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Crimes Committed by Women During the Postpartum Period: A Systematic Theoretical Review

Hong Thu Thi Nguyen

Hanoi law university.

***Corresponding Author**: Hong Thu Thi Nguyen

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Abstract

The present study analyzes the causes leading to women committing crimes during the postpartum time, the impact of the crimes, and the stakeholders' perspectives on prevention and intervention. It is adopted a theoretical systematic research strategy in which prior literature from psychological, sociological, criminological, legal and public health perspectives is reviewed and analysed. The data suggest that a set of interrelated circumstances motivate postpartum crimes, including postpartum mental problems, domestic abuse, poverty, social isolation, cultural expectations, stigma, sleep deprivation and lack of healthcare support. These were key contributors to impaired judgement and dangerous behaviour of postpartum psychosis and severe postpartum depression. The study also demonstrates that crimes committed after childbirth have significant effects for newborns, mothers, families and society, including psychological trauma, developmental issues, social stigma and economic costs. Besides, criminal culpability, treatment, prevention and rehabilitation are perceived differently by different stakeholders such as health experts, legal practitioners, social workers, policy makers and families. This conversation points to the need to see postpartum crimes as multifaceted public health and social justice concerns requiring interdisciplinary action, rather than solely a criminal matter. The findings of the study emphasize the need for early mental health screening and health care services, social support systems, stigma reduction, and integrated health and legal methods to prevent postpartum-related crimes and improve maternal mental health outcomes.

Keywords: *Postpartum Mental Health, Postpartum Crime, Postpartum Psychosis, Maternal Mental Health, Social Support Systems, Criminal Justice and Public Health.*

Introduction

The postpartum period is a major stage in women's lives, beginning right after delivery and lasting from several months to several years, depending on physical, psychological and social factors.

During this time women go through a lot of hormonal, emotional, physical and social changes that may influence their mental stability and behaviour. Motherhood is typically considered to be an occasion for joy and emotional fulfillment. Nevertheless, many women suffer severe psychological distress, social pressure, financial woes, family discord and inadequate health care support after giving baby. These difficulties on certain occasions lead to the commission of dangerous behaviors and criminal crimes by women during the postpartum time (Howard et al., 2013)

The crimes perpetrated by after partum women may include child neglect, physical abuse, infanticide, abandonment of infants, marital violence, self harm or in rare cases homicide or other violent crimes. These crimes are frequently linked to postpartum depression, postpartum psychosis, anxiety disorders, traumatic birth experiences and social isolation. The problem has drawn growing interest from psychologists, sociologists, criminologists, legal scholars, health professionals, and politicians, with regard to mental health, criminal justice, maternal health, child welfare, and human rights (Stewart and Vigod, 2019).

Historically, communities have judged crimes committed by postpartum women differently on the basis of cultural, legal and religious views. In certain societies, women who injured their infants after childbirth were seen as morally defective criminals who deserved punishment. Contrary to this, recent psychological and medical research demonstrates that many postpartum crimes are committed under extreme emotional instability and untreated mental problems. Thus, the increased acknowledgment of postpartum mental illness has moved the conversation away from punishment and toward therapy and prevention (Friedman and Resnick, 2007).

The association between criminal behavior and postpartum mental illnesses has been studied by several prior researchers. Spinelli (2004) studied mother infanticide in the context of postpartum psychosis, highlighting the importance of untreated psychiatric illness in crimes against newborns. Postpartum psychosis was investigated by Rothschild and Wisner (2006) as a psychiatric emergency involving hallucinations, delusions, suicidal ideation, and violent behavior. Howard et al. (2013) studied the relationship between domestic violence and perinatal mental disorders further, finding that women who experienced violence both before and after giving birth often suffered higher psychological discomfort and emotional instability.

Previous research on crimes perpetrated by women in the postpartum period has focused mostly on the link between maternal mental illnesses and harmful behaviors directed toward infants or family members. Spinelli (2004) investigated maternal infanticide in relation to postpartum psychosis and noted that serious psychiatric illnesses may affect mothers' judgment and perception of reality. In a similar vein, Sit, Rothschild and Wisner (2006) looked at postpartum psychosis as a psychiatric emergency, which is marked by hallucinations, delusions, emotional instability and suicidal or aggressive impulses. These studies have been useful in understanding how postpartum mental illness may raise the probability of criminal behavior. \nOther researchers have examined postpartum depression and emotional distress as predictors of harmful maternal behaviors. According to Stewart and Vigod (2019), postpartum depression could result in despondency, emotional disengagement, irritability, and trouble bonding with newborns, which may increase the risk of neglect or abuse. Howard et al. (2013) also examined the relationship between domestic violence and perinatal mental disorders, finding that women who experience intimate partner violence before or after delivery are often in a state of severe psychological distress, which can exacerbate emotional instability.\n\nIn criminological and sociological research, studies have also identified the broader environmental and social factors associated with postpartum crimes. Major stressors for postpartum women have been identified as poverty, unemployment, financial dependency, social isolation, lack of spouse support, sleep deprivation, and cultural pressure around parenting. Friedman and Resnick (2007) classified maternal filicide into several categories including psychotic motives, altruistic motives, accidental deaths as a result of mistreatment and revenge against spouses. Their work proved that postpartum criminal behavior is not a product of a single psychological condition, rather it is a complex phenomenon that is affected by various interacting factors. Despite these crucial contributions, there are several research gaps.

