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Maternal peer support preferences during the perinatal period

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Abstract

Background Insufficient social support for mothers in the perinatal period greatly increases their vulnerability to mental health challenges. Peer support programs are an effective strategy for preventing postpartum depression and addressing various mental health concerns during the perinatal period. However, these programs are not without their limitations, with research required to enhance peer relationships within them. This study aimed to explore mothers' preferences for peer support to facilitate positive and supportive relationships within perinatal peer support programs.

Methods A total of 14 Australian mothers participated in semi-structured focus groups or individual interviews. Thematic analysis was used to identify common patterns within the data.

Results Two higher-order categories of maternal peer support preferences were identified: personal and interpersonal qualities, and similar background factors. Themes (and subthemes) within personal and interpersonal qualities comprised of: an affable person (warm traits, trustworthy); values (cultural values, parenting values); able to provide adequate emotional support (emotionally supportive, listening); and support expectations (helping boundaries, availability). Similar background factors included: age related factors (age of mentor, age of youngest child); social support systems; socioeconomic status (household income; working arrangement); location (region, proximity); and perinatal experience (conception and pregnancy, birth).

Conclusions The findings of this study provide valuable insight into mothers' preferences for peer support, enhancing the development of meaningful relationships within maternal peer support programs. Results may be useful in guiding the design of peer support programs for perinatal women.

Keywords Perinatal mental health, Maternal preferences, Peer support, Social support, Qualitative

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Maternal peer support preferences during the perinatal period

The transition to motherhood is an important milestone for many women. Although this can be a time of joy, it is also a vulnerable period for maternal mental health. According to the World Health Organisation [1], almost 1 in 5 women will encounter a mental health condition during pregnancy or within one year following birth. In Australia, depression and anxiety are the most common mental health problems experienced by new mothers [2], and risk of hospitalisation with a major depressive disorder rises substantially across the first year postpartum [3]. Poor maternal mental health affects the health and well-being of mothers, children, and families, and, in Australia, is associated with \$643 million in productivity losses [4, 5].

Biopsychosocial factors, including a family history of, or previous psychiatric disorder, low self-esteem, low socioeconomic status and adverse life events increase the risk of developing perinatal anxiety and depression [2, 6]. A lack of social support has also been consistently shown to contribute to maternal mental illness [7, 8]. Heatherington et al. [9] found that mothers with low social support had more anxiety and depressive symptoms at both 4-months and 1-year postpartum compared to mothers with sufficient social support. Positive social support can enhance resilience to stress and may help moderate genetic and environmental vulnerabilities for people at risk of developing psychiatric conditions [10]. Given its modifiability, social support is often discussed as a high-potential and viable intervention to protect against perinatal depression and anxiety [11].

Peer-based 'mothers' groups' are a primary source of structured, non-professional, community-based support for first-time mothers in Australia [12]. These groups offer accessible informational and emotional support outside of mothers' immediate formal (health professionals) and informal (spouse, friends, family) support networks [13, 14]. Participation in mothers' groups can significantly enhance perceived social support and maternal mental well-being [15]. However, some mothers feel overwhelmed at the thought of attending these groups and/or have adverse experiences of feeling judged when attending [16]. To address these limitations, programs could be implemented in which mothers receive personalized (rather than group-based) forms of peer support. Peer support programs that offer one-on-one pairings (in the form of a mentor/mentee relationship) can mitigate perceptions of judgment and competition, thus providing a safe space for new mothers to communicate their concerns and share their experiences [17, 18]. Additionally, individual peer-based programs can improve low mood and anxiety by addressing feelings of isolation, disempowerment, and stress, while enhancing self-esteem,

self-efficacy, and perceived parenting competence [19]. Overall, these programs have been shown to be effective in reducing depression among women in the perinatal period [20–22].

Despite the promise of personalized peer support programs in addressing perinatal depression, much is unknown about how to optimize the design of these programs, particularly in relation to pair-matching processes. Letourneau and colleagues [18] indicated that mothers preferred one-on-one support with a peer who had encountered similar experiences with postnatal depression. Instrumental, informational, and emotional support needs were also identified as necessary, but preference depended on the mothers' experiences and circumstances [18]. Peer-based programs have also identified elements limiting peer support benefits: interpersonal difficulties due to differences in disposition, as well as the availability of the peer support person [23]. Indeed, researchers argue that peer support programs ought to be individualised to the mothers' current circumstances, needs and expectations to support positive outcomes [24].

