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Scoping Review

Intervenções de enfermagem na gestão do *stress* parental em famílias com filhos menores de dois anos em contexto comunitário: uma revisão *scoping*

Nursing interventions for parental stress management in families with children under two in primary care: a scoping review

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O *stress* parental constitui uma experiência multifatorial que afeta o funcionamento familiar, sendo a sua incidência particularmente relevante nos primeiros anos de vida da criança. A persistência de níveis elevados de *stress* associa-se a impactos negativos na saúde mental dos progenitores e no desenvolvimento infantil. O objetivo desta revisão *scoping* é mapear intervenções e estratégias descritas na literatura para a gestão e prevenção do *stress* parental em famílias com filhos menores de dois anos, no contexto dos cuidados de saúde primários. Realizou-se uma revisão *scoping* segundo a metodologia do *Joanna Briggs Institute*. A pesquisa decorreu nas plataformas *EBSCOhost*, *Scopus* e *Web of Science* e literatura cinzenta, abrangendo o período de 2020 a 2025. Foram incluídos nove estudos que exploraram intervenções educativas, psicossociais e digitais. A análise temática identificou cinco domínios de intervenção: treino de *mindfulness* e autocompaixão, grupos de suporte *online*, fortalecimento da coparentalidade e envolvimento paterno, otimização das redes de apoio social e programas de educação parental. Conclui-se que as intervenções para a gestão do *stress* parental devem ser multifacetadas e personalizadas, integrando abordagens de *mindfulness* e regulação emocional, suporte social adaptado (priorizando redes de apoio informal) e capacitação parental que promova a autoeficácia e o funcionamento familiar. A necessidade de abordagens culturalmente sensíveis e específicas para diferentes estruturas familiares e contextos socioeconómicos é premente. A enfermagem de saúde familiar desempenha um papel crucial na gestão de processos de transição e na mobilização de recursos familiares e comunitários, competências essenciais para a promoção da saúde do sistema familiar.

Parental stress is a multifactorial experience that affects family functioning, with its incidence being particularly significant during the child's first years of life. Persistent high stress levels are associated with negative impacts on parental mental health and child development. This study aims to map the interventions and strategies described in the literature for the management and prevention of parental stress in families with children under the age of two within the context of primary healthcare. A scoping review was conducted following the Joanna Briggs Institute methodology. The search was performed across EBSCOhost, Scopus, and Web of Science platforms, including grey literature, spanning the period from 2020 to 2025. Nine studies exploring educational, psychosocial, and digital interventions were included. The thematic analysis identified five intervention domains: mindfulness and self-compassion training, online support groups, strengthening co-parenting and paternal involvement, optimising social support networks, and parenting education programmes. The findings indicate that the Interventions for managing parental stress must be multifaceted and personalised, integrating mindfulness and emotional regulation approaches, tailored social support (prioritising informal networks), and parenting empowerment that promotes self-efficacy and family functioning. There is a pressing need for culturally sensitive approaches specific to different family structures and socio-economic contexts. Family health nursing plays a crucial role in managing transition processes and mobilising family and community resources—essential competencies for promoting the health of the family system.

PALAVRAS-CHAVE: *Cuidados saúde primários; família; intervenção; parentalidade; stress parental; enfermagem de saúde familiar.*

KEY WORDS: *Primary healthcare; family; intervention; parenthood; parental stress; family health nursing.*

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INTRODUCTION

The concept of parental stress has evolved significantly since its initial documentation by Richard R. Abidin, shifting from being viewed merely as an individual issue to being understood as a multidimensional phenomenon. Currently, it is defined as an experience of distress resulting from the perceived discrepancy between the demands of the parental role and the available resources to meet them, manifesting through emotional, physical, and psychological overload[1-3]. This condition is influenced by multiple factors, including financial difficulties, marital conflicts, the absence of

social support, and the specific characteristics of the child, acting as a significant predictor of dysfunctional parenting[3-5].

Conceptual clarification between parental stress, parental burnout, and parental psychopathology is imperative for the accuracy of both diagnosis and nursing intervention, as these phenomena, although interconnected, present distinct etiologies and manifestations. Parental stress is defined as a psychological and physical reaction resulting from a perceived imbalance between the demands of the parental role and the resources available to meet them. It is a multidimensional phenomenon encompassing child characteristics, parent characteristics, and situational variables, and may be considered normative during transition periods, such as the first two years of life[1,2].

In contrast to episodic stress, parental burnout constitutes a syndrome resulting from prolonged and chronic exposure to stress levels that exceed the family system's adaptive capacity[6]. This state is characterised by three core dimensions: overwhelming exhaustion related to the parental role, emotional distancing from one's children, and a loss of parental efficacy and accomplishment[7]. While parental stress is common and even necessary for adaptation, burnout represents a state of terminal exhaustion with increased risks of neglect and violence[8].