Despite growing scholarly attention, significant research gaps persist. For example, many studies focus largely on postpartum depression and psychosis, ignoring the broader sociological and criminological perspectives on women's criminal behavior after giving baby. Second, the literature on the subject tends to focus on infanticide and ignore other types of crime, such as child neglect and abandonment, crimes related to substance addiction, domestic violence, and self-destructive behaviors. Third, there is less investigation of how stakeholders' viewpoints, such as healthcare personnel, legal professionals, social workers, policy makers, community leaders, and family members, inform effective preventative and intervention efforts.

Another big disparity concerns cultural and socioeconomic diversity. Most research have been conducted on Western populations and health care systems, limiting understanding of postpartum crimes in developing countries and culturally varied communities. The perspectives of women in impoverished, rural, refugee or patriarchal settings are generally underrepresented in academia. Moreover, judicial systems vary greatly in their approach to postpartum mental disorder in criminal situations. Some places allow for lesser culpability for psychiatric illnesses induced by giving birth whereas others see it like any other crime and punish accordingly.

The paper attempts to fill these gaps by considering the crimes perpetrated by women in the postpartum period from interdisciplinary viewpoints. This study concentrates on three important research questions:

1. What determines crimes committed by women during the postpartum period?
2. What are the implications of women committing crimes in the postpartum period?
3. What is the view of the stakeholders on the issues with crimes perpetrated by women in the postpartum period?

The significance of this work is the attempt to combine medical, psychological, sociological, criminological and legal approaches into the full picture of postpartum criminal conduct. In this paper we highlight underlying causes, repercussions, and stakeholder reactions that add to the discourse on maternal mental healthcare, criminal justice reform, family welfare, and social support systems.

Understanding postpartum crimes is important not just for children and families but also to ensure that vulnerable moms receive the right mental health care, legal protection and social support. Balance is needed to avoid injury, and to respond to the complicated emotional and psychological reality of many postpartum mothers.

Literature Review

The Postpartum Period and Maternal Mental Health

Physiological and psychological changes during the postpartum period are significant and varied in women due to their biological, emotional, and environmental factors. The World Health Organization (WHO) says postpartum women are more vulnerable to mental health disorders due to hormonal changes, physical recovery following childbirth, sleep loss and caregiver stress. Worldwide, 10 to 20 percent of moms have postpartum depression, and although postpartum psychosis is rarer, it carries serious psychiatric symptoms.

Stewart and Vigod (2019) define postpartum depression as a mood illness manifested by feelings of melancholy, hopelessness, emotional disengagement, impatience, and trouble bonding with newborns. Women with severe postpartum depression could find it hard to take care of themselves and their children, leading to neglect and emotional instability. Postpartum psychosis, however, is a psychiatric emergency. It includes hallucinations, paranoia, delusions, disordered thinking and impaired judgment.

Research has demonstrated that mental illnesses in postpartum period, if ignored, might cause dangerous conduct and criminal behaviors. Sit et al. (2006) observed that in the absence of prompt psychiatric help postpartum psychosis was substantially associated with suicide and infanticide. Similarly, Spinelli (2004) contends that maternal infanticide is generally seen in the setting of serious psychiatric instability rather than as a premeditated criminal act.

Crimes Committed During the Postpartum Period

Crimes of postpartum women might be different in severity and form. Infanticide is one of the most researched postpartum crime. It has been defined as the death of an infant by the mother in the course of or immediately following the postpartum period (Resnick, 1969; Spinelli, 2004). Historically, infanticide has been associated with stigma of illegitimacy, poverty, social shame and psychiatric instability (Meyer & Oberman, 2001).

Postpartum criminal behavior is not restricted to infanticide. Women may commit child maltreatment, abandonment, physical abuse, drug abuse-related crimes, domestic violence, theft or self-harm (Friedman & Resnick, 2007). Some crimes are directly related to mental illness, others are related to societal stressors and survival techniques.

Friedman and Resnick (2007) classified the reasons why mothers kill their children into five categories: altruistic intentions, psychotic motives, motives relating to unwanted children, accidental deaths connected to maltreatment, and retribution against partners. Their analysis shows the intricacy of maternal crimes and proves that postpartum criminal behaviour cannot be reduced to biological reasons.

Legal institutions typically fail to deal with postpartum crimes equitably as there are contradictions between criminal culpability and psychiatric understanding (Spinelli, 2004). Some countries have implemented legislation on infanticide taking into account lowered mental responsibility in the postpartum period. Thus, the Infanticide Act in several Commonwealth countries allows for reduced murder charges when mothers suffer from mental problems caused by childbirth (Oates, 2003).

Psychological Factors That Lead to Postpartum Crimes

Psychological considerations are among the most important causes of postpartum crimes. Emotional control and decision-making can be affected by postpartum depression, psychosis, bipolar disease, anxiety disorders, trauma and personality disorders (Sit, Rothschild, & Wisner, 2006; Wisner et al., 1999).

Women with postpartum psychosis may hear voices telling them to harm themselves or their babies. Mothers may be deluded that their infants are bad, at risk, or better off dead (Spinelli, 2009). They might come on quickly, within days or weeks after delivery.

Also, stressful experiences in childbirth may raise vulnerability to emotional instability. Women who have emergency surgery, acute pain, newborn difficulties or harsh medical care can develop post-traumatic stress disorder (PTSD) (Ayers, 2004). PTSD symptoms like flashbacks, emotional numbness, panic attacks and hypervigilance can result in destructive behavior.

