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Perceived Connectedness During the Perinatal Period: Implications for Parent and Child Well-Being

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The perinatal period has been identified as a transitional time for parents, which can bring the experience of positive emotions as well as new stressors. In addition, social changes that occur during the perinatal period may contribute to increases in perceived isolation or provide opportunities to forge new connections. The positive mental and physical health benefits of social connection—the extent to which people feel close and connected to others—are widely supported. Given the unique neurobiological and psychological changes that occur during pregnancy and postpartum, we propose that feelings of social connection are especially important for protecting mental health and well-being during the perinatal period, which could also affect the developing child. Here, we outline a theoretical model of perceived connectedness during the perinatal period and identify key questions for future research, with a particular focus on parents' mental health and child developmental outcomes.

Keywords: social connection, parent mental health, child development, perinatal period

Having a baby introduces considerable shifts in people's lives, which could create opportunities to solidify friendships by bonding over shared experiences as new parents. Alternatively, these changes may leave new parents feeling isolated as they confront anxieties about navigating their new roles and experience social restrictions due to infants' schedules. Although parents report increases in positive emotions following childbirth (Luhmann et al., 2012), the perinatal period (i.e., throughout pregnancy and up to 1 year postpartum) is associated with elevated stress and social disconnection among some birthing and nonbirthing parents (Lee et al., 2019; Ngai & Lam, 2021). Social connection is vital for mental and physical health and well-being across the lifespan (for reviews, see Holt-Lunstad, 2021; Holt-Lunstad et al., 2015), and parents' poor mental health is associated with risks for child development (for reviews, see Field, 2017a; Letourneau et al., 2017). Thus, the perinatal period may be a vulnerable time for parents and their children (e.g., Saxbe et al., 2018), and social connection is an important protective factor that could promote both parent and child health and well-being during this period.

Drawing on existing research, we present a theoretical model describing the links between parents' perceived connectedness during the perinatal period, parents' mental health and well-being, and child development (see Figure 1). In describing this model, we review existing evidence on the links among social connection, mental health and well-being, and child developmental outcomes to provide a theoretical foundation for future investigation. Mirroring Keyes's (2002) model of complete mental health, we define mental health not only as the absence of mental illness but also as the presence of positive well-being. Our literature review and theoretical model account for both symptoms of mental illness (e.g., depression and anxiety) and indicators of positive well-being (i.e., life satisfaction, positive emotions, and negative emotions). We suggest that perceived connectedness promotes optimal parent mental health during pregnancy and the postpartum period with downstream benefits for child development.

What Is Social Connection?

Social connection—the extent to which people are close and connected to others—is a fundamental human need that benefits physical and mental health in the general population (for reviews, see Holt-Lunstad, 2021; Ryan & Deci, 2000). Among older adults,

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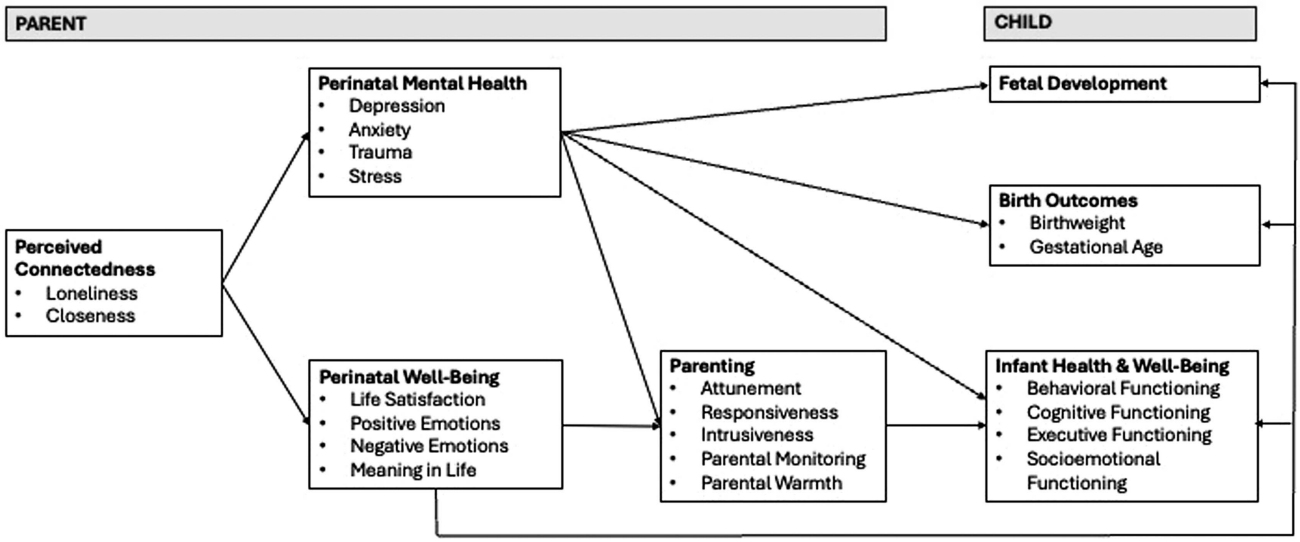
Figure 1