Law et al. [25] conducted a feasibility trial to evaluate a one-on-one peer support program for first-time mothers in Australia. The peer mentoring program aimed to reduce postpartum psychological distress in new mothers by pairing them with an experienced mother (i.e., who already had children) who provided mentoring. Overall, the program effectively supported maternal mental health and well-being. However, the strength of individual relationships—a cornerstone for the feasibility and effectiveness of such programs—varied considerably. Some individuals forged close and committed friendships while others lost contact with their peer mentee or mentor at an early stage. Law et al. [17] undertook preliminary work to unpack causes of this variation and found that broad factors, such as the similarities between mentee and mentor were influential in determining relationship outcomes. Work is needed to uncover more details about these factors to assist program developers in optimizing their pair-matching frameworks. What characteristics of support people are most important to a successful pairing, and ultimately, most supportive to the wellbeing of new mothers? With these issues in mind, the present study aimed to identify and describe the facilitators of a positive and supportive relationship in perinatal peer support programs by identifying mothers' preferences regarding a peer support person.

Method

Data collection

After securing institutional ethics clearance [blinded for peer review], participants were recruited using social media and word-of-mouth. To provide a comfortable

space for mothers, participants were given the choice to participate via individual interview or focus group discussion. Eligibility criteria included being aged 18 or over, an Australian resident, pregnant and/or a mother of one or more children whose youngest child was five years old or younger, and having no current severe mental health disorder (psychosis, substance use dependence, prescribed anti-psychotic medication).

Semi-structured interviews and focus groups were performed using online video conferencing (Microsoft Teams) and lasted 45–60 min. Interviews were recorded and transcribed for analysis. Participants were first shown a PowerPoint slideshow to provide a brief introduction to the research. Participants were asked open-ended questions (e.g., 'What factors were or would have been important in a support person during and after your pregnancy?' - see Supplementary Materials for the complete interview guide). Participants were invited to provide additional comments or information at the end of the discussion, and were then debriefed and thanked for their contributions.

Pragmatic saturation was used to determine the sample size [26] and data collection continued until it was determined that further interviews would offer little new information [27]. Four individual interviews and three focus groups were conducted. The final sample consisted of 14 women aged 26 to 38 years ($M=30.07$, $SD=3.83$). Most participants identified as Caucasian Australian ($N=13$), with one participant identifying as Anglo-Indian.

Data analysis

Aligned with constructive epistemology and ontological realism, which recognises that reality is formed and maintained through social processes and interactions, an interpretivist perspective was used to evaluate findings [28]. As such, no pre-existing theoretical framework was applied to classify participants' responses. A reflexive analytic approach was adopted that was grounded in considerations concerning replicability [29] and an acknowledgement that any knowledge generated is both situated and intrinsically subjective [30]. The first author, who conducted all the interviews and led the data analysis was aged 30 (at the time of data collection), female, not a parent, and enrolled in a Master of Clinical Psychology. While the research topic was approached from an external perspective, rapport appeared to be strong, and the conversations flowed freely. Reflexive thematic analysis [30] was chosen to interpret the data, allowing for flexibility during analysis to attain a nuanced and comprehensive understanding of results [28]. The transcriptions were analysed using NVivo 12 (2017). As common patterns were identified, higher-order categories, themes, and sub-themes were developed and revised iteratively. The second and third authors served as 'critical friends',

facilitating critical discussions and providing feedback on interpretations of the data [31]. Through this process, themes and subthemes were re-defined, re-ordered, and, in some instances, removed until the authors reached consensus on the representation of the data. Sample descriptives (e.g., age) were analysed using Microsoft Excel.

Results

In accordance with the underlying philosophical assumptions of this research, frequencies are not reported [29] and precedence has been given to capturing the various perspectives and experiences of the participants [32]. Two higher-order categories relating to preferences that aid in facilitating positive and supportive relationships in maternal peer support programs were identified: [1] personal and interpersonal qualities, pertaining to desirable characteristics and behaviors of a peer support person, and [2] similar background factors, relating to a preference for shared experience and circumstantial similarities with a peer support person. The two higher-order categories, along with themes, sub-themes, and illustrative quotes, are summarised in Tables 1 and 2 and discussed below.

Personal and interpersonal qualities

An affable person

Mothers emphasised the need for a support person who is good-natured and approachable. The mothers indicated the need for a sense of warmth, describing the benefits of a support person who is friendly, caring, and compassionate, and with whom they might choose to engage with in everyday life. One mother stated, "Just somebody who really cares, wants to help, and has that empathy and compassion. So someone that you would like on a day-to-day basis in your normal life". It was also noted that having an affable peer support person encourages mothers to discuss their experiences: "I guess it would just come back to friendly and caring. I think that would make me feel more comfortable, more at ease to, I guess speak about my experiences". Others discussed the need for someone trustworthy, who is perceived to be honest and dependable, to be receptive to prospective support: "Yes, trustworthy... because once you have an almost friendship, the advice that you're getting, you believe in, and you believe the people and you know that they're there for your best interests".