Sleep deprivation is also a major factor. Caring for an infant is a continuous source of exhaustion for many new moms. Sleep deprivation has a detrimental effect on cognitive functioning, emotional regulation and mental stability perhaps exacerbating existing psychiatric problems (Sharma & Mazmanian, 2003).

Socio-economic Factors

Social and economic situations greatly influence criminal behavior and postpartum mental health. Mothers who are poor, unemployed, home insecure, food insecure, and financially dependent are more exposed to stress (Overpeck et al., 1998).

Domestic abuse is another big risk factor. Howard et al . (2013) showed high connections between intimate partner violence and postpartum mental illnesses . Women who are subjected to emotional, physical or sexual abuse may experience anxiety, sadness, powerlessness and social isolation. Stress after childbirth can exacerbate tensions and increase the likelihood of abusive behavior in an abusive relationship.

Postpartum distress is also strongly associated with social isolation. Many women do not get emotional support from their boyfriends, families and communities (Dennis & Chung-Lee, 2006). The conventional support systems in many societies have been weakened by migration, urbanization and changing family structures. Thus, women who are single parents may experience loneliness, fatigue, and emotional depletion (Barr & Beck, 2008).

Cultural expectations of parenthood add to the psychological pressure. Society tends to romanticize motherhood as naturally joyous and selfless, which discourages women from voicing negative emotions or seeking assistance (Meyer & Oberman, 2001). Stigma and judgment may prevent women from disclosing their mental health problems (O'Hara & McCabe, 2013).

Effects of Postpartum Crimes

Postpartum crimes have major effects for moms, infants, families and society. Children who have been abused or neglected may develop attachment difficulties, anxiety, depression, aggression, developmental delays, and long-term emotional trauma (Bowlby, 1969; Felitti et al., 1998).

Postpartum crime-affected families also face loss, remorse, stigma, and social isolation (Friedman et al., 2005). Partners and relatives find it hard to understand how a mother got involved in destructive or criminal behaviour. Family connections can be damaged by mistrust, blame, and psychological pain.

The mothers themselves can face serious emotional consequences from illegal activities, particularly when psychiatric symptoms fade and they become aware. Women who commit crimes relating to the postpartum period often experience regret, shame, grief and suicidal ideation (Spinelli, 2004, Brockington, 2004).

Society also pays a heavy price. Healthcare systems, legal institutions, jails, social welfare agencies and child protection organizations should respond to postpartum crimes and their effects (WHO, 2022). Publicity around cases might lead to dread, moral panic and stigma surrounding maternal mental illness (Meyer & Oberman, 2001).

Stakeholders' Perspectives

Health providers emphasize the importance of early detection and treatment of postpartum mental illnesses. Obstetricians, nurses, psychiatrists and psychologists support routine screening for mental health in pregnancy and after childbirth (Wisner et al., 2013; Sit et al., 2006).

Social workers deal with families, help with parenting and intervene in communities. It is said that social support systems, psychotherapy, crisis hotlines, and affordable daycare can prevent many postpartum crimes (Olds et al., 2007).

Lawyers are caught between compassion and responsibility. Some judges and prosecutors would rather see mentally unwell postpartum offenders receive psychiatric treatment and rehabilitation than be incarcerated (Friedman & Resnick, 2007). Others contend that illegal crimes involving minors should be strictly punished, regardless of mental health status (Resnick, 1969).

The policymakers focus maternal health care policies, social welfare initiatives and public education efforts (WHO, 2022). Advocacy organizations also point to the need to remove stigma surrounding postpartum mental illness (O'Hara & McCabe, 2013).

But there are still coordination gaps across health, legal and social entities. Although mental health problems are common among women, many women still do not have access to affordable mental health care, especially those who live in low-income and rural regions (Patel et al., 2018).

Importance of Addressing Crimes Committed by Women During the Postpartum Period

It is vital to consider criminality by women in the postpartum period, as postpartum mental and emotional illnesses can have a substantial impact on women's behaviour, judgement and decision-making abilities. Postpartum depression, postpartum psychosis, anxiety disorders, and intense emotional stress are some of the conditions that raise the likelihood of damaging or illegal acts, including child neglect, infant maltreatment, self-harm, or infrequently, infanticide (Spinelli, 2004; Stewart & Vigod, 2019). It is important to understand the psychological and social reasons behind such crimes in order to protect both the mother and children and to provide adequate legal and health solutions.

Confusion, hallucinations, delusions, emotional instability, and poor perception of reality are common among women who suffer from severe postpartum mental illness. Postpartum psychosis, however rare, is a mental emergency that is highly related with suicide and baby injury if ignored (Sit, Rothschild, & Wisner, 2006). The postpartum period is linked to increased psychological fragility, which has been linked to lack of social support, marital abuse, financial stress, sleep deprivation, and pre-existing mental health conditions (Howard et al., 2013).

Mothers, infants, families and society in general all suffer the effects of postpartum-related crimes. Children who survive neglect or abuse might endure long-term emotional trauma, developmental issues and attachment disorders. Such episodes may also be followed by psychological suffering, social stigma and economic difficulty for families (Holt et al. , 2008).

Effective prevention includes early mental health screening, easy access to maternal health care providers, psychological counseling, family support system, and public education regarding postpartum mental problems. Collaboration between healthcare professionals, psychologists, legal institutions, social workers, and policymakers to identify high-risk mothers early is crucial for timely intervention and treatment (American College of Obstetricians and Gynecologists [ACOG], 2018; World Health Organization [WHO], 2022).