Theoretical Model of Perceived Connectedness, Mental Health, and Child Development



Note. Our theoretical model suggests mechanisms by which social connectedness influences both parent and child health and well-being, highlighting the critical need for research in this area. We propose that investigating indicators of well-being in addition to symptoms of mental illness will reflect a more comprehensive account of parents' psychological states during the perinatal period.

social connection is associated with a 50% reduction in mortality risk—a level exceeding the increase in mortality associated with several known physical health risks, including cigarette smoking and obesity (Holt-Lunstad, 2021). A review of 15 meta-analyses across different populations (e.g., adults and adolescents) and study designs (e.g., cross-sectional and longitudinal) found that low social connection (i.e., loneliness) was associated with worse mental health—namely, greater social anxiety, depression, psychosis, and suicidal ideation (for a review, see Morina et al., 2021). In addition to reducing risk for negative physical and mental health outcomes, evidence suggests that social connection supports positive well-being outcomes, such as enhanced life satisfaction and positive emotions (Diener et al., 2018; Saphire-Bernstein & Taylor, 2013). These findings underscore the importance of social connection for preventing negative physical and mental health symptoms and for promoting overall well-being across numerous health outcomes.

Domains of Social Connection

Social connection has been defined across three primary domains of close relationships: structural (i.e., the existence or quantity of social ties, such as marital status or the size of a person's social network), qualitative (i.e., perceptions of positive/negative qualities of specific relationships, such as marital quality), and functional (i.e., the function or perceived function that relationships provide, such as perceived social support or perceived loneliness; for a review, see Holt-Lunstad et al., 2017). These domains of social connection are related, yet distinct from one another. For example, a person may have low qualitative levels of social connection when they are in a dissatisfying romantic relationship while also having high functional levels through perceiving high levels of connectedness through their friendships.

Each of these domains of social connection may prevent the development of mental health symptoms and promote positive well-being during the perinatal period (Akincigil et al., 2010; Antoniou et al., 2021; Inekwe & Lee, 2022). For example, married and cohabiting women (i.e., the structural domain) in high-quality relationships (i.e., the qualitative domain) reported lower levels of postpartum depression up to 1 year after birth in comparison to single women, even when controlling for demographic factors (e.g., race, education, and maternal age) and socioeconomic factors (e.g., self-rated health, income-to-poverty ratio; Akincigil et al., 2010). Another study found that greater marital satisfaction was significantly associated with lower levels of postpartum depression and anxiety (Clout & Brown, 2016), and a meta-analysis indicated that greater relationship satisfaction was associated with reduced perinatal distress (Antoniou et al., 2021). Previous research on the functional aspect of social connection during the perinatal period has established that social support during pregnancy is associated with reduced risk for prenatal and postpartum depression (Bedaso et al., 2021; Inekwe & Lee, 2022). Although each aspect of social connection benefits parents, in our review, we argue that another functional aspect of social connection is critical for parents during the perinatal period—namely, feelings of perceived connectedness.