Lastly, parental psychopathology refers to the presence of clinically diagnosable mental health disorders, such as depression or anxiety, which may coexist with or be exacerbated by parental stress. It differs from the previous concepts in that it affects the individual's global psychic functioning rather than just their dimension as a parent. For the Family Nurse Practitioners, this distinction is crucial to determine whether the intervention should focus on empowerment and resource mobilisation (stress and burnout prevention) or on referral to specialised mental health care[9,10].

A study conducted across 42 countries by Roskam et al.[8] demonstrated that parental stress, particularly in individualistic sociocultural contexts such as Western countries, has reached concerning levels and can evolve into parental burnout (physical, emotional, and mental exhaustion due to chronic stress), with severe consequences for the health of both parents and children. The authors conclude that isolation in parenting, the absence of support networks, and idealised social expectations are at the root of this overload[8].

A significant proportion of families (36–50%) experience parental stress, often manifesting as concerns regarding parenting or child development[11]. Such stress is strongly correlated with negative indicators for parents, including increased rates of depression, anxiety, fatigue, and social isolation. For children, the consequences are equally severe, involving a higher risk of emotional and behavioural difficulties, socio-emotional dysfunction, and diminished social competence. Furthermore, elevated parental stress often compromises the quality of parenting, leading to less sensitive or even deficient caregiving practices[9,12-14].

Its incidence is particularly relevant during the first years of a child's life, and its prevalence has been associated with a negative impact on the mental health of parents and on the child's biopsychosocial development. This is especially true during the first two years of life, which correspond to the period of greatest vulnerability in child development and to the expansion stage of the family life cycle. This phase is recognised as one of the most demanding for the system in emotional and logistical terms[2,9,11,14,15].

In this context, Bodenmann's Systemic-Transactional Model[16,17] offers a fundamental relational perspective for understanding parental stress as a shared phenomenon within the parental dyad. Based on systems theory, this model

introduces the concept of dyadic coping, that is, the way partners communicate stress, support each other, and emotionally regulate in adverse contexts. The emphasis on emotional and communicational interdependence makes the systemic-transactional model particularly useful for analysing the impacts of parental stress on the marital relationship and vice-versa. This theoretical framework allows for interventions focused on strengthening mutual support between parents or caregivers, improving family communication, and promoting joint coping strategies, thereby contributing to the resilience and well-being of the family system[16-18].

Bronfenbrenner's Bioecological Theory of Human Development[19] offers a valuable perspective for framing the practice of Family Nurse Practitioners, as it allows for an understanding of the environment's role in the issue of parental stress. This theory conceptualises human development as the result of a dynamic interaction between the individual and multiple interconnected systems: the microsystem (family), mesosystem (interaction between contexts such as school and work), exosystem (working conditions, social policies), and macrosystem (cultural values, inequalities). In the context of parental stress, factors such as job instability, housing precariousness, low parental literacy, and the absence of support networks originate within these systems, reinforcing the importance of multi-systemic and sustained interventions[19,20].

The influence of macrostructural systems on family functioning converges with the 2030 Agenda for Sustainable Development, aligning with the Sustainable Development Goals: Good Health and Well-being, Gender Equality (given the disproportionate burden often borne by mothers), and Reduced Inequalities. This reflects the need for equitable interventions centred on social justice[21]. In this context, and in accordance with Regulation No. 428/2018, Family Nurse Practitioners are expected to possess the competence to manage family and community resources and to intervene in transition processes, aiming to mitigate inequalities and promote the resilience of the family system[10].
In Neuman's Systems Model, the family is considered an open and dynamic system in constant interaction with the environment, aiming to maintain stability in the face of stressors[22]. Parental stress, in turn, can be understood as an imbalance caused by interpersonal, intrapersonal, and extrapersonal stressors. The nurse is assigned the role of identifying risk factors and intervening at the levels of primary prevention (education and empowerment), secondary prevention (early symptom detection), and tertiary prevention (restoration of balance and continuous support). The selection of this model is justified by its capacity to operationalise interventions based on balancing the family's lines of defence, enhancing the ability to cope with stress, and promoting family functionality[22].

The phenomenon of parental stress has been identified as a highly pertinent theme for Family Health Nursing, particularly in the early identification of signs of overload and the multidimensional assessment of the family unit's needs. In accordance with Regulation No. 428/2018 concerning the specific competences of the Family Nurse Practitioners[10], strategies for empowerment and support during life transitions are advocated, aiming to prevent parental burnout and promote a balanced family environment[4,5,23]. A collaborative, family-centred clinical practice is encouraged, valuing the personalisation of interventions and parental empowerment, thereby contributing to the prevention of mental and physical health problems and the strengthening of family relationships. Additionally, the integration of this phenomenon into advanced training and clinical practice is valued for enabling the development of competences, health policies, and personalised intervention programmes, ensuring the continuous quality improvement of care provided to families[4,5,10,24].