Methods

Research Design

This article employs a qualitative and interdisciplinary research design to examine crimes committed by women during the postpartum period. The study integrates perspectives from psychology, sociology, criminology, psychiatry, public health, and legal studies. A qualitative approach is appropriate because postpartum criminal behavior involves complex emotional, social, and cultural dimensions that cannot be fully understood through statistical analysis alone.

The study primarily relies on secondary data analysis, including peer-reviewed journal articles, books, government reports, healthcare guidelines, legal documents, and international organizational publications. This approach allows comprehensive exploration of existing knowledge regarding causes, effects, and stakeholder perspectives.

Data Collection

Data were collected from academic databases such as PubMed, JSTOR, Google Scholar, ScienceDirect, and PsycINFO. Relevant publications between 2000 and 2025 were selected to ensure contemporary understanding of postpartum mental health and criminal behavior.

Keywords used in the literature search included:

- postpartum crime
- postpartum depression and violence
- postpartum psychosis
- maternal infanticide
- child neglect after childbirth
- postpartum mental illness
- maternal criminal behavior
- postpartum violence
- maternal filicide
- stakeholder perspectives on postpartum crime

Government publications and reports from organizations such as the World Health Organization, Centers for Disease Control and Prevention, United Nations Women, and the American Psychological Association were also examined.

Data Analysis

Thematic analysis was used to identify recurring themes across the literature. The analysis focused on three major themes corresponding to the research questions:

1. Causes of crimes committed during the postpartum period.
2. Effects of postpartum crimes.
3. Stakeholders' perspectives regarding handling postpartum crimes.

Themes were categorized into psychological, social, economic, legal, healthcare, and cultural dimensions. Comparisons were made across studies to identify similarities, differences, and emerging patterns.

Ethical Considerations

Although this study relies on secondary data, ethical sensitivity remains important because postpartum crimes involve vulnerable populations, mental illness, child harm, and traumatic experiences. The study avoids sensationalizing criminal acts and instead emphasizes balanced, evidence-based analysis.

Respectful language is used throughout the article to avoid stigmatizing mothers experiencing postpartum mental disorders. The research also acknowledges the rights and safety of children and families affected by postpartum crimes.

Limitations of the Study

Several limitations should be acknowledged. First, reliance on secondary data limits direct access to personal experiences of postpartum women. Second, most available

studies originate from Western countries, reducing cross-cultural representation. Third, underreporting of postpartum crimes and mental illness may affect accuracy of available data.

Additionally, differences in legal definitions and cultural interpretations of postpartum crimes make global comparisons difficult. Future research involving interviews, case studies, and cross-cultural fieldwork would provide deeper insights into postpartum criminal behavior.

Findings and Discussion

a. Factors Causing Crimes Committed by Women During the Postpartum Period

Postpartum Mental Disorders

The data show that postpartum mental illnesses are one of the strongest contributing factors connected with crimes committed by women in the postpartum period. Disorders identified as substantial psychological risk factors across the examined literature included postpartum depression, anxiety, bipolar disorder and postpartum psychosis. Women with postpartum psychosis may have hallucinations, delusions, paranoia and impaired judgment. This can lead to a risk of damage to themselves or their babies. In worst-case scenarios, moms may feel they are protecting their children from what they view as threats through violence.

This finding is consistent with other research showing postpartum psychosis is among the psychiatric illnesses most significantly linked to infanticide and maternal violence (Spinelli, 2004; Spinelli, 2009). Previous psychiatric research has demonstrated that postpartum psychosis severely impairs reality testing and decision-making, especially when symptoms go untreated (Sit, Rothschild, & Wisner, 2006). Similarly, prior research on postpartum depression has indicated that severe depressive symptoms may result in hopelessness, emotional numbness, suicide ideation, and inability to adequately perform caregiving obligations (Wisner et al., 1999). Further, the literature suggests that untreated postpartum depression has the potential to impact negatively on baby neglect, starvation or injury (Barr & Beck, 2008).

However, the research reviewed also suggest that mental illness per se does not necessarily lead to criminal behaviour. This conclusion complements prior biopsychosocial research that has suggested that postpartum psychiatric illnesses are especially harmful when accompanied by other stressors, such as poverty, social isolation, abuse, or a lack of healthcare assistance (Alford et al., 2025; Spinelli, 2021). Thus, postpartum crimes should be viewed not merely as a product of mental illness, but as a result of the interplay of psychological and environmental vulnerability.

Domestic Violence and Relationship Conflict

Another notable finding was the high association between domestic violence, interpersonal conflict and post-partum criminal conduct. Women exposed to physical, mental or psychological abuse during the postpartum time may suffer from increased stress, fear, emotional instability and reliance. The findings indicate that abusive relationships may exacerbate postpartum psychological discomfort and diminish women's coping capacities in early parenting.

This is consistent with prior sociological and criminological research that found domestic violence greatly increases women's vulnerability to mental health disorders after giving birth (Resnick, 1969; Spinelli, 2003). The past research have shown that women stuck in violent relationships often feel emotionally drained, impotent, resentful, and chronically anxious. Moreover, past research has recognized a lack of partner participation in childcare duties as a significant contributor to maternal stress and frustration (Hipwell and Kumar, 1996).

In addition, the evidence examined reveals that abusive spouses may isolate women from family members, healthcare professionals and social support systems. This finding is consistent with previous studies that indicate that controlling relationships often hinder women from receiving psychiatric therapy or emotional aid, therefore exacerbating psychological deterioration (Sit et al., 2006). Thus, domestic violence serves not just as a direct stressor, but also as a barrier to prevention and intervention.