Perceived Connectedness

Drawing on decades of research investigating loneliness (Hawkley & Cacioppo, 2010), the human need to belong (Baumeister & Leary, 1995), and connectedness as a basic psychological need (Ryan & Deci, 2000), perceived connectedness refers to the extent to which people feel close and connected to others, and is typically measured via perceived closeness (i.e., connectedness) or perceived isolation (i.e., loneliness). Throughout this article, we use the term perceived

connectedness to refer to the broad theoretical construct, and when describing results of individual studies, we refer to the specific construct measured (e.g., loneliness and connectedness). Thus, perceived connectedness reflects a person's subjective perception of their social life, which is distinct from the size of their social networks, the quality of specific relationships, or the social support that they receive within those relationships. Perceived connectedness signals to a person when their social needs are being met or motivates them to seek out connections if they are not (Baumeister & Leary, 1995). We argue that this function of social connection is especially important during the perinatal period. Despite a new parent feeling grateful that their extended family dropped off food after a long day caring for a newborn (i.e., social support), they may still feel disconnected from others more generally due to limited opportunities to socialize (i.e., low perceived connectedness). Alternatively, new parents may feel relationship dissatisfaction as they experience greater conflict amidst the new responsibilities and sleep deprivation of early parenthood, while perceiving greater levels of connectedness and minimal loneliness by sharing their experiences adjusting to life as a new parent with friends and family.

Prior research indicates that perceived connectedness is unique from other measures of social connection. For example, perceived connectedness, which reflects feelings of belongingness across relationships, differs from social support, which describes an exchange of resources within relationships (Plesko et al., 2021). Substantial prior research on perceived connectedness has measured the construct via loneliness. Loneliness (i.e., low levels of perceived connectedness) is minimally correlated with time spent alone ($r = .13$; Danvers et al., 2023), and social support from family and friends only accounted for 36% of the variance in concurrent loneliness and did not predict changes in loneliness over time (Utz et al., 2014). In addition, loneliness is only moderately correlated with other aspects of social connection, including social network density ($r = -.30$, $p < .001$) and social support ($r = -.21$, $p < .01$; Stokes, 1985). Furthermore, perceived connectedness is more strongly linked with health outcomes (e.g., reported pain and discomfort) than these domains (e.g., social network size; Rico-Uribe et al., 2016).

These aforementioned results suggest that perceived connectedness captures a unique perspective of close relationships that is distinct from the structural or qualitative domains of social connection, as well as other frequently studied indicators of the functional domain of social connection (e.g., social support). Furthermore, prior work has inconsistently defined and measured social connection (e.g., social cohesion, social isolation, and social support; for a review, see Plesko et al., 2021), which may introduce confusion and limit understanding of the precise psychological processes contributing to the benefits of social connection. Given its strong theoretical foundation, we suggest that perceived connectedness offers a promising route for consensus in the science of social connection. Investigating the benefits of perceived connectedness during the perinatal period will allow researchers to identify new targets of intervention to improve mental health and well-being amidst the stressors of early parenthood.

Changes in Perceived Connectedness During the Perinatal Period

Drastic shifts to new parents' lives may contribute to changes in perceived connectedness, beginning in pregnancy and throughout the entire perinatal period. Indeed, evidence suggests that social transitions, such as the transition to parenthood, contribute to individual trajectories of loneliness (von Soest et al., 2020). During pregnancy, birthing parents may struggle to balance the physical and psychological demands of pregnancy with the demands of paid employment. Some employers may not be responsive to the significant physical and psychological changes that occur during pregnancy, which may leave expecting parents feeling disconnected at their workplace (Wilkinson, 2023). In addition, both women and men reported significant increases in their experience of time pressure across the perinatal period, and this increase was stronger for women (Ruppanner et al., 2019). Postpartum changes in parents' schedules to accommodate their newborn's needs may also limit opportunities to connect with others and fulfill new parents' social needs. For example, the perinatal period often associated with reduced free time to engage in leisure activities (e.g., socializing), which could impact perceived connectedness (Leung & Lee, 2005). In one longitudinal study of mixed-gendered parenting dyads (i.e., 50% fathers), mothers, but not fathers, reported a decrease in frequency of time spent with friends 1 year postpartum in comparison to 19 weeks pregnant (Zheng et al., 2023). Greater time pressure and less time for leisure activities may contribute to feeling disconnected, suggesting that perceived connectedness may shift during the perinatal period.

