS version 25. Descriptive statistics, including frequencies, percentages, tables, and charts, were employed for data analysis.

Ethical Consideration

Ethical consideration was observed as a letter of authority was obtained from the Head of Department of Midwifery, Lagos State College of Nursing, Igando, Lagos. Ethical approval was sought from the Health Research Ethics Committee (HREC), Lagos University Teaching Hospital (LUTH).

Ethical approval from HREC LUTH was obtained and taken to the Health Service Commission for permission to collect data in the selected general Hospital. The researcher ensured that the

information obtained through the questionnaires was treated with utmost confidentiality. Informed consent was obtained from respondents, and each participant was informed of the right to refuse or withdraw from the research.

Results of Findings

A total of 125 questionnaires were administered and only 120 was properly filled, giving a response rate of 96%. Table 1 presents the socio-demographic characteristics of respondents, which are important in understanding awareness and knowledge of puerperal psychosis. The majority of respondents were aged 26–30 years (30%) and 36–40 years (23.3%), representing women in their prime reproductive years. This is consistent with studies noting that puerperal psychosis commonly occurs in the early reproductive and childbearing years, making awareness and knowledge within this age group critical for early detection and prevention (Wesseloo et al., 2016). Religion and cultural background may also influence perception of mental illness. Most respondents were Christians (65%), followed by Muslims (35%), with no representation of traditional worshippers. Religious orientation often shapes attitudes towards mental illness, stigma, and help-seeking behavior, which could affect timely recognition of puerperal psychosis symptoms (Adewuya & Makanjuola, 2008). In terms of ethnicity, the majority were Yoruba (61.7%), followed by Igbo (30%), and a small proportion from minority groups (8.3%). Cultural explanations of mental illness and patterns of support systems differ across ethnic groups, potentially influencing awareness and knowledge of puerperal psychosis. Educational level shows that most respondents had secondary education (62.5%), while 29.2% attained tertiary education. Education is a known determinant of health literacy; thus, higher educational attainment could positively influence awareness and accurate knowledge of puerperal psychosis, whereas lower education may limit understanding and promote misconceptions. Occupation-wise, the largest group was self-employed women (46.7%), followed by those employed (33.3%) and unemployed (20%).

Employment status and income are proxies for socioeconomic status, which can influence access to health information, antenatal education, and healthcare services. Notably, 90% of respondents reported an average family income below ₦400,000, reflecting relatively low socioeconomic conditions, which may hinder access to quality mental health services and awareness programs. Regarding parity, almost half (45%) had two children, while 28.3% had one child, and 6.7% had none. Previous childbirth experience may influence awareness and recognition of abnormal postpartum behaviors, as multiparous women may be more familiar with maternal health challenges than first-time mothers.

Table 1: Respondents' Socio-demographic

Socio-demographic Characteristics	Frequency (120)	Percentage (100) (%)
Age group (in years)		
21-25	20	16.7
26-30	36	30.0
31-35	22	18.3
36-40	28	23.3
41 and above	14	11.7
Religion		
Christianity	78	65.0
Islam	42	35.0
Traditional	--	--
Ethnicity		
Yoruba	74	61.7
Igbo	36	30.0
Hausa	--	--
Others (Ijaw and Itsekiri)	10	8.3
Educational level		
Primary	10	8.3
Secondary	75	62.5
Tertiary	35	29.2
Occupation		
Unemployed	24	20.0
Self-employed	56	46.7
Employed	40	33.3
Number of children		
None	8	6.7
One	34	28.3
Two	54	45.0
More than two	24	20.0
Average family income		
Less than #400,000	108	90.0
#400,000-#800,000	12	10.0
#900,000-#1.2m	--	--
Above #1.2m	--	--

From table 2, majority (87.5%) of the study population strongly acknowledged that women