Poverty and Financial Stress

Results also indicate poverty and financial problems as the primary reasons for postpartum crimes. Women who are unemployed, indebted, food insecure, unstably housed, and financially reliant, are often in chronic stress conditions that have serious repercussions on mental well-being in the postpartum period. Economic stress is especially hard on mothers, who carry the load of caring for newborns and keeping the home afloat.

These findings are consistent with past research on socio-economic status which has found poverty to be a major contributor to mother stress and child maltreatment (Overpeck et al., 1998). Prior studies have demonstrated an association between financial instability and feelings of inadequacy, helplessness and emotional depletion in postpartum moms. Previous research have showed that single mothers are more vulnerable as they often shoulder both caregiving and financial duties without enough support.

The findings add to the evidence from other studies indicating that economic hardship affects access to health services such as psychiatric care, counseling, medicine, and

childcare aid (Tebeka et al., 2020). Without treatment, this might cause a deterioration of the psychological symptoms over time and a greater susceptibility to risky behaviour. Previous studies have therefore suggested that post-partum criminality needs to be better contextualized in terms of larger structural inequities and socioeconomic disadvantages.

Social Isolation and Lack of Support

Another key finding is related to the role of social isolation and lack of support systems. Women lacking emotional support from spouses, relatives, or groups were more prone to postpartum depression, loneliness, and emotional instability. The data demonstrate that many women who have had babies are left to cope with parenting without enough practical or psychological help.

This finding is consistent with earlier family and community studies which have identified urbanization, migration and changing family structures as the causes of the weakening of traditional support systems for postpartum women (Barr & Beck, 2008). Previous authors have suggested that emotional support and practical assistance with childcare were once provided by the extended family, but these networks have broken down in many contemporary nations.

This finding is further supported by previous psychological research showing that social isolation increases postpartum mental health issues. Women who feel unsupported often keep their emotional issues from coming out due to fear of judgment or criticism about motherhood (Wisner et al., 1999). Failure to handle emotional distress might result in severe sadness, anxiety or psychosis. These results provide support for previous claims that robust social support networks are crucial protective factors against postpartum psychiatric decline.

Cultural Expectations and Stigma

Cultural expectations around parenthood were found to be a substantial contributor to the emotional pressure faced by postpartum mothers. Mothers are generally portrayed by society as natural caregivers, emotionally fulfilled and unselfish. So women who struggle emotionally after giving birth could feel guilty, ashamed and like a failure.

This outcome is consistent with earlier feminist and sociocultural research that have claimed that glorified parenting promotes excessive expectations for women (Spinelli, 2003). Previous academics have explained how moms who do not satisfy societal expectations tend to internalize blame and are reluctant to voice unfavorable feelings about their parenting or delivery experiences.

The data also suggest that stigma around mental illness prevents many women from obtaining professional care. Similar findings have been reported in other research where postpartum women have expressed concern about being classified as hazardous, incapable, or unfit moms if they disclose psychiatric issues (Spinelli, 2004). In many cultural settings, early researchers have characterized postpartum mental disorder as a moral failing, spiritual weakness, or divine influence instead of a medical problem (Alford et al., 2025).

These data indicate that cultural stigma impacts women not just mentally but also delays treatment-seeking behavior, hence increasing risks associated with untreated postpartum illnesses.

Sleep Loss and Physical Fatigue

The results also indicate that sleep loss and physical fatigue are key factors in the vulnerability of women after childbirth. Taking care of a newborn can upset a mother's sleeping schedule, resulting in chronic tiredness and emotional fluctuations. Women in the postpartum period who are also faced with the obligations of infant care may experience both physical and psychological overload.

This finding is consistent with earlier medical and psychological research that revealed that long-term sleep deprivation has a negative impact on emotional regulation, focus, memory, and decision-making ability (Sit et al., 2006). Other studies have revealed that lack of sleep might worsen symptoms of sadness, anxiety, irritability and psychosis in postpartum women (Spinelli, 2009).

In addition, earlier studies highlighted that traumatic experiences of childbirth together with insufficient rest raise mother stress and diminish the ability to cope. These factors might impair judgment and heighten emotional responses, thereby contributing to dangerous or criminal behavior during the postpartum period.

Effects of Crimes Committed During the Postpartum Period

Effects on Infants and Children

Findings show that the victims of postpartum-related crimes are predominantly newborns and children. Children who have been abused, neglected or exposed to violence might be injured, malnourished, traumatized, developmentally delayed and even die. Nonfatal cases of disturbed bonding between mother and infant may affect emotional and social development negatively.

This result aligns with prior research in developmental psychology on the relevance of secure attachment in infancy for emotional regulation, trust, and cognitive development (Bowlby, 1969; Ainsworth et al., 1978). Moreover, prior research has shown that children exposed to trauma early in life have an increased chance of

developing anxiety disorders, depression, aggression, and behavioral issues later in life (Felitti et al., 1998; Perry, 2002).

Furthermore, earlier neurological studies have shown that stressful childhood events may have an adverse effect on brain development and academic performance (De Bellis, 2001; Teicher et al., 2003). Therefore, postpartum crimes can have ramifications beyond immediate physical trauma, and can have long-term developmental consequences on children.

Effects on Mothers

The results demonstrate that moms who commit crimes after giving birth suffer considerable psychological distress following the offense. With improvement in the mental symptoms, many women experience extreme guilt, humiliation, grief and suicidal ideation connected to their conduct and the consequences of their actions.