In addition to evidence regarding parents' shifting schedules and reduced time spent socializing, qualitative evidence provides insight into why perceived connectedness might change during the perinatal period. We argue that unique characteristics of the perinatal period can introduce unanticipated difficulties to feeling socially fulfilled. In one qualitative study, women described decreased opportunities for social interaction, as well as unexpected difficulties (e.g., anxiety about their baby getting enough nourishment) and vulnerability (e.g., feeling solely responsible for their baby), increased responsibilities (e.g., breastfeeding their babies in the middle of the night), and relationship dissatisfaction as all contributing to increased feelings of loneliness (Lee et al., 2019). Another qualitative study found a high prevalence of emotional difficulties reported by parents ($N = 30$; 13.3% fathers) when asked about early parenthood, including feelings of loneliness and isolation (Sanders et al., 2022). A meta-analysis of qualitative studies identified that feeling disconnected from others was associated with increased feelings of loneliness among postpartum women (Adlington et al., 2023). Mothers also noted having difficulties emotionally connecting with others, despite having existing social support networks. These findings demonstrate the importance of feeling connected to others for well-being during the transition to parenthood.

Studies directly evaluating perceived connectedness also reveal elevated feelings of loneliness during the perinatal period. One longitudinal study compared changes in loneliness during the perinatal period (and beyond) among new parents[1] with a propensity-score matched control group and found that new parents reported relatively greater increases in feelings of loneliness

[1] This finding was from a larger study evaluating changes in loneliness across 10 major life events. Gender breakdown is provided for the full sample, but not for the specific subsample of new parents. In the Dutch Longitudinal Internet studies for the Social Sciences study, 13,945 people participated and of those, 54.3% were women; 580 transitioned to parenthood.

(Buecker et al., 2021). Another longitudinal study over the course of 6 months found that loneliness was experienced by 49% of women who gave birth in the past 12 months (Chen et al., 2024). These studies highlight the prevalence of loneliness experienced by parents during the perinatal period.

Notably, most of the research cited above focuses broadly on prevalence and trajectories of perceived connectedness across the transition to parenthood for parents in general; however, these patterns may not be similar for all parents (for a review, Nelson et al., 2014). In addition, some demographic groups may be at greater risk of experiencing loneliness during the perinatal period (e.g., ethnic minorities, young parents, and parents of children with disabilities; Nowland et al., 2024). For example, adolescent mothers (ages 16–19 years) with depressive symptoms reported elevated feelings of loneliness (Hudson et al., 2000). Disparities could be due to experiences of discrimination, which have been linked with greater social disconnection (e.g., Nguyen et al., 2024; Priest et al., 2017). Together, this evidence suggests that parents may experience fluctuations in perceived connectedness during the perinatal period.

Perceived Connectedness Is Linked to Perinatal Mental Health and Well-Being

Due to the neurobiological, psychosocial, and behavioral changes that accompany the birth of a child, early parenthood, particularly for first-time parents, has been described as an "inflection point" for adult physical and mental health, offering opportunities for growth but also potential decline (for reviews, see Nelson et al., 2014; Saxbe et al., 2018). While some parents may be at greater risk for developing mental health symptoms than others, on average, new parents report increases in positive emotions across the perinatal period (for reviews, see Luhmann et al., 2012; Nelson et al., 2014). Longitudinal evidence suggests that life satisfaction and psychological well-being also increase during pregnancy and following the birth of a child (Brandel et al., 2018; Dyrdal & Lucas, 2013; Kettlewell et al., 2020). Conversely, mood disorders (i.e., anxiety, depression, and posttraumatic stress disorder) are also common across the perinatal period (Dekel et al., 2020; Field, 2017b; Saxbe et al., 2018). For example, 21%–25% of pregnant women experience prenatal anxiety, which in turn, is associated with negative pregnancy experiences (e.g., high cortisol levels and obstetric problems) and child vulnerabilities (e.g., prematurity and lower vagal activity up to 2 years after birth; Field, 2017b). In addition, up to 25% of women who delivered healthy babies report clinical levels of posttraumatic stress disorder after giving birth (Dekel et al., 2017, 2020). Taken together, this evidence suggests that the perinatal period is a time of vulnerability (i.e., increased risk for mental illness) as well as resilience (i.e., increased positive well-being). Identifying psychological processes that combat increases in mood disorder symptoms is needed, and we suggest that greater perceived connectedness during the perinatal period may prevent declines in parents' mental and physical health and promote positive well-being.