Values

Mothers discussed the importance of social- and family-related perspectives. Some mothers felt strongly about a peer support person having a similar parenting style: "I would be choosing someone who has a similar parenting style to me. I find it a lot easier to hang with people

Table 1 The first Higher-order category, personal and interpersonal qualities, and associated themes, sub-themes, and exemplar codes

Personal and Interpersonal Qualities				
Theme	Theme Definition	Sub-themes	Sub-theme Definition	Exemplar Codes
An affable person	A mentor who is good-natured and has an approachable disposition.	Warmth	Someone who is friendly, caring and compassionate.	I guess it would just come back to friendly and caring. I think that would make me feel more comfortable, more at ease to, I guess speak about my experiences. Just somebody who really cares, wants to help, and has that empathy and compassion. So someone that you would like on a day-to-day basis in your normal life, but then also somebody that can act as that mentor.
		Trustworthy	Someone who is perceived as honest and is dependable.	Trust. That's another one that's very important. Yes, trustworthy. I think having a wholesome relationship could potentially be the game changer for it, because once you have an almost friendship, the advice that you're getting - you believe in, and you believe the people and you know that they're there for your best interests.
Values	Importance of societal and family related perspectives.	Cultural values	Autonomy to connect with a mentor with aligned or different cultural perspectives.	It's one of those things where there's pros and cons of choosing someone who's a similar demographic or a really different demographic. Because if they're similar in, like, cultural upbringing and value system, then it's cool because you can get the support, and it's someone to back you up and bounce off of. But if there's someone who has quite a different culture and all that sort of stuff, then it's going to give you a new perspective. So both of those would be really beneficial in different ways. So I think I would kind of be open to both options if there's someone sort of halfway in the middle, maybe that would be ideal because it can give you a new perspective. For myself, like culturally I am different to those of Aboriginal and Torres Strait Islander descent. So, I don't think they would always want advice from myself. They might want someone of the same culture to be paired with, because we may have different cultural differences in how raising kids. And they might feel more comfortable. They might not feel comfortable sharing things with myself.
		Parenting values	Similar parenting style or openness to differing parenting perspectives	I would be choosing someone who has a similar parenting style to me. I find it a lot easier to hang with people who have more of a holistic parental approach, which is like what I do with my child. So if it was me getting the support, I would need somebody who is nurturing and does a lot of contact things like I do with my kid. I wouldn't be able to really bond with someone, I feel like were kind of advising harsher techniques that I don't really follow, so it would probably be more so similar parenting technique. There is a certain level of parenting approach that if we were aligned with might make things a bit easier. Like, one person that I knew that had a kid around the same time... we just kind of come from 2 very different world views. Like neither of them necessarily right or wrong, but they from the get go had really different approaches on how we wanted to build that family and that relationship, that it meant that there wasn't much of a connecting point to be able to continue with. Mine would just be openness. I've done parenting a lot different to majority of my friends, but I think we can all talk because we're all quite open. Open to that whatever works for your family won't necessarily work for their family or their baby. That's probably my main one. My deal breaker would be anyone that's like, kind of 'judgy', I wouldn't be able to handle that personally. I guess they're open to any ideas and different styles of parenting. As they are not all the same. With sharing my emotions, I'd be after somebody who's totally open and nonjudgmental of how I want to raise my child and what I want to do. You know, who's not going to tell me I'm just 'freaking out' for no reason.

Table 1 (continued)

Personal and Interpersonal Qualities				
Able to provide adequate emotional support	A mentor who can listen attentively and is emotionally responsive.	Emotionally supportive	Someone who can identify challenges and provide an appropriate emotional response	They have to be someone who would be comfortable in difficult situations. Because if their mentee did have a breakdown, they want to, hopefully, want to talk about difficult subjects. They're not always going to be easy topics to talk about. I would have loved to have a neutral person that could just be there for me, so not only provide me with advice, but somebody who could say 'I know you're doing it tough' and give you a sort of virtual hug. Because that's not something that was available to me for both pregnancies. Nobody was there for me. It was always about the baby.
		Listening	Can listen and create a supportive environment for mentee to share complex emotions and experiences.	Listening is super important. I'm someone who likes to talk a lot, so it's nice to have someone who's willing to listen and kind of weed through that with me. And definitely someone who is emotionally in tune, so not just 'here is the facts' that we're kind of working through together, but can talk through some of that emotional stuff. There's the old 'do you want my advice, or do you want someone to listen?' question. I always like that because not everyone wants advice. They just want someone to listen to them.
Support Expectations	Aligned expectations regarding the type and extent of support being provided.	Helping Boundaries	Shared understanding of the limits and boundaries of the mentor/mentee relationship	The other thing boundaries. Not everyone has the same boundaries. Some people, you know are very touchy feely, I despise it personally. When you're talking about who would be good for this, you don't want someone who's going to overstep boundaries, like randomly rocking it to your house, if they do find out where you live, things like that. Because you can over help without realising it... It's something that they might want to help and then think they are helping but are actually help hindering.
		Availability	Suitable availability for support and preferred frequency of contact with peer support person.	I suppose if the mentors could put forward what they feel and what they think is important. Then you can find one that you feel like, the timing, whether or not they're really consistent, or whether or not they are someone that can just occasionally chat. Then you can pick what fits for you. Just someone who was available for chats at a similar time. Maybe a similar weekly schedule, or something like that. Where you've got a similar time frame where you could sit down, have those chats the with the other mother.