This finding is consistent with prior research on women convicted of crimes connected to postpartum issues, which found that women often experience long-term emotional distress (Spinelli, 2004; Friedman & Resnick, 2007). Besides the psychological distress, these women often suffer from societal shame, public censure, familial rejection and loss of parental rights (Oates, 2003; Brockington, 2004).

The results also complement prior media studies that found that women who commit crimes in the postpartum period are often framed in public discourse as "unnatural" or "monstrous" moms (Meyer & Oberman, 2001). Such representations perpetuate stigma and may impede rehabilitation and psychological recovery even when mental illness is publicly acknowledged in judicial proceedings.

Impact on Families

The data also show that crimes committed in the postpartum period have extensive effects for families. Partners, grandparents, siblings and other family members may find themselves grieving, confused, angry, guilty and emotionally unstable after such events.

This conclusion is in line with other family studies that found that crimes related to postpartum periods typically lead to conflict among relatives concerning guilt and culpability (Friedman et al., 2005). Furthermore, prior research suggests that stigma linked with criminal convictions might lead to social isolation for afflicted families in their communities (Oates, 2003).

Also, prior socioeconomic studies have indicated that families often incur substantial financial difficulties from medical treatment, legal charges, burial expenses, and child care duties (Overpeck et al., 1998; Tebeka et al., 2020). The emotional and economic stresses may be contributing to long-term family instability.

Societal Effects

The findings suggest that postpartum crimes also have wider socioeconomic implications for healthcare systems, social welfare institutions and criminal justice systems. Governments and public organizations have to shell out huge amounts of money on mental treatment, judicial proceedings, child protective services and incarceration.

This finding is consistent with earlier public health and policy research that recognized postpartum mental health as a healthcare and social welfare issue (Sit et al., 2006; Spinelli, 2009). Previous studies also revealed widely publicized examples of postpartum crimes can result in public fear and misunderstanding of mother mental disorder (Meyer & Oberman, 2001).

At the same time, earlier work has highlighted the fact that such situations often trigger policy debates about access to maternity healthcare, mental health awareness, family support systems, and child protection changes (Brockington, 2004; Wisner et al., 2013). Thus, postpartum offenses might also act as catalysts for greater societal and institutional change.

The findings indicate that stakeholders hold diverse perspectives regarding prevention, treatment, and legal responses to postpartum crimes. These perspectives are shaped by professional responsibilities, cultural values, legal frameworks, and public health priorities.

Healthcare Professionals

Healthcare professionals generally advocate early detection and treatment of postpartum mental disorders. Obstetricians, psychiatrists, nurses, and psychologists emphasize routine mental health screening during pregnancy and after childbirth (Wisner et al., 2013; Sit, Rothschild, & Wisner, 2006). Previous studies highlighted that early identification of postpartum depression and psychosis is essential for preventing severe psychological deterioration and harmful outcomes.

Many healthcare providers support multidisciplinary approaches combining psychiatric care, counseling, medication, parenting education, and family support (Brockington, 2004). Earlier psychiatric and maternal healthcare studies argued that integrated treatment models are more effective because postpartum disorders involve biological, psychological, and social dimensions simultaneously.

Healthcare professionals also emphasize the importance of reducing stigma surrounding postpartum mental illness.

They argue that women are more likely to seek help when mental health discussions become normalized (O'Hara & McCabe, 2013). Previous studies similarly found that fear of judgment and social labeling often discourages mothers from disclosing depressive or psychotic symptoms.

However, healthcare systems often face shortages of mental health specialists, especially in low-income and rural communities. Limited resources may delay treatment for high-risk women (World Health Organization [WHO], 2022). Earlier public health studies additionally reported that unequal healthcare access remains a major barrier to effective postpartum intervention globally.

Legal Professionals

Legal stakeholders are divided over criminal responsibility in postpartum crime instances. Some legal professionals advocate for diminished liability defenses for women with serious postpartum psychiatric illnesses (Spinelli, 2004). Earlier forensic psychiatric research has indicated that postpartum psychosis can significantly impair reality testing, judgment, and criminal intent.

Others say it's a crime against a child and should be treated that such, regardless of mental health. Critics of psychiatric defenses fear leniency may compromise justice for victims (Resnick, 1969). Previous legal studies have pointed to similar disputes between rehabilitative and punitive remedies in cases of maternal violence.

Courts often have difficulty balancing sympathy with child protection. The impact of postpartum mental illness on punishment varies considerably among legal systems in different nations (Friedman & Resnick, 2007). In certain jurisdictions the emphasis is on rehabilitation and psychiatric therapy, whilst in others jail is heavily relied upon.

These findings are consistent with cross-culture legal research demonstrating that cultural perceptions about mental illness significantly influence court reactions to postpartum-related offenses .

Social Workers & Community Based Organizations

Social workers advocate prevention by enhancing social support systems. They promote home visiting programs, parenting education, emergency shelters, financial support and family counseling (Olds et al., 2007). Previous community studies have shown that early intervention and family support dramatically reduce the incidence of mother stress and child neglect.

Support groups where moms can talk about emotional difficulties without being judged are emphasized by community organizations (Dennis & Chung-Lee, 2006). Peer support programs have been shown in previous psychological research to enhance emotional well-being and reduce isolation among mothers after childbirth.

Many social workers believe that postpartum crimes can be prevented if communities provide enough emotional and practical support (Barr & Beck, 2008). This result is consistent with earlier sociological studies that have highlighted the importance of strong community networks as protective factors against postpartum psychological crises.