Low levels of perceived connectedness during the perinatal period may have implications for mental health and well-being among new parents. A review of parental loneliness highlighted that pregnant women who felt lonely reported more appointments with their general practitioners and unplanned hospital visits, which could indicate that loneliness contributes to health problems, or that experiencing health problems during pregnancy may contribute to feeling lonely (Nowland et al., 2024). In addition, a scoping review of research on pregnant women found that greater loneliness at baseline was associated with greater risk for both major depressive and generalized anxiety disorders at follow-up (Wickramaratne et al., 2022). Among pregnant people, perceiving the COVID-19 pandemic as having a negative impact on close relationships was correlated with elevated psychological distress (Morris & Saxbe, 2022). These effects were not explained by changes in social contact, further supporting that perceived social connectedness predicts mental health independent of other aspects of social relationships. Thus, perceived connectedness may be especially important for new parents who are at-risk for depression and/or increased postpartum isolation. For example, in a sample of at-risk new mothers receiving a home-visiting intervention, participants reported that feeling connected to the visitor made them feel less lonely (Paris & Dubus, 2005).

In addition to preventing mental illness symptoms during the perinatal period, perceived connectedness can promote positive psychological states. Across the lifespan, perceived connectedness is related to greater life satisfaction, positive emotions, and meaning in life (Ryan & Deci, 2001; Thoits, 2011; VanderWeele et al., 2012). Theoretical accounts have also identified perceived connectedness as a key protective factor predicting parental resilience and emotional well-being (for a review, see Nelson et al., 2014). Experimental evidence reveals that promoting mothers' connectedness via relational savoring (i.e., reflecting on positive memories of giving or receiving care in relationships) leads to improvements in well-being (Borelli et al., 2023; Burkhart et al., 2015). In addition, a songwriting intervention for women with newborns led to decreased feelings of loneliness and postpartum depression, coupled with increased feelings of social connectedness (Perkins et al., 2023). Relatedly, a review of interventions aimed at reducing perinatal loneliness identified reducing barriers to social connection (e.g., lacking access to information about local resources and support) as one mechanism of positive change (Naughton-Doe et al., 2025). Together, this evidence suggests that perceived connectedness reduces parents' mental health vulnerability and promotes positive well-being. Accordingly, we suggest that boosts in perceived connectedness during the perinatal period will predict lower psychological distress and greater well-being among new parents.

Perceived Connectedness Is Associated With Child Development via Perinatal Parental Mental Health

Caregiver well-being and child health and development are inextricably linked. Accordingly, given the robust evidence linking perceived connectedness to mental health and well-being (VanderWeele et al., 2012; for a review, see Wickramaratne et al., 2022), we argue that parental perceived connectedness may predict child developmental outcomes via parents' mental health and well-being. This relationship exists longitudinally, beginning prenatally and carrying through to the postnatal period and beyond.

Evidence During the Prenatal Period

During the prenatal period, maternal and/or environmental influences on the developing fetus may impact cognitive and behavioral development after birth. Specifically, D. J. Barker (1998) proposed that changes in environmental factors during sensitive

periods of development, such as the early prenatal period, have organizational influences on the developing fetal biological system. In turn, these prenatal changes help the infant to adapt to and match the environmental conditions after birth.

