Journal of Clinical and Nursing Research, 2026, Volume 10, Issue 8
https://www.bbwpublisher.com/journal/JCNR
Online ISSN: 2208-3693
Print ISSN: 2208-3685

The Effectiveness of Psychological Nursing Combined with Humanistic Care in Obstetrics

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Abstract: Perinatal women are prone to psychological problems such as anxiety and depression due to hormonal changes, labor pain, and role transformation. Traditional obstetric nursing focuses on physical examination and protection while lacking intervention on women's psychology and emotions. Humanistic care respects the dignity and privacy of lying-in women, and psychological nursing relieves negative emotions via professional methods. When applied throughout admission, childbirth, postpartum recovery, and follow-up visits, the combined nursing model can effectively ease perinatal negative emotions and accelerate postpartum rehabilitation. This paper elaborates the implementation approaches of combined nursing, analyzes its effects on maternal psychological state, postpartum recovery, and quality of life, as well as nursing satisfaction, sorts out practical obstacles in clinical promotion, and puts forward optimization suggestions. It is expected to improve the humanized service of obstetrics and boost high-quality development of maternal and child health.

Keywords: Obstetrics; Humanistic care; Psychological nursing; Pregnant and lying-in women; Postpartum mood

Online publication: Aug 31, 2026

1. Introduction

The *Healthy China 2030 Outline* takes maternal and child health as a key component of national health construction, and proposes building a full-cycle health service system covering pre-pregnancy, pregnancy, childbirth, and postpartum periods, stressing equal attention to both physical recovery and mental health of pregnant women. Surveys by the World Health Organization show that approximately 10% to 20% of pregnant women worldwide suffer from anxiety and depression. Domestic clinical observations also reveal that the number of lying-in women with persistent anxiety and low mood rises year by year. Women with first childbirth, advanced maternal age, or adverse pregnancy history have relatively weak psychological endurance. Pregnancy and childbirth are unique physiological stages for women. They not only endure physical discomforts such as uterine contraction pain, birth canal injuries, and postpartum uterine contractions, but also complete the identity transition from an ordinary woman to a mother, which easily generates inner unease, panic, and self-doubt. It can be seen that traditional obstetric nursing that only

emphasizes physical monitoring has defects, and it is urgent to integrate humanistic care and systematic psychological intervention to relieve perinatal psychological pressure of lying-in women.

2. Implementation of psychological nursing combined with humanistic care in obstetrics

2.1. Humanized renovation of ward environment to build secure rest space

Depressing and cold medical environments will aggravate maternal anxiety, so optimizing the ward environment is the foundation of humanistic nursing [1]. Soft, warm lights can be installed in wards, and nursing curtains for breastfeeding shall be equipped at each bed to protect maternal privacy. Landscape paintings can be posted on walls to weaken the medical atmosphere of wards. Delivery balls and accompanying seats are placed in the waiting room, and family members are allowed to accompany childbirth, with soothing natural sounds played regularly to relieve emotions. An anonymous message board is set at the nurse station for women to write down their demands, which nurses will handle every day. Simple welcome cards marked with basic information and preferences of lying-in women are placed at ward doors to make them feel valued. Wards are ventilated and noise-reduced regularly, with room temperature maintained at 25 ℃ and humidity between 50% and 60%. A quiet, comfortable, and privacy-respecting recuperation environment stabilizes maternal emotions fundamentally.

2.2. Full-cycle accompaniment and communication to build a three-party support network among nurses, families and lying-in women

Effective communication is the core of psychological nursing and humanistic care. Nurses shall maintain good communication with women before, during, and after delivery, and meanwhile guide family members to comfort them with empathy.

Within half an hour after admission, nurses shall conduct in-depth initial communication, adopt open-ended questions to identify sources of anxiety, and fill in psychological demand assessment forms to carry out targeted comfort. For women afraid of labor pain, nurses can explain the process of painless childbirth and invite women in the same ward to share their experiences. For those overly worried about fetal abnormalities, nurses interpret prenatal examination data in plain language to dispel their misgivings. Nurses also communicate with family members separately and guide them to use empathetic words to provide emotional support for women [2]. One-on-one doula accompaniment is implemented during childbirth. Free body positions, massage, and breathing training are adopted to ease labor pain. When uterine contractions are severe, women can hold the hands of their companions to relieve pain and fear through tactile comfort [3]. Postpartum care mainly helps women adapt to maternal identity. A half-hour heart-to-heart talk can be arranged two hours after delivery, with bedside communication twice a day. Nurses patiently listen to their troubles in lactation and physical recovery. For example, some women have anxiety about breastfeeding. Nurses can cooperate with lactation consultants to conduct on-site practical teaching and explain the law of milk secretion. During communication, nurses shall accept their emotions without interruption.