In the context of Primary Health Care, nurses are in a privileged position to identify families at risk early and implement preventive interventions, particularly in managing transition processes and mobilising family and community resources—essential competences for promoting the health of the family system[10]. The manual "The Art of Parenting"[12] reinforces that parenting is not instinctive but rather a competence that requires guidance and continuous support. In families with children under two years of age, challenges include routine management, attachment, and adaptation to new roles. Persistent high levels of parental stress are associated with parental burnout and an increased risk of behavioural problems in the child[9,11].

The present study aims to map the interventions described in the literature aimed at the prevention and management of parental stress in families with children under two years old, within the scope of primary and community health care. It is therefore intended to provide a foundation for family health nursing practice and to guide the development of future research. The research question that guided the review was: "What are the interventions for the management and prevention of parental stress in families with children under two years old in a community context?".

METHODOLOGY

This scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology[8] and is reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) guidelines.

Inclusion and exclusion criteria

Inclusion criteria were established using the Participants, Concept, and Context (PCC) framework. The Population (P) comprises families with children under the age of two. The Concept (C) encompasses interventions and strategies aimed at reducing, managing, or preventing parental stress. Finally, the Context (C) includes all primary healthcare, community, and home-based settings (excluding the hospital sector). The hospital context was excluded, as parental stress in this setting is often reactive to acute pathology or the child's hospitalisation, where interventions focus on disease management. In contrast, this review focuses on normative and situational parenting stressors within the community, where the Family Nurse Practitioners intervenes in the family's systemic transition processes. All types of evidence sources were considered for inclusion, including primary research studies (quantitative and qualitative), secondary studies, and grey literature.

The search aimed to identify studies published in the last five years (2020–2025) to ensure the currency of the evidence, in Portuguese, English, or Spanish. The search followed the three-step JBI method and took place from September to October 2025[25].

Search strategy

Following the JBI three-step search strategy[8], the data collection process was carried out between September and October 2025.

In the first stage, an initial limited search was conducted in the CINAHL Ultimate and MEDLINE Ultimate databases using keywords and natural language, based on the analysis of titles and abstracts. This preliminary step allowed for the identification of relevant keywords and Boolean operators specific to the topic. Crucially, this phase confirmed that no existing scoping review currently addresses nursing interventions for the prevention and management of parental stress in families with children under the age of two.

In the second stage, a comprehensive and specific search strategy was developed using the

DeCS/MeSH descriptors identified in the previous step. Searches were conducted across the EBSCOhost platform (encompassing CINAHL Ultimate, MEDLINE Ultimate, the Cochrane Database of Systematic Reviews, and the Psychology and Behavioural Sciences Collection), as well as Scopus and Web of Science. The following search string was utilised: ("parenting stress" OR "parental stress" OR "parental burnout" OR "caregiver stress") AND (parent* OR mother* OR father* OR famil*) AND ("infant*" OR "toddler*" OR "under two") AND (prevent* OR reduc* OR manag* OR support*) LIMIT-TO (LANGUAGE, 'English' OR 'Portuguese' OR 'Spanish') LIMIT-TO (PUBYEAR, 2020-2025). The results of this search are detailed in Table 1.

The third stage involved a bibliographic analysis of the selected articles to identify additional relevant studies and theses. A search for grey literature was also conducted using the same terms across platforms such as Google, Google Scholar, and the Repositórios Científicos de Acesso Aberto de Portugal (RCAAP). The Rayyan® online systematic review platform was utilised to manage the identified records and to perform de-duplication. The selection process began with a title and abstract screening against the predefined inclusion criteria. In cases of uncertainty, the full text was retrieved and reviewed. Any discrepancies during the screening phase were resolved through discussion with a second reviewer, with a third reviewer acting as an arbiter to reach a final consensus.

Data extraction

The selection process is summarised in the PRISMA-ScR flow diagram (Figure 1). A total of 153 records were identified through database searches, alongside seven records from grey literature. Following the removal of duplicates (n=11), 142 studies were screened by title and abstract. At this stage, 113 records were excluded for failing to meet the predefined PCC (Population, Concept, and Context) criteria, leaving 29 studies for full-text review. Of these, 21 were excluded for not meeting the eligibility criteria (inadequate population, concept, context, or outcomes). Regarding the seven records identified in the grey literature, five were excluded for failing to meet the inclusion criteria. Ultimately, seven scientific articles and two additional publications were selected, resulting in a final sample of nine articles.

Data were extracted by two reviewers using a standardised extraction tool (Table 2). This instrument covered specific details, including the authors, article title, country of study, study design, objectives, and key findings, with a particular focus on the interventions identified. Any disagreements between reviewers were resolved through discussion or by consulting a third reviewer. The results are presented in a data extraction table (Table 2), accompanied by a narrative synthesis of the findings.