Policy makers

Policy makers often concentrate on enhancing access to maternal health care and reinforcing child protection services. Suggested measures include paid maternity leave, accessible childcare, universal mental health screening, and increased healthcare coverage (WHO, 2022; Wisner et al., 2013). Previous policy studies have found that comprehensive maternal welfare programs greatly enhance postpartum mental health outcomes.

Some policy makers also favor public awareness programs that address postpartum depression and psychosis (Brockington, 2004). Previous research have shown that educational programs lessen stigma and encourage women to seek professional treatment earlier.

Implementation has, however, been patchy with economic constraints, political agendas and cultural attitudes to mental illness all playing their part (Patel et al, 2018). Such discrepancies between policy recommendations and practical execution were also observed in previous global health research, especially in low resource nations.

Families and Community Members

Families often experience conflicting emotions when postpartum crimes occur. Some relatives support treatment and rehabilitation, while others prioritize punishment and social distancing (Oates, 2003). Earlier family studies found that relatives frequently struggle to reconcile compassion for the mother with grief and concern for the child.

Community attitudes are strongly influenced by cultural beliefs regarding motherhood, mental illness, and criminal accountability (Meyer & Oberman, 2001). Previous sociocultural studies reported that communities often perceive mothers involved in postpartum crimes as violating deeply rooted expectations of femininity and maternal behavior.

In conservative societies, stigma may prevent open discussion about postpartum mental health (Alford et al., 2025). Earlier cultural studies similarly found that fear of shame and social rejection discourages families from seeking psychiatric assistance for postpartum women.

Discussion

The findings indicate that postpartum crimes can not just be interpreted in criminal or moral contexts. Rather, they result from a complicated interplay of psychological fragility, social stress, economic hardship, cultural expectations and systemic failings. This result is consistent with prior biopsychosocial models offered in the psychiatric and sociological literature (Engel, 1977; Spinelli, 2021).

One key implication of this study is the need to integrate healthcare and criminal justice approaches. Punitive remedies alone may not address the underlying psychiatric problems and socioeconomic inequities that contribute to postpartum crimes (Friedman & Resnick, 2007). 5. Previous research have also argued that treatment-oriented approaches are more helpful for women with severe postpartum mental problems .

The report also stresses the need of prevention strategies rather than reactive assistance after crimes have been committed. Early screening for mental health, social support, and accessible healthcare services can minimize risks considerably (Wisner et al., 2013). Prior public health research has shown that prompt psychiatric intervention and community assistance lead to better maternal outcomes and lower child welfare concerns.

Another important implication is for reducing stigma. Many women after childbirth may not seek care because they fear judgment or the loss of their parental rights (O'Hara & McCabe, 2013). Therefore, research had previously highlighted the importance of public education efforts to encourage early intervention and to normalize discussions about maternal mental health.

The disparities among cultures only underline the necessity for policies that are sensitive to context. Strategies effective in high-income nations may not be directly applicable to low-resource situations when access to healthcare is still limited (Patel et al., 2018). Previous global research on mental health also underlined the necessity of customizing maternal healthcare interventions to specific local cultural and socio-economic contexts.

Finally, postpartum crimes are issues of both public health and social justice. Their resolution calls for cooperation between health care providers, legal institutions, policy makers, social workers, families and communities (WHO, 2022). Comprehensive preventative and intervention measures are needed to reduce postpartum-related damage and improve maternal mental health outcomes, as consistently found in earlier interdisciplinary research.

Conclusion

Crimes committed by women during the postpartum period represent a complex and sensitive issue involving mental health, criminal justice, maternal healthcare, social inequality, and family welfare. This article examined the causes, effects, and stakeholder perspectives related to postpartum criminal behavior through interdisciplinary analysis.

The findings reveal that postpartum crimes result from multiple interconnected factors. Psychological conditions such as postpartum depression, postpartum psychosis, anxiety disorders, trauma, and emotional instability significantly increase vulnerability. However, social and environmental conditions including domestic violence, poverty, social isolation, financial stress, cultural expectations, and lack of healthcare support also play major roles.

The consequences of postpartum crimes are severe and far-reaching. Infants and children may suffer injury, trauma, developmental difficulties, neglect, or death. Mothers often experience guilt, shame, legal punishment, and long-term psychological suffering. Families face grief, stigma, emotional conflict, and financial hardship, while society bears substantial healthcare and criminal justice costs.

Stakeholders hold diverse perspectives regarding appropriate responses. Healthcare professionals emphasize prevention, screening, and treatment of postpartum mental disorders. Social workers advocate support systems and community-based interventions. Legal professionals continue debating criminal accountability and psychiatric responsibility. Policymakers focus on healthcare reform and child protection measures.

The study demonstrates that postpartum crimes should not be viewed solely as acts of individual moral failure. Instead, they reflect broader failures in mental healthcare access, social support systems, economic protection, and public understanding of maternal mental illness.

Several recommendations emerge from this research. First, universal mental health screening should be integrated into prenatal and postpartum healthcare services. Second, governments should expand affordable psychiatric care, counseling, and crisis intervention programs for mothers. Third, public education campaigns are needed to reduce stigma surrounding postpartum mental illness and encourage help-seeking behavior.

Additionally, stronger social support systems including paid maternity leave, childcare assistance, domestic violence protection, and community parenting programs could reduce stress among vulnerable mothers. Legal systems should also consider psychiatric evaluations carefully when handling postpartum criminal cases.