The most convincing evidence for fetal/infant adaptation is in the context of maternal prenatal stress. For instance, chronically high levels of maternal prenatal stress can increase maternal cortisol levels, further downregulating the 11β-HSD2 enzyme. This enzyme is responsible for converting maternal cortisol to cortisone (inactive cortisol) in the placenta, preventing the transfer of cortisol from mother to fetus (Glover et al., 2009; for reviews, see Harris & Seckl, 2011; O'Donnell & Meaney, 2017). Increased exposure to cortisol may "prime" the organization of the fetus' stress system, predisposing them to internalizing and externalizing difficulties in early infancy and beyond (Braithwaite et al., 2017). Maternal prenatal mental health also encompasses symptoms of anxiety and depression, which are linked to maternal prenatal stress, and can also impact the developing child (for a review, see Herba & Glover, 2021). Studies have demonstrated associations between maternal prenatal anxiety and depression and increased fetal cortisol concentrations (Seckl & Meaney, 2004). Furthermore, clinical levels of maternal anxiety and depression during the second and third trimester of pregnancy predict greater levels of internalizing symptoms and lower communicative skills in children at age 5 (Hentges et al., 2020) and age 8 years (O'Connor et al., 2022). Other biological mechanisms have also been implicated in explaining maternal prenatal well-being effects on the developing child, including epigenetic changes (for a review, see Palma-Gudiel et al., 2015), neurobiological changes to the fetal serotonergic system (Green et al., 2017), and increases in proinflammatory cytokines (Osborne et al., 2018). Although not as clearly understood and explained mechanistically as maternal data, greater paternal anxiety and depression scores during the prenatal period have also been associated with socioemotional problems in infants aged 14 months (Hughes et al., 2020). Together, ample evidence demonstrates the association between parental prenatal mental health and child developmental outcomes, through biological processes acting on the developing fetus.

Given the social changes that occur for a family, structurally and functionally, during the perinatal period, adjustments in perceived connectedness may be associated with parental prenatal mental health and influence the pathway to infant development. Most of this work has focused on perceived loneliness. For example, Luoma et al. (2015) found that maternal prenatal loneliness predicted a high stable long-term trajectory of maternal depressive symptoms. In a follow-up study, higher self-reports of maternal loneliness during pregnancy were associated with greater self- and maternal-reported internalizing difficulties in adolescents (Luoma et al., 2019). Furthermore, maternal reports of loneliness during pregnancy predicted poorer infant socioemotional skills at 3 years (i.e., less cooperation and less empathy and higher disruptiveness; Panula et al., 2020). More convincingly, Morris et al. (2023) utilized the natural changes in social connectedness during the COVID-19 pandemic to show that decreased levels of social contact in pregnant women during the first wave of COVID-19 were associated with lower infant adjusted birthweight and that this relationship was mediated by maternal depressive symptoms. These findings collectively suggest potential enduring effects of perceived loneliness on infant development and well-being through maternal mental health during pregnancy. Yet fewer studies examine the influences of positive aspects of parental perceived social connectedness (i.e., closeness) on parental prenatal mental health and infant health and development. We therefore propose that investigating the connections between perceived social connectedness, parental prenatal mental health, and child development is an important step forward in the field.

Evidence During the Postpartum Period

While there is accumulating evidence that parental prenatal well-being can shape child outcomes, it is also important to recognize that the postnatal environment may contribute to child development. For example, there is a large body of literature showcasing that maternal postpartum depression, especially chronic and persistent postpartum depression, can negatively influence an infants' developing cognition, language, and behavior (for reviews, see Grace et al., 2003; Murray et al., 2015; Slomian et al., 2019). For example, maternal postpartum depression has been associated with later child anxiety (Morales-Muñoz et al., 2022) as well as with reduced responses to maternal cues among 4- to 14-month-old infants (Kaplan et al., 2002, 2015). Over time, the field has begun to delineate the effects of postpartum anxiety from those of postpartum depression, demonstrating the associations between anxiety and a range of infant developmental outcomes such as maternal-infant bonding, sleep, and behavior (for a review, see Field, 2017a). Maternal postpartum anxiety also impinges on children's own mental health and well-being, relating to internalizing difficulties at 1.5 years old (E. D. Barker et al., 2011) and later child psychotic experiences (Morales-Muñoz et al., 2022). While the literature on fathers remains considerably smaller in size than that of mothers, paternal postpartum depression has been consistently linked to internalizing and externalizing difficulties in children (for reviews, see Low et al., 2022; Sweeney & MacBeth, 2016). Similarly, a study by Zecchinato et al. (2025) found that children of fathers who display enduring postpartum anxiety were at higher risk of developing mental health difficulties at both ages 3 and 7 years. Taken together, these findings suggest that postpartum parental mental health and well-being play important roles in understanding infant and child well-being trajectories.