who have more of a holistic parental approach, which is like what I do with my child...I wouldn't be able to really bond with someone, I feel like were kind of advising harsher techniques that I don't really follow". However, additionally, in instances of differing parenting perspectives, the peer support person would need to be open-minded and non-judgmental regarding parenting styles: "I'd be after somebody who's totally open and nonjudgmental of how I want to raise my child and what I want to do". Another mother elaborated: "I've done parenting a lot different to the majority of my friends, but I think we can all talk because we're all quite open. Open to that whatever works for your family won't necessarily work for their family or their baby".

Cultural perspectives were also an important consideration. One mother considered the perspective of Australian First Nations peoples being mentored by someone from a different culture "Like culturally, I am different to those of Aboriginal and Torres Strait Islander descent. So, I don't think they would always want advice from myself. They might want someone of the same culture to be paired with, because we may have different cultural differences in raising kids... they might not feel comfortable sharing things with myself". Mothers considered the

"pros and cons" of being paired with someone with similar or different cultural values: "because if they're similar in, like, cultural upbringing and value system, then it's cool because you can get the support, and it's someone to back you up and bounce off of. But if there's someone who has quite a different culture and all that sort of stuff, then it's going to give you a new perspective. So both of those would be really beneficial in different ways".

Able to provide adequate emotional support

The ability to provide adequate emotional support was an important quality. Mothers desired a peer support person who could listen attentively and be emotionally responsive. Mothers reported that having a person who could listen would create a supportive relationship for them to share complex emotions and experiences: "Listening is super important. I'm someone who likes to talk a lot, so it's nice to have someone who's willing to listen and kind of weed through that with me". Another mother expressed that listening in itself was emotionally supportive: "There's the old 'do you want my advice, or do you want someone to listen?' question. I always like that because not everyone wants advice. They just want someone to listen to them".

Table 2 The second higher-order category, similar background factors, and associated themes, sub-themes, and exemplar codes

Similar Background Factors				
Theme	Theme Definition	Sub-themes	Sub-theme Definition	Exemplar Codes
Age-Related factors	Importance of the age of the mentor and their child/ren	Age of mentor	Preference for a mentor to be of similar age to align with a person's life stage.	I'd probably want somebody who was a similar age. Yeah, probably someone more relatable to where I am now. Rather than having someone more as a mother figure, someone who could be more of a friend. The age. Obviously. Because being 35 I'm obviously an older first time mum. I don't know how a 20 year old mum might not relate to myself as easy. That's probably the only thing like for myself.
		Age of youngest child	Youngest child of mentor to be close in age, to keep information relevant and relatable.	Kids a similar age... I think someone you know who's like, well I've got like a one-and-a-half-year-old, so if they've got even a 3 year old to mid primary school for their youngest kid would probably be ideal. It kind of keeps the information they received and what they worked through still pretty relevant, because I know things change really quickly with some of that stuff to where I'm at, and they can kind of remember and understand where I'm at. It's probably a bit clearer than someone who's another 10–15 years down the track...and being able to kind of connect through that shared experience while it still feels kind of new in both of your minds. It's useful and it's not a 'back in my day situation'. It kind of evens the playing field in making that relationship. I've stopped reaching out to friends that did have the grandmother available 24/7, or the father available 24/7, because those aren't things that I had available 24/7. So I think being partnered with someone who had experienced similar support systems would be good. So if someone is like a single mum or got no support, or like they have a non-supportive partner or non-supportive family members. That kind of stuff I can see that that would maybe like having a buddy that was similar to that, to see how they got through all of that. Another important one that I found along the way for me specifically, and this might go out to some other parents who do some solo parenting, but I found that it was a bit harder to discuss parenting with other women who did have a lot of support.
Available support systems	Comparable support networks that are available during the perinatal period.			
Socioeconomic factors	Preference for similar socioeconomic standing related to working arrangements or financial pressures.	Household income	Similar household income.	For an individual who may be in a low socioeconomic position, I'm not sure how comfortable they would be liaising with someone with a huge income disparity. That's the way I would explain that, you know, middle income either way, but high income might not gel with them, because I don't feel like they have an understanding. We don't have an understanding of different socioeconomic values, or someone might be complaining to a mentor about the cost of something and it's not something that they can relate to. So they can't really provide that advice other than go back to work earlier or have you considered cheaper alternatives because it's not something that they have to do in a day-to-day life.
		Working arrangement	Comparable working arrangements during the postnatal period.	Single parent first thing that comes to mind is work, so juggling work, childcare... Whereas for me I've got my husband. I'm able to have time off work, so I don't need to go straight back into work. So that experience already would be different to a mother who may not be able to afford taking that much time off work. For the older new mums, I think they would feel very similar. I think people are getting older, and picking a career. Personally, I would never pick a stay at home mum as a mentor, that's really important to me. I would want to pick someone with a sort of a career or has worked through it because those are situations that are going to be really important to me.