Future research should explore postpartum crimes in culturally diverse and low-income contexts where

healthcare access and social support differ significantly from Western settings. Longitudinal studies and qualitative interviews with affected women, healthcare providers, and family members would provide deeper understanding of lived experiences.

In conclusion, addressing crimes committed by women during the postpartum period requires compassionate, multidisciplinary, and preventive approaches. Protecting children and supporting mothers are not opposing goals; rather, they are interconnected responsibilities requiring cooperation among healthcare systems, legal institutions, policymakers, communities, and families.

References

1. Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum Associates.
2. Alford, C., Shah, M., & Gupta, S. (2025). Postpartum mental illness and maternal vulnerability: A biopsychosocial review. *Journal of Maternal Mental Health, 18*(2), 112–128.
3. American College of Obstetricians and Gynecologists. (2018). *ACOG Committee Opinion No. 757: Screening for perinatal depression*. *Obstetrics & Gynecology, 132*(5), e208–e212. https://doi.org/10.1097/AOG.0000000000002927
4. Ayers, S. (2004). Delivery as a traumatic event: Prevalence, risk factors, and treatment for postnatal posttraumatic stress disorder. *Clinical Obstetrics and Gynecology, 47*(3), 552–567.
5. Barr, J. A., & Beck, C. T. (2008). Infanticide secrets: Qualitative study on postpartum depression and infant neglect. *International Journal of Nursing Studies, 45*(10), 1537–1548.
6. Bhat, A., Reed, S. D., & Unützer, J. (2017). The obstetrician–gynecologist's role in detecting, preventing, and treating depression. *Obstetrics & Gynecology, 129*(1), 157–163. https://doi.org/10.1097/AOG.0000000000001809
7. Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.
8. Brockington, I. (2004). Postpartum psychiatric disorders. *The Lancet, 363*(9405), 303–310.
9. Centers for Disease Control and Prevention. (2024). *Preventing intimate partner violence*.
10. De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. *Development and Psychopathology, 13*(3), 539–564.
11. Dennis, C. L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth, 33*(4), 323–331.
12. Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., Astbury, J., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Medicine, 10*(5), e1001439. https://doi.org/10.1371/journal.pmed.1001439
13. Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*(4286), 129–136.
14. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245–258.
15. Friedman, S. H., Hrouda, D. R., Holden, C. E., Noffsinger, S. G., & Resnick, P. J. (2005). Child murder committed by severely mentally ill mothers: An examination of mothers found not guilty by reason of insanity. *Journal of Forensic Sciences, 50*(6), 1466–1471.
16. Friedman, S. H., & Resnick, P. J. (2007). Child murder by mothers: Patterns and prevention. *World Psychiatry, 6*(3), 137–141.
17. Hipwell, A. E., & Kumar, R. (1996). Maternal psychopathology and prediction of outcome based on mother-infant interaction ratings (BMIS). *British Journal of Psychiatry, 169*(5), 655–661.
18. Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect, 32*(8), 797–810. https://doi.org/10.1016/j.chiabu.2008.02.004
19. Howard, L. M., Oram, S., Galley, H., Trevillion, K., & Feder, G. (2013). Domestic violence and perinatal mental disorders: A systematic review and meta-analysis. *PLoS Medicine, 10*(5), e1001452. https://doi.org/10.1371/journal.pmed.1001452
20. Kerker, B. D., Greene, J. A., Gerson, R., Pollock, M., Hoagwood, K. E., & Horwitz, S. M. (2018).

Screening for and preventing perinatal depression. *Journal of Child and Family Studies, 27*(10), 3169–3175. https://doi.org/10.1007/s10826-018-1157-6

21. Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339–352. https://doi.org/10.1037/0022-006X.71.2.339

22. Meyer, C. L., & Oberman, M. (2001). *Mothers who kill their children: Understanding the acts of moms from Susan Smith to the "Prom Mom"*. New York University Press.

23. Oates, M. (2003). Perinatal maternal mental health services. Recommendations for provision of services for childbearing women. *Archives of Women's Mental Health, 6*(Suppl. 2), S21–S24.

24. O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology, 9*, 379–407.

25. Olds, D. L., Kitzman, H., Cole, R., & Robinson, J. (2007). Effects of nurse home-visiting on maternal and child functioning: Age-9 follow-up of a randomized trial. *Pediatrics, 120*(4), e832–e845.

26. Overpeck, M. D., Brenner, R. A., Trumble, A. C., Trifiletti, L. B., & Berendes, H. W. (1998). Risk factors for infant homicide in the United States. *New England Journal of Medicine, 339*(17), 1211–1216.

27. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., ... Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553–1598.

28. Sit, D., Rothschild, A. J., & Wisner, K. L. (2006). A review of postpartum psychosis. *Journal of Women's Health, 15*(4), 352–368. https://doi.org/10.1089/jwh.2006.15.352

29. Spinelli, M. G. (2004). Maternal infanticide associated with mental illness: Prevention and the promise of saved lives. *American Journal of Psychiatry, 161*(9), 1548–1557. https://doi.org/10.1176/appi.ajp.161.9.1548

30. Stewart, D. E., & Vigod, S. N. (2019). Postpartum depression: Pathophysiology, treatment, and emerging therapeutics. *Annual Review of Medicine, 70*, 183–196. https://doi.org/10.1146/annurev-med-041217-011106

31. UN Women. (2023). *Violence against women and girls*.

32. World Health Organization. (2022). *Mental health and maternal care*.

33. World Health Organization. (2024). *Violence against women*.