with a family history of mental health disorders may have an increased susceptibility to experiencing puerperal psychosis; furthermore a history of puerperal psychosis in a previous pregnancy increases the likelihood of recurrence in subsequent pregnancies. Most (80.0%) of them affirmed that puerperal psychosis can affect women from any background, with many cases occurring unexpectedly in women without a psychiatric history. About 76.7% strongly agreed that high stress levels during pregnancy or postpartum, such as financial difficulties, relationship problems, or major life events, increase the risk of experiencing puerperal psychosis. Majority (73.3%) of the participants acknowledged that a comprehensive clinical evaluation should accompany screening to ensure accurate diagnosis and tailor the treatment approach to each woman's needs. Most (70.0%) of them strongly affirmed that puerperal psychosis has a sudden onset with clinical symptoms such as auditory, visual and olfactory hallucinations; delusions; confused thinking; and rapid mood swings. More than half (58.3%) of the respondents strongly agreed that puerperal psychosis, also known as postpartum psychosis, is a serious mental illness that affects few women in the first six weeks after childbirth. 55.0% of them disagreed that puerperal psychosis is also associated with obstetric factors which include previous histories of spontaneous abortion, neonatal weight, preterm delivery, perinatal death, caesarean section, and pre-eclampsia. About 54.2% disagreed that routine screening for postpartum mood disorders is an essential step in the early detection and intervention of these conditions, as numerous screening tools and questionnaires have been developed to aid healthcare providers in identifying women who may be at risk or experiencing symptoms of postpartum mood disorders. Less than half (45.0%) of the study population disagreed that Postpartum Support International recommends universal screening for the presence of prenatal or postpartum mood and anxiety disorders, using an evidence-based tool such as the Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire (PHQ-9). Overall, the respondents exhibited a fair level of knowledge on puerperal psychosis, as shown by an average mean score of 2.9.

Table 2: Respondents' Awareness and Knowledge of Puerperal Psychosis

Item Question(s)	Scale Option/ Response	Frequency (120)	Percentage (%) (100.0)	Mean (x)	Remark
Puerperal psychosis, also known as postpartum psychosis, is a serious mental illness that affects few women in the first six weeks after childbirth.	Strongly agree	70	58.3	3.6	Good
	Agree	50	41.7		
	Disagree	--	--		
	Strongly disagree	--	--		
Puerperal psychosis has a sudden onset with clinical symptoms such as auditory, visual and olfactory hallucinations; delusions; confused thinking; and rapid mood swings.	Strongly agree	84	70.0	3.7	Good
	Agree	36	30.0		
	Disagree	--	--		
	Strongly disagree	--	--		
Women with a family history of mental health disorders may have an increased susceptibility to experiencing puerperal psychosis; whereas a history of puerperal psychosis in a previous pregnancy increases the likelihood of recurrence in subsequent pregnancies.	Strongly agree	105	87.5	3.9	Good
	Agree	15	12.5		
	Disagree	--	--		
	Strongly disagree	--	--		
High stress levels during pregnancy or postpartum, such as financial difficulties, relationship problems, or major life events, increase the risk of experiencing puerperal psychosis.	Strongly agree	92	76.7	3.7	Good
	Agree	28	23.3		
	Disagree	--	--		
	Strongly disagree	--	--		
Puerperal psychosis is also associated with obstetric factors which include previous histories of spontaneous abortion, neonatal weight, preterm delivery, perinatal death, caesarean section, and pre-eclampsia.	Strongly agree	--	--	1.7	Poor
	Agree	10	8.3		
	Disagree	66	55.0		
	Strongly disagree	44	36.7		
Puerperal psychosis can affect women from any background, with many cases occurring unexpectedly in women without a psychiatric history.	Strongly agree	--	--	2.8	Fair
	Agree	96	80.0		
	Disagree	24	20.0		
	Strongly disagree	--	--		

Item Question(s)	Scale Option/ Response	Frequency (120)	Percentage (%) (100.0)	Mean (x)	Remark
Routine screening for postpartum mood disorders is an essential step in the early detection and intervention of these conditions, as numerous screening tools and questionnaires have been developed to aid healthcare providers in identifying women who may be at risk or experiencing symptoms of postpartum mood disorders.	Strongly agree Agree Disagree Strongly disagree	-- 28 65 27	-- 23.3 54.2 22.5	2.0	Fair
Postpartum Support International recommends universal screening for the presence of prenatal or postpartum mood and anxiety disorders, using an evidence-based tool such as the Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire (PHQ-9).	Strongly agree Agree Disagree Strongly disagree	-- 28 54 38	-- 23.3 45.0 31.7	1.9	poor
A comprehensive clinical evaluation should accompany screening to ensure accurate diagnosis and tailor the treatment approach to each woman's needs.	Strongly agree Agree Disagree Strongly disagree	32 88 -- --	26.7 73.3 -- --	3.3	Good
	Average mean			2.9	Fair

Note: Criteria for scoring: Mean score between 1.0-1.9 is rated poor; 2.0-2.9 is rated fair; while 3.0-3.9 is rated good.