Table 2 (continued)

Similar Background Factors				
Location	Similar location, or close proximity of mentor.	Region	Living in a similar community environment (e.g. city, suburban, rural, remote).	I wouldn't say I'm rural, but it still takes me half an hour to get to the shops and I did definitely find through those first couple of months that people don't understand you have to plan your trips around when kids are going to sleep for half an hour or it's going to take you half an hour to get to the shop, so you need to plan your day accordingly. It's not a really quick trip like city people or people who live in townships. So I think location could be quite beneficial, I think a city person would feel better with a city person. A rural person or outback person isn't going to have the same issues and concerns. Especially when you're looking at those mentorship roles, having a mentor that's rural being able to give some ideas on how to navigate that lifestyle. Like filling up cattle water, 'what are you going to do? Do you put them in a carrier?'. I think sometimes having someone who's in the same region would be helpful.
		Proximity	Having close proximity to facilitate potential in-person meetings.	I think the proximity, being able to actually meet face to face would be really great ...I've moved towns, which definitely plays a role in it, but now in [new rural town], I know pretty much no one with kids the same age. I don't really have an 'in' person to give me connections to other people. And so I think having someone that you can actually see face to face means you can catch up with them and make that connection. I would probably say someone who is in the in the same town, so you could meet up with them and see them, I guess it, a little bit more regularly.
Shared perinatal experience	Importance of shared perinatal experience.	Conception and Pregnancy	Preference for a support person with similar fertility or pregnancy experience.	I have lots of mum friends who did IVF with me. And because we've done that journey together, it doesn't matter on their parenting styles or anything like that. We gel because we have history together. We were also very lucky in the fact that we got pregnant within two weeks of me coming off anything, and that is very hard to hear for some people who have tried so hard for so long to have kids and gone through miscarriages and had all these problems. People being paired up with people that have gone through those sorts of losses would probably be very good.
		Birth	Preference for a support person with similar birth experience	Something else that might be useful would also be perhaps how they gave birth. I'm thinking along the lines of if you were someone who had a cesarean and that wasn't what you wanted, and you're very traumatised by that situation, somebody who could perhaps relate to you on that emotional level. I think that would be helpful because then you would know what emotional level those people might have. Or you would be able to feel like you could relate to them more if you went through a similar situation. Perhaps it's more of a secondary factor, perhaps matching on having that similar delivery method. I think it would be really helpful for those who do experience a lot of trauma post emergency cesarean. So in that recovery phase they can talk back through their experiences and just having someone who's got out through the other side of it and has their scar. I really resonated with having similar births. I had quite a traumatic birth, so if I spoke to new mums who had very easy births, I found myself getting quite jealous....it doesn't affect me now, but it would have affected me. I know that I reached out a lot to someone that I had on Facebook that I knew went through something very similar to me with having a breach baby in an emergency C-section. We clicked a whole heap because our experiences basically ended up being quite similar. I know that I appreciated that after my birth it was more traumatic than what I was expecting it was going to be, and I found it helpful to talk to other mothers who shared in the fact that their births didn't go the way they had planned either.

Mothers also mentioned the necessity to be able to identify and discuss challenges. For example, one mother commented, "They have to be someone who would be comfortable in difficult situations...They're not always going to be easy topics to talk about". Another mother shared her experience with not receiving adequate emotional support: "I would have loved to have a neutral person that could just be there for me, so not only provide me with advice, but somebody who could say 'I know you're doing it tough' and give you a sort of virtual hug.

Because that's not something that was available to me for both pregnancies. Nobody was there for me. It was always about the baby".