2.3. Hierarchical dynamic psychological intervention to targetedly relieve negative emotions of varying degrees

Nurses adopt the Hamilton Anxiety Scale and Hamilton Depression Scale to conduct psychological evaluation upon admission and 24 hours after delivery. Differential interventions are implemented according to low, medium, and high emotional risk levels divided by scale scores. Women with low risk only have mild tension. Nurses can organize small parenting science popularization classes and guide them to record warm, trivial matters to adjust emotions through positive thinking [4]. Women with medium risk suffer from long-term depression and resistance to parenting. Nurses carry out narrative nursing, guide them to sort out negative feelings during pregnancy, and correct extreme cognition such as "being a perfect mother". Together with families, a list of accompanying and parenting divisions is formulated to stabilize family emotional support. Women at high risk may experience severe depression, insomnia, and resistance to newborns. Nurses shall report to doctors immediately and invite psychiatrists for consultation. Professional counseling is carried out on the premise of privacy protection, and follow-up workers in communities are connected to track psychological conditions for a long time to prevent deterioration of postpartum psychological problems.

2.4. Linkage between family and community to build a closed-loop continuous care system after discharge

Maternal psychological adjustment does not end after discharge, and the 42-day postpartum period is a high-incidence stage of mood swings. Humanistic care and psychological nursing shall be extended outside the hospital by connecting services of hospitals, families, and communities. Three days before discharge, responsible nurses organize family communication meetings attended by spouses and parents of women. Nurses explain knowledge about postpartum physical recovery, newborn care, and emotional relief, and negotiate division of housework and parenting within 42 days after delivery to reduce emotional problems induced by family conflicts [5]. Hospitals can provide personalized discharge guidance manuals including small self-regulation skills, 24-hour consultation hotlines, and schedules of maternal and child service centers in communities. Telephone follow-up shall be conducted one week after discharge to inquire about difficulties in sleep, mood, and breastfeeding. Home visits are carried out on the 42nd day after delivery together with community nurses to observe maternal-infant interaction [6]. If obvious anxiety and depression are found during follow-up, women can be directly referred to postpartum rehabilitation clinics for intervention.

3. Practical effects of psychological nursing combined with humanistic care in obstetrics

3.1. Effectively alleviate maternal anxiety and depression

Routine obstetric nursing only relieves emotions when women cry, without systematic evaluation and counseling procedures. Many women cannot release psychological pressure, so the relief effect of anxiety and depression before and after nursing is unsatisfactory. The combined nursing mode with full-cycle intervention can effectively ease maternal anxiety and depression. Three reasons account for this difference. First, the new model realizes early screening and early intervention. Psychological evaluation is completed upon admission to avoid long-term accumulation of emotional problems [7]. Second, phased continuous communication provides a stable channel for women to pour out

and release inner depression in a timely manner. Third, family members participate in psychological support synchronously, so women can gain understanding and tolerance at home and reduce negative thinking when alone. Stable emotions can also reduce women's sensitivity to pain during labor and shorten the overall delivery process, lowering the incidence of adverse maternal-infant events such as fetal distress and postpartum hemorrhage.

3.2. Comprehensively improve postpartum quality of life

Quality of life covers dimensions including physical functioning, bodily pain, social functioning, mental health, sleep status, emotional adaptation, and so on. Conventional nursing focuses on physical indicators such as maternal wound healing and uterine recovery, yet overlooks mothers' sleep, moods, family social interactions, and other conditions, resulting in only marginal improvements in their overall quality of life.

The implementation of humanistic care combined with psychological nursing can improve maternal sleep via a warm ward environment. Paired with relaxation training and pain guidance, such interventions alleviate physical pain caused by postpartum wounds and uterine contractions. Nurses guide new mothers to adjust their mindsets and coordinate task division with family members to share childcare burdens, preventing them from being trapped in persistent exhaustion and self-denial and enabling stable mental well-being. Meanwhile, nursing staff deliver health education to help mothers master skills such as neonatal feeding, personal postpartum rehabilitation, and pelvic floor care. This enhances their self-care capabilities, allowing them to tackle various postpartum issues scientifically and avoid frustration stemming from insufficient childcare knowledge [8]. Sound sleep, stable emotions, and adequate childcare knowledge can comprehensively boost the improvement of postpartum quality of life among new mothers.