From table 3, the entire study population(100.0%) revealed that family history influences their awareness of puerperal psychosis. Most (95.0%) of them disagreed that hormonal changes influence their awareness of puerperal psychosis. About 93.3% affirmed that healthcare providers' competency and skills influence their awareness of puerperal psychosis. Majority (91.7%) of the participants acknowledged that cultural and societal norms influence their awareness of puerperal psychosis. Most (86.7%) of them disagreed that type of delivery and birth order influence their awareness of puerperal psychosis. About 76.7% revealed that prenatal screening and counseling influence their awareness of puerperal psychosis. Overall, the factors influencing awareness of puerperal psychosis among respondents include family history (100.0%); healthcare providers' competency and skills (93.3%); cultural and societal norms (91.7%); prenatal screening and counseling (76.7%); maternal illness and presence of major pregnancy disorders (73.3%); and spousal/family support (56.7%).

Table 3: Factors Influencing Awareness of Puerperal Psychosis among Respondents

Item Question(s)	Scale Option/ Response	Frequency (120)	Percentage (%) (100.0)	Mean (x)	Remark
Family history.	Agree Disagree	120 --	100.0 --	1.9	Significant
Hormonal changes.	Agree Disagree	6 114	5.0 95.0	0.2	Not significant
Healthcare providers' competency and skills.	Agree Disagree	112 8	93.3 6.7	1.9	Significant
Cultural and societal norms.	Agree Disagree	110 10	91.7 8.3	1.8	Significant
Spousal and family support.	Agree Disagree	68 52	56.7 43.3	1.2	Significant
Maternal illness and presence of major pregnancy disorders.	Agree Disagree	88 32	73.3 26.7	1.5	Significant
Type of delivery and birth order.	Agree Disagree	16 104	13.3 86.7	0.4	Not significant
Prenatal screening and counseling.	Agree Disagree	92 28	76.7 23.3	1.6	Significant

Note: Criteria for scoring: Mean score between 0.0-0.9 is rated 'not significant'; while 1.0-1.9 is rated 'significant'.

Discussion of findings

This study found an overall fair level of knowledge about puerperal psychosis among pregnant women (average mean = 2.9), with strong recognition of core clinical features (sudden onset; hallucinations, delusions, mood lability) and of family history as a

risk factor, but limited awareness of obstetric risk factors and low endorsement of routine screening recommendations. These patterns mirror international evidence that postpartum psychosis is typically acute and dramatic in presentation (Sit, Rothschild, & Wisner, 2006) and that prior bipolar disorder or a personal/family history of postpartum psychosis remains the most robust predictor of risk (Wesseloo et al., 2016). The near-unanimous agreement here on the salience of family history therefore aligns with current etiologic understanding. By contrast, respondents' low agreement that routine mood-disorder screening is essential and unfamiliarity with widely recommended tools (e.g., EPDS, PHQ-9) diverge from global and regional guidance advocating universal or routine perinatal mental health screening integrated into ANC workflows (Stacy & Schulkin, 2022; Nakidde et al., 2023). While screening instruments are not diagnostic for psychosis per se, they are critical for detecting co-occurring mood and anxiety symptoms and for normalizing help-seeking, gateways that often precipitate timely recognition and referral when psychotic features emerge. The finding that participants nonetheless endorsed comprehensive clinical evaluation alongside any screening suggests openness to provider-led assessment if systems are in place.

Sociodemographic profiles, predominantly women aged 26–40 years, with most having secondary education and low household income, underscore the need for health-literacy-matched, low-cost education strategies. Prior Nigerian work has highlighted under-recognition of perinatal mental disorders and barriers to care associated with education, stigma, and cost (Abiodun, 2006; Adewuya, 2008). The present income distribution (≈90% < ₦400,000 monthly) likely constrains access to specialist services and may heighten stress exposures, both relevant given that high stress during pregnancy/postpartum was widely acknowledged as a risk factor in this cohort and is frequently reported in African settings (Adjorlolo, Mensah, & Badzi, 2022).

The finding that puerperal psychosis can occur in women without prior psychiatric history was correctly recognized by most respondents, echoing literature that many cases are first-onset in the peripartum, even if lifetime vulnerability (e.g., bipolar spectrum) is later identified (Jones, 2020; Gilden et al., 2020). Conversely, the disagreement that obstetric factors (e.g., pre-eclampsia, CS, perinatal loss) are associated with risk may reflect mixed evidence in the literature, where obstetric complications are more consistently linked to postpartum depression/anxiety than to frank psychosis, or simply knowledge gaps. The latter seems plausible given the overall fair knowledge score and limited exposure to formal perinatal mental health content in routine ANC noted in Nigerian studies (Helen et al., 2022).