Support expectations

Expectations also pertained to the type and extent of support being provided. For instance, one mother expressed the need for a shared understanding of the limits and boundaries of the peer support relationship: "Not everyone has the same boundaries. Some people are very

touchy feely; I despise it personally. When you're talking about who would be good for this, you don't want someone who's going to overstep boundaries, like randomly rocking up to your house". Considering "you can over-help without realising it", having shared expectations and boundaries when paired with a peer support person was considered a pre-emptive way to avoid expectation disparity. In particular, the availability for support and preferred frequency of contact with a peer support person was discussed: "I suppose if the mentors could put forward what they feel and what they think is important. Then you can find one that you feel like, the timing, whether or not they're really consistent, or whether or not they are someone that can just occasionally chat. Then you can pick what fits for you".

Similar background factors

Age-related factors

Mothers expressed the importance of the age of the mentor and their children's ages, preferring someone of a similar in age and/or life stage: "Because being 35, I'm obviously an older first-time mum...a 20-year-old mum might not relate to myself as easy". The preference for a similarly aged mother also related to the desire for a friend rather than a guardian, with one mother saying, "... probably someone more relatable to where I am now. Rather than having someone more as a mother figure, someone who could be more of a friend". Mothers also preferred the peer's youngest child to be close in age to their child, as one mother explained, to keep "the information they received and what they worked through still pretty relevant... It's probably a bit clearer than someone who's another 10–15 years down the track".

Available support systems

It was meaningful to have a peer support person with a comparable support network during their perinatal journey. For example, one mother commented, "I've stopped reaching out to friends that did have the grandmother available 24/7, or the father available 24/7, because those aren't things that I had available 24/7. So, I think being partnered with someone who had experienced similar support systems would be good". Mothers who had limited support also indicated reluctance to talk with someone who did have a lot of support: "Another important one that I found along the way for me specifically, and this might go out to some other parents who do some solo parenting, but I found that it was a bit harder to discuss parenting with other women who did have a lot of support". Having a similar support network means that mothers with limited support can seek advice on how to manage in their situation: "having a buddy that was similar to that, to see how they got through all of that".

Socioeconomic factors

Mothers preferred their mentor to be from a similar socioeconomic background, primarily in relation to financial pressures and working arrangements. One mother commented on relating to someone who has experienced financial challenges associated with providing for a child: "For an individual who may be in a low socioeconomic position, I'm not sure how comfortable they would be liaising with someone with a huge income disparity... We don't have an understanding of different socioeconomic values, or someone might be complaining to a mentor about the cost of something and it's not something that [the mentor] can relate to". Mothers also felt they needed to be paired with a peer support person with comparable working arrangements during the postnatal period. One mother expressed the different challenges that a single working mother might encounter: "Single parent, first thing that comes to mind is work, so juggling work, childcare...so that experience already would be different to a mother who may not be able to afford taking that much time off work". Another mother felt strongly about having a peer support person who returned to work postnatally because her career was important to her: "Personally, I would never pick a stay-at-home mum as a mentor; that's really important to me. I would want to pick someone with a sort of a career or has worked through it because those are situations that are going to be really important to me".

Location

The proximity and location of the peer support person was also important when considering pairings. Someone close in proximity (e.g., "someone who is in the in the same town") could facilitate face-to-face encounters. This was particularly important for a rural mother seeking connection: "but now in [rural town], I know pretty much no one with kids the same age. I don't really have an 'in' person to give me connections to other people. And so, I think having someone that you can actually see face-to-face means you can catch up with them and make that connection". Mothers in comparable settings also expressed the need for their peer support to be living in a similar community environment due to the unique challenges that come with rural living. A mother explained that she had to navigate around additional travel time to shops and amenities which impacted infant sleep routines, along with keeping up with farm duties while caring for an infant. She noted, "I think a city person would feel better with a city person. A rural person or outback person isn't going to have the same issues and concerns. Especially when you're looking at those mentorship roles, having a mentor that's rural being able to give some ideas on how to navigate that lifestyle".

Shared perinatal experience

Mothers reported the importance of shared perinatal experiences. Mothers discussed conception and pregnancy, expressing the preference for comparable fertility or pregnancy experiences. Mothers who faced challenges conceiving or during pregnancy felt they would bond more deeply with mothers who had similar experiences. One mother shared, “I have lots of mum friends who did IVF with me. And because we’ve done that journey together, it doesn’t matter on their parenting styles or anything like that. We gel because we have history together”. Another mother provided insight into possible complications of mismatched pairings, particularly for pairs comprising one mother who has had adverse experiences and the other who, comparatively, did not. For example, “We were also very lucky in the fact that we got pregnant within two weeks of me coming off anything, and that is very hard to hear for some people who have tried so hard for so long to have kids and gone through miscarriages and had all these problems. [For these] people, being paired up with people that have gone through those sorts of losses would probably be very good”.