Caregiving behaviors are a key process in the postnatal environment that may shape the association between parental postnatal well-being and child outcomes. Parental mental health, including postpartum depression and anxiety, has been extensively linked to caregiving behaviors in the context of understanding how it may influence child development (for a review, see Saharoy et al., 2023). For example, the association between maternal postnatal depression and infant socioemotional and executive functioning is mediated by greater parental intrusiveness and lower parental responsiveness to infant cues (Feldman, 2007). Conversely, attuned caregiving (timely and appropriate responses) is related to better cognitive functioning, fewer behavioral problems, and greater socioemotional competence in children, including secure attachment (Bowlby, 1969; for meta-analyses, see Groh et al., 2017; Rodrigues et al., 2021). It is also important to consider how one parent's caregiving behaviors may serve as protective factors for children's development in the context of another parent's poor mental health. For instance, in a study of 4,009 mother–father–child trios comprising both biological and nonbiological fathers, fathers who interacted in positive ways with

their children attenuated the risk pathway between high-persistent maternal postnatal depression and child conduct problems (Martin et al., 2022). Put together, poorer parental postnatal well-being may result in compromised caregiving behaviors that predispose children to socioemotional difficulties in infancy and childhood (Feldman, 2007). However, timely and responsive caregiving from one parent can buffer the effects of the other parent's mental health difficulties on children's socioemotional and behavioral development.

Given the inherent relational nature of parenthood, Keller (2019) proposed that the quality of caregiving interactions between parents and children, and how these behaviors are influenced by parental postnatal mental health, may be altered by dynamic social processes occurring internally within and externally to the family system. Indeed, much work has investigated the role of qualitative aspects of social connectedness on parental postnatal well-being and infant development. In an international sample of 438 expecting couples, greater couple conflict was associated with greater psychological distress in both mothers and fathers (Hughes et al., 2020). Extending this to infant outcomes, studies have shown that parents experiencing greater levels of marital discord display more intrusive interactions (i.e., overstimulating infants, misinterpreting, or overriding infant cues) that are predictive of later externalizing difficulties in children (Rutter & Quinton, 1984). Conversely, parents who perceive their partners as more supportive display greater parental warmth and improved parental monitoring with their infants (Taylor et al., 2015). In this study of 674 mothers and 430 fathers, improvements in maternal monitoring (i.e., how much daily contact mothers have with their child/ren) directly predicted children's social competence. Although minimal work has examined the influence of perceived connectedness on parental postnatal well-being, caregiving, and infant development, studies focusing on the COVID-19 pandemic context have displayed associations between higher levels of parental stress, loneliness during the pandemic, and increased child internalizing and externalizing symptoms (Loose et al., 2023). From this understanding, we propose that increased feelings of connection to others, and reduced feelings of loneliness, within a parent's social and familial system during the postnatal period will predict positive parental well-being, sensitive caregiving interactions, and optimal child development.

Future Directions

Our review of the literature provides an overview of the potential benefits of perceived social connection during the perinatal period for parents' mental health and well-being and child development. Given the unique changes that occur during the perinatal period—many of which exacerbate declines in mental health and well-being (Saxbe et al., 2018)—additional investigations of social connectedness among new parents are needed. Below, we highlight several promising directions for future research.

Trajectories in Perceived Connectedness

More research has evaluated perceived loneliness (e.g., Buecker et al., 2021; Chen et al., 2024) than positive aspects of connectedness. Additional studies examining perceived closeness during the perinatal period could identify different parental health and child development trajectories than studies focusing primarily on feelings of loneliness (e.g., Tomaka et al., 2006). Investigations of the protective effects of perceived connectedness during the perinatal period could also evaluate individual differences in trajectories of change in perceived connectedness, especially for people transitioning to parenthood for the first time, as well as identify critical periods for changes in perceived connectedness (e.g., pregnancy, early postpartum, and weaning). Given the prevalence of perinatal mood disorders, and their impact across generations, such investigations could profoundly benefit many families. In addition, feelings of connectedness during the prenatal period may help to mitigate the negative effects that prenatal mood disorders have on the pregnant person's health (e.g., cortisol levels) and the development of the fetus (e.g., coming to full term). However, the direction of causality is unclear; indeed, depressed pregnant women are more likely to experience loneliness (Nowland et al., 2021, 2024). Additional research is needed to evaluate the different trajectories in perceived connectedness across the perinatal period and how these trajectories are uniquely associated with parental mental health and well-being.