Importantly, participants identified determinants of awareness that are highly actionable within the health system: family history (100%), provider competency (93.3%), cultural and societal norms (91.7%), and prenatal counseling (76.7%). These align with qualitative evidence from East Africa showing that frontline health-worker knowledge and workflow integration are pivotal for screening and referral (Nakidde et al., 2023), and with UK/Australian literature emphasizing culturally responsive education and early involvement of family/partners to mitigate stigma and facilitate rapid help-seeking (Roxburgh et al., 2023; Mayers et al., 2020; Lyons, Hennesey, & Noonan, 2023). The moderate role of spousal/family support (56.7%) here reinforces calls to include partners in perinatal mental health literacy efforts.

Two divergences warrant emphasis. First, hormonal changes were not viewed as influential for awareness in this sample, despite their established pathophysiologic relevance to onset; this suggests a gap in mechanistic understanding rather than a clinical priority per se. Second, type of delivery/birth order were (appropriately) not seen as major influencers of awareness, aligning with the literature's limited and inconsistent associations with psychosis compared to mood disorders.

Together, these findings support a three-pronged response: (1) embed brief, provider-delivered psychoeducation on psychosis (distinct from depression) into ANC visits, calibrated to secondary-education literacy levels; (2) institutionalize routine perinatal mental-health screening (e.g., EPDS/PHQ-9) coupled with clear rapid-referral pathways for red-flag psychotic symptoms; and (3) design culturally attuned, family-inclusive interventions that address stigma and leverage community and faith networks, strategies shown to improve engagement and continuity of care

across African and high-income contexts (Stacy & Schulkin, 2022; Nakidde et al., 2023; Roxburgh et al., 2023). The study's alignment with international risk profiles but gaps in screening literacy highlight a practical agenda for Ikorodu General Hospital and Lagos State to strengthen early recognition and reduce adverse maternal–infant outcomes.

Conclusion

This study examined the awareness, knowledge, and factors influencing puerperal psychosis among pregnant women attending antenatal care at Ikorodu General Hospital, Lagos State. Findings revealed a fair overall level of knowledge, with respondents demonstrating good recognition of key symptoms and the role of family history as a risk factor, but limited understanding of obstetric risks and low endorsement of routine screening practices. Socio-demographic characteristics such as age, educational attainment, income, and parity were found to play important roles in shaping awareness and knowledge. Health system factors, particularly healthcare providers' competence, prenatal counseling, and cultural attitudes, also emerged as critical determinants. The results underscore the need for targeted interventions to strengthen mental health literacy during antenatal care, especially for women with lower education and socioeconomic status. Integrating structured psychoeducation, routine mental health screening, and culturally sensitive counseling into maternal health services will improve early recognition and prompt referral for puerperal psychosis. Strengthening family and community involvement is equally vital to reduce stigma and support timely help-seeking. By addressing these gaps, Ikorodu General Hospital and similar facilities across Nigeria can contribute significantly to reducing maternal morbidity and mortality associated with puerperal psychosis, thereby improving maternal and child health outcomes.

Recommendations

Based on the outcome of this research study, the researcher recommends the following to improve the awareness of puerperal psychosis among pregnant women attending antenatal clinic in Ikorodu General Hospital, Lagos State:

i. Midwives should integrate information about puerperal psychosis into antenatal classes, ensuring that pregnant women and their partners receive education on the signs, symptoms, and risk factors of the condition.

ii. Midwives can organize workshops and community events focused on maternal mental health; inviting mental health professionals to discuss puerperal psychosis, its symptoms, and available support services.

iii. Midwives should launch public awareness campaigns through traditional media channels, such as radio, television, and newspapers; featuring real-life stories, testimonials, and expert interviews to raise awareness about puerperal psychosis.

iv. Midwives should tailor awareness campaigns to be culturally sensitive and inclusive; considering cultural beliefs, practices, and languages to ensure that the information resonates with diverse populations.

v. Midwives can integrate routine mental health screenings into prenatal care visits.

Limitations of Study

This study was limited to pregnant women attending antenatal care at a single secondary health facility, which may restrict the generalizability of findings to other settings. The use of self-reported questionnaires could also introduce recall and social desirability bias. Furthermore, the cross-sectional design does not allow for causal inferences between awareness, knowledge, and influencing factors of puerperal psychosis.

Suggestions for Further Studies

Future studies should adopt multi-center designs across diverse healthcare settings to improve generalizability. Longitudinal studies are also recommended to explore causal relationships between socio-demographic, cultural, and health-system factors influencing awareness and onset of puerperal psychosis. Additionally, qualitative approaches could provide deeper insights into women's perceptions, cultural beliefs, and barriers to care, while intervention-based studies may assess the effectiveness of antenatal education programs on improving maternal mental health literacy.

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