Preference for a support person who has had a similar birth experience was also emphasised, particularly adverse experiences. For example, one mother stated, “I appreciated that after my birth, it was more traumatic than what I was expecting it was going to be, and I found it helpful to talk to other mothers who shared in the fact that their births didn’t go the way they had planned”. Mothers also expressed a desire to connect with a person who had a similar delivery method, as it fostered an emotional connection. One mother recalled, “I know that I reached out a lot to someone that I had on Facebook that I knew went through something very similar to me with having a breach baby in an emergency C-section. We clicked a whole heap because our experiences basically ended up being quite similar”. Mothers also explained that having a shared birth experience would enhance emotional support, with one mother stating, “You’re very traumatised by that situation, somebody who could perhaps relate to you on that emotional level...Or you would be able to feel like you could relate to them more if you went through a similar situation”. Likewise, with similar conception and pregnancy experiences, it is important to be sensitive to those mothers who might have had challenging births, ensuring that they are paired appropriately, as one mother described, “I really resonated with having similar births. I had quite a traumatic birth, so if I spoke to new mums who had very easy births, I found myself getting quite jealous”.

Discussion

The present study identified two higher-order categories of maternal peer support preferences that aid in facilitating a positive and supportive relationship in perinatal peer support programs: personal and interpersonal qualities, and similar background factors.

Personal qualities and the provision of support

Mothers described the need to have an affable support person who displays warmth and is trustworthy. While individuals are often more likable when possessing such desirable traits [33], there may be nuanced effects to these traits in the context of maternal relationships. Within this theme, mothers described needing a trustworthy, friendly, caring person with whom they feel at ease speaking about their experiences. Recently, attention has been given to the need for increased trust in support relationships, particularly when one party is in a state of vulnerability [34]. Considering the susceptibility of new mothers to mental ill-health, characteristics of warmth and trustworthiness in others may enable mothers to feel less embarrassed or ashamed when discussing challenging topics [18].

Mothers also considered values such as parenting styles and cultural perspectives to be important. Several mothers felt strongly about having aligned parenting style and practices (such as breastfeeding vs. milk formula). Many of the participants’ attitudes resulted from experiencing or witnessing negative interactions on social media and within mothers’ groups. Mothers felt that having differing parenting styles would mean they would be criticised, judged or pressured to change their parenting practices. Mothers acknowledged that it would be challenging to align on every parenting practice; therefore, they would need a support person who was non-judgemental and open to other parenting perspectives so as not to compromise the support relationship. Mothers also considered values from a cultural perspective, highlighting the need for autonomy to connect with either a mentor with similar or different cultural perspectives. Based on the same premise as parenting values, participants recognised that parenting perspectives and styles can differ cross-culturally [35, 36](35; 36).

Mothers recognised that they needed a support person who could provide adequate emotional support – to be able to listen and be emotionally attuned and responsive. This is consistent with research by Hetherington et al. [9], which found that emotional and informational support are the most impactful types of support after childbirth. Mothers’ reports also aligned with research indicating that adequate emotional support is predictive of enhanced well-being [37], and research indicating that mothers experience stress when feeling judged [12, 17]. Therefore, the provision of adequate emotional support

is beneficial to the peer support relationship and has the potential to enhance maternal health and well-being [38]. The present study highlights the need for mentors who are non-judgemental and emotionally supportive.

Peer support expectations

Support expectations, namely the need to have a shared understanding with mentors about the type and extent of support being provided, were also highlighted as important to facilitating strong relationships [17]. As one mother indicated, overstepping helping boundaries can be 'help hindering'—that support can be unexpected and unwelcome at times. Boundaries can provide a sense of security and safety within therapeutic relationships [39]. Therefore, establishing boundaries is important for mothers to feel safe within the peer support relationship.

The availability of mentors was considered key in driving a supportive climate for mothers. Mothers felt that having similar availability for contact and a similar preference for contact frequency was important. It is widely understood that increased proximity and frequency of contact can predict the formation of friendships and enhance interpersonal attraction [40]. Milgrom et al.'s [41] research with perinatal women indicated that when receiving support, mothers needed a 'reliable alliance'—a relationship in which they could count on another for assistance and support when needed. Mothers with a 'reliable alliance' had reduced depression and anxiety symptoms perinatally [41].

Shared experiences and background

New mothers described a preference for a peer support person with shared experiences and similar circumstances, which Law et al. [17] found to impact the strength of the peer support relationship. While numerous studies have demonstrated that similarity enhances interpersonal attraction and increases friendship intensity [43, 44], the present study specifies the similarities to consider for new mothers – specifically, age-related factors, available support systems, socioeconomic factors, location and shared perinatal experiences. Factors such as socioeconomic status and social support systems may be especially important as they are particularly impactful to mental health during the perinatal period [45].