3.3. Accelerate the recovery of various physical functions of women

Maternal psychological state affects the speed of postpartum recovery. Long-term anxiety and depression interfere with endocrine and gastrointestinal peristalsis, delaying recovery from exhaustion and ambulation time as well as uterine involution. Humanistic care can reduce maternal physical and mental stress reactions, and psychological counseling stabilizes the endocrine system to mitigate the negative impact of emotions on recovery. Comfortable wards and full family companionship encourage women to get out of bed for light activities as early as possible. Hierarchical psychological intervention alleviates insomnia and poor appetite to guarantee sufficient rest and a balanced diet, accelerating physical repair. A positive cycle of physical and mental health shortens hospitalization time and reduces the incidence of puerperal infection and postpartum pelvic floor dysfunction [9].

3.4. Improve maternal satisfaction with nursing and optimize nurse-patient relationship

Conflicts in obstetrics are sometimes caused by insufficient communication and neglect of women's emotional demands. Under routine nursing, nurses mainly complete therapeutic operations without initiative, concern, or patient listening, making women feel neglected and dissatisfied with the medical experience. When implementing the combined nursing mode, nurses shall focus on maternal emotions and health besides treatment tasks. Full-cycle one-on-one accompaniment, response to personalized demands, and privacy-respecting operations make women feel sincere care from medical staff, so they are more willing to communicate physical and psychological troubles actively. Trust between nurses and women is enhanced,

patients cooperate better, and the probability of medical disputes decreases.

4. Practical significance of promoting psychological nursing combined with humanistic care

4.1. Comply with policy requirements for high-quality development of maternal and child health

The state continues to promote maternal and child health initiatives, requiring medical institutions to break traditional nursing thinking and pay attention to the physical and mental care of pregnant women. The combined nursing mode conforms to the people-centered development direction proposed in the *Healthy China 2030 Outline*. It incorporates mental health into routine obstetric nursing, improves full-cycle prenatal, delivery, and postnatal health services, and helps medical institutions transform maternal and child health service modes to meet hard policy requirements for service upgrading.

4.2. Reduce the risk of postpartum mental illness and protect the health of both mothers and infants

Postpartum depression and persistent anxiety bring multiple hazards. Affected women tend to lose willingness to breastfeed, neglect newborn care, and face more family conflicts, and extreme behaviors of self-harm or infant injury may occur in severe cases. Long-term negative emotions of women are transmitted via hormones and interfere with newborns' mood stability and early development. Combined nursing involves screening before delivery, counseling during delivery, and follow-up after delivery, intervening in psychological risks in advance to reduce the incidence of postpartum mental diseases fundamentally [10]. A mild and stable emotional environment protects maternal physical and mental health and builds a safe and warm maternal-infant interaction atmosphere, fostering stable intimate attachment between mothers and infants and safeguarding the health of two generations.

4.3. Upgrade obstetric nursing concepts and improve overall nursing standards of departments

Traditional obstetric nursing aims to complete diagnosis and treatment tasks with standardized and mechanical work, lacking human warmth. The combined mode requires nurses to change their working mindset, take initiative to care for individual feelings, and master professional skills such as empathetic communication, psychological assessment, and emotional counseling. Regular training on humanistic nursing and maternal psychology shall be organized in departments. Long-term implementation refines and enhances the comprehensiveness of overall nursing services, and improves nurses' communication and emergency psychological intervention capabilities.

4.4. Improve family fertility experience and alleviate social fertility anxiety

Many women of childbearing age fear pregnancy and childbirth, and negative delivery experiences will reduce their willingness to have children. Cold and indifferent obstetric care will amplify their resistance to childbirth. Psychological nursing combined with humanistic care comprehensively optimizes the hospitalization experience. Comfortable wards, full-cycle emotional guidance, and family joint support weaken the pain perception of delivery and leave mild and positive memories for women. Good prenatal and

postnatal nursing experience alleviates universal fertility anxiety, builds a fertility-friendly atmosphere, and facilitates the construction of a social fertility support system.

5. Conclusion

Maternal care during pregnancy and childbirth cannot be limited to physical recovery. Emotional troubles arising from role transformation and physical stress are also key priorities of obstetric nursing. The core value of humanistic care combined with psychological nursing lies in breaking the inherent nursing thinking of prioritizing treatment over feelings, and integrating emotional guidance and companionship into all perinatal links. At present, the complete care chain of in-hospital intervention, family coordination, and community follow-up still faces many implementation obstacles. Nurses' psychological intervention ability, department staffing, family cognition, and grassroots supporting resources all directly affect intervention effects. Medical institutions shall continuously optimize supporting measures combined with clinical practice and build a long-term support system. In the future, obstetrics shall promote integrated physical and mental nursing, improve full-cycle care, and provide warm and professional nursing services for pregnant women to safeguard maternal and infant physical and mental health.

Disclosure statement

The authors declare no conflict of interest.

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