Notably, much of the research assessing child developmental outcomes relies on parent report (Panula et al., 2020); therefore, research is needed that incorporates direct assessments of multiple aspects of child development, including birth outcomes and socioemotional and cognitive functioning. Additional work is also needed to evaluate whether perceived connectedness is directly associated with parenting behaviors. Future investigations could consider mechanisms linking parents' perceived connectedness with children's outcomes, including parents' mental health and parenting behaviors. For instance, parental depression is associated with maladaptive parenting behaviors (e.g., withdrawal) which may in turn negatively impact children's emotion regulation (e.g., Morales-Muñoz et al., 2022). In addition, although our theoretical model proposes that parents' perceived connectedness may influence child outcomes via parental mental health, children may also influence their caregivers. For example, social outings may be challenging for parents of infants with difficult temperaments, which could further magnify loneliness and social disconnection and diminish mental health. The co-parenting relationship is also an important factor when considering the potential buffering effect of perceived connectedness on mental health symptoms during the perinatal period. Additional research considering these dyadic influences would be illuminating.

Diverse Representations of Families

Notably, the existing literature has primarily focused on the perinatal experiences of cis-gendered mothers who are in relationships with men. More comprehensive accounts of parents' experiences across diverse family structures are needed. The studies presented in this review were primarily comprised of mothers or birthing parents and therefore future research needs to take into account the experiences of fathers or nonbirthing parents (Fisher et al., 2021, 2024). For example, depression in fathers (see Álvarez-García et al., 2024; Ansari et al., 2021 for reviews) is associated with parenting behaviors (e.g., Walsh et al., 2020) and child development (e.g., Kane & Garber, 2004). In addition, single and/or young birthing parents may be at greater risk for mental health symptoms (e.g., Agnafors et al., 2019) during the perinatal period and their unique connectedness needs should be examined. Adoptive parents often experience similar difficulties during the transition

to parenthood as biological parents, and yet their mental health concerns and connectedness needs may not be taken as seriously (e.g., Senecky et al., 2009). In addition, queer birthing parents are also a vulnerable population and report high levels of postpartum mental health symptoms coupled with perceived barriers to receiving help from medical professionals due to anticipated discrimination (Goldberg & Frost, 2025). These effects were exacerbated among young and low-income queer birthing parents, noting the complexities in factors that contribute to parenting challenges during the perinatal period.

Furthermore, additional research is needed that focuses on ethnically and racially diverse samples of new parents. Black, Indigenous, and people of color parents' experiences of discrimination may influence parental mental health and have downstream consequences for child development. Indeed, a meta-analysis found that Black and Latina women were at greater risk for postpartum depression than White women due to lack of social support and access to resources (Cannon & Nasrallah, 2019). Relatedly, another meta-analysis found that Indigenous women were at increased risk for postpartum depression in comparison to White women (Black et al., 2019). Researchers should therefore make concerted efforts to include families across a variety of backgrounds and experiences in their studies to provide a more holistic view of the perinatal period and its challenges that reflects the collective parenting experience.

Conclusion

The perinatal period is a critical transitional time in adulthood, introducing risk for declines in parent mental health and opportunities for resilience with potential consequences for child development. Drawing on the substantial literature investigating social connection and loneliness across the lifespan, our precise conceptual definition of perceived connectedness offers a strong theoretical foundation for future research. Our theoretical model builds on the existing literature and posits that perceived connectedness provides new parents with the psychological resources needed to flourish during the perinatal period, offering a foundation for future investigations. Here, we outlined several questions regarding the potential benefits of perceived connectedness in the perinatal period that are open for scientific investigation. We invite other scholars to join us in developing a more complete understanding of the importance of perceived connectedness during this normative life event, which holds critical importance for parents and children.

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