In comparison to personal and interpersonal qualities, there was relatively more mention of the need for similar background factors to facilitate positive and supportive relationships. Indeed, shared perinatal experiences were most frequently discussed. Mothers passionately described how they would benefit from a support person who had similar conception, pregnancy, and/or birth experiences. This may be considered beneficial for two reasons. Firstly, new mothers would feel less inclined to compare their experience or resent their peer's perinatal

experience if their experiences were similar [16, 23]. Secondly, mothers felt they would establish a deeper connection if their peer support person was relatable and seen as a symbol of having experienced and successfully navigated similar challenges. The current finding suggests that sharing similar background factors enhances positive relationships in the perinatal period.

Implications for the development of social support programs

Peer support program developers should attempt to match mothers on shared background and experiences, as well as preferences concerning parenting values and parenting styles. In particular, mentors of a similar age (for mentees to be paired with a 'friend' rather than a 'maternal figure') and similar perinatal and family experiences (e.g., conception and birth experiences, youngest child's age) are beneficial to ensure that their knowledge and experiences are both current and relevant to new mothers. Similar life stage, socioeconomic status, and perceived nature of social networks at the time of the mentor's perinatal experience are additional considerations for matching mothers beyond shared values and priorities. To that point, though, while many people prioritised having aligned parenting style and practices, participants did recognise there can be value from learning from different experiences and perspectives.

However, beyond matching efforts, given the numerous parenting approaches, program developers will also need to train mentors to have active listening skills and an open and non-judgmental approach when parenting perspectives differ. Training of this nature will underpin mentors' ability to provide quality emotional support, noted by study participants as critical to the peer support relationship. Further to this, program developers could draw from guidelines for clinicians providing both in-person and online supports. As the participants raised, shared or similar availability and contact preferences will likely underpin expectations as well as a sense of security within the peer support relationship. For instance, Drum and Littleton [42] recommend a proactive approach, including discussing hours for interaction and respecting set meeting times and timely feedback within these times while avoiding excessive communication. Additionally, mentors should be supported to provide a private, consistent, professional, and culturally sensitive environment when engaging with the mentee. Ideally, these conversations could occur in an initial meeting between the mentor and mentee, with program developers facilitating discussions and training around support boundaries and expectations.

Limitations and future directions

Study limitations concern the representativeness and generalisability of the sample. Participants were similar across demographic features; predominantly being Caucasian, in a relationship, residing in Australia, with high educational attainment, and from middle-to-high income households. While the sample mainly consisted of women from outer regional and remote Australia, the sample is representative of advantaged women in these areas [46]. Therefore, it is recommended that further research include various populations such as those from disadvantaged groups and from more diverse cultural backgrounds, including Australian Aboriginal and Torres Strait Islander peoples, as research has suggested that relational needs, parenting, and perinatal experience may differ cross-culturally [35, 36]. Some factors and preferences were more readily mentioned than others (e.g., the need for shared perinatal experiences) in the present study. Future research should examine the frequency and prioritisation of preferences and factors to support positive peer relationships, perhaps utilising consensus techniques. It would be useful for this work to also consider support preferences based on level of well-being (e.g., for those with and without perinatal anxiety and depression). Such research could inform pair matching processes to ensure that pairs are formed on factors that are most important.

Conclusion

To maintain and promote maternal mental health, mothers require social support and the formation of positive and supportive relationships within maternal peer support programs. Participants highlighted the importance of a mentor who is warm and trustworthy, non-judgmental, provides adequate emotional support, and has similar background factors and perinatal experiences. Concerning support expectations, establishing and respecting boundaries and similar availability and contact preferences were emphasised. Results provide insight into the preferences of mothers that can support the development and sustainment of meaningful peer relationships. The findings can be used to create evidence-based processes to match mentees with appropriate mentors and support strong peer relationships for perinatal women.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12884-025-08047-4>.

Supplementary Material 1

Supplementary Material 2

Author contributions

JD and KP jointly conceptualized the study with support from MD. MD and KP led project administration with support from JD. MD led data analyses,

with KP and JD serving as critical friends, and KHL and AK contributing to the interpretation of findings. MD was a major contributor in writing the manuscript, with support from JD and KP. All authors reviewed and edited the manuscript and approved the final version.

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Data availability

Requests regarding the datasets should be directed to Prof. James Dimmock, james.dimmock@jcu.edu.au.

Declarations

Ethics approval and consent to participate

The authors obtained ethical approval from the James Cook University Human Research Ethics Committee on the 25th of August 2022 (ID: H8824). Participants provided both written informed consent and verbal consent prior to participation. This research was conducted in compliance with the Helsinki Declaration.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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