RESULTS

The nine articles included in this review comprise: a systematic literature review[1], one mixed-methods study[2], three longitudinal quantitative studies[3,9,10], two cross-sectional quantitative studies[4,11], one randomised controlled trial[5] and one institutional document[6], published between 2021 and 2025. Geographically, the studies were conducted in China (n=1), the United States (n=2), Australia (n=1), the United Kingdom (n=1), Portugal (n=2), and in a global context (n=2).

The analysis of these nine documents identified a diverse range of strategies and interventions aimed at managing parental stress. The literature suggests that the effectiveness of these approaches depends on their alignment with specific family needs and the psychosocial context. The interventions were categorised into five key areas: mindfulness training and self-compassion strategies; online support groups and peer validation; strengthening co-

parenting and paternal involvement; optimising social support networks and structural resources; and parenting education programmes and skill development.

Mindfulness training and self-compassion strategies

Interventions focused on individual emotional regulation demonstrated positive outcomes in reducing perceived stress. Specifically, the feasibility of self-guided digital programmes, such as the "Mindful Moment" programme, which integrates mindfulness techniques and self-compassion, was tested[5]. These tools promote present-moment awareness and a non-judgemental attitude towards parenting challenges. Consequently, they contribute significantly to decreasing stress and enhancing maternal psychological well-being, offering accessible and low-cost solutions[5]. Evidence suggests that focusing on parental mental health by reducing symptoms of depression and anxiety is a crucial preventive strategy, as parental psychopathology was identified as a robust predictor of stress[1].

Online support groups and peer validation

Utilising digital platforms to obtain social support has emerged as a relevant coping strategy, particularly for mothers of young children. Online social support was found to facilitate the normalisation of challenging experiences and reduce feelings of isolation through peer validation[2]. However, it was emphasised that the benefit of these interventions depends intrinsically on the quality of interactions and group moderation; it is suggested that online support should be viewed as a complement to, rather than a full substitute for, face-to-face support networks[2].

Strengthening co-parenting and paternal involvement

The reviewed literature emphasises the need to integrate paternal figures into stress reduction strategies, moving away from exclusively mother-centred approaches. The quality of the co-parenting relationship and the father's active involvement were identified as decisive factors in family dynamics[10]. Suggested interventions include early (prenatal) addressing of maternal gatekeeping (behaviours that regulate the father's access to childcare), thereby promoting role negotiation and mutual trust[10]. Additionally, the importance of programmes focused on the emotional management of fathers is highlighted, as personality traits such as trait anger have been associated with weaker father-infant bonding and higher levels of parental stress[9].

Optimising social support networks and structural resources

The effective mobilisation of external resources was identified as a central pillar of stress management. The results distinguish the impact of private safety nets (family and friends) from public nets (government support). While informal and instrumental support (e.g., financial or housing assistance from relatives) is consistently associated with reduced stress and fewer child behavioural problems, reliance on public safety nets can, paradoxically, increase tension due to bureaucratic barriers and social stigma, unless access is made easier and more person-centred[3]. It was also confirmed that satisfaction with perceived social support is a more significant predictor of family quality of life and stress reduction than the mere size of the support network[4]. Concurrently, the provision of childcare services and structured government support (social and labour policies, such as parental leave, flexible working hours, and return-to-work support) were identified as essential for alleviating parental burden in families with young children[11].

Parenting education programmes and skill development

Empowering caregivers through structured parenting education programmes constitutes the fifth line of intervention. Practical training guides,

such as "The Art of Parenting", propose the implementation of consistent routines, positive discipline strategies, and effective communication techniques as methods to increase parental self-efficacy and, consequently, reduce stress[6]. These interventions aim to equip parents with concrete tools to handle daily child development challenges while simultaneously promoting parental self-care (sleep, nutrition, personal time) as an indispensable skill for maintaining a healthy family environment[6].

DISCUSSION

The present scoping review mapped strategies aimed at the management and prevention of parental stress, highlighting a paradigmatic shift: the transition from interventions focused exclusively on the child to systemic approaches focused on the family unit and the progenitors' emotional regulation. This perspective is corroborated by the need to address parental stress not as an isolated phenomenon, but as a result of the interaction between individual resources, relational dynamics, and the social determinants of health. This finding aligns directly with Neuman's Systems Model, which advocates for a systemic approach focused on the family unit and its interaction with the surrounding environment[10,11,13,22,29].

Evidence shows that parental mental health is a robust predictor of family functioning, as parental psychopathology exacerbates the perception of stress. Programmes based on mindfulness and self-compassion, such as "Mindful Moment", have proven effective in reducing anxious symptomatology and promoting more sensitive parenting[9,12,13].

In the Portuguese context, this approach aligns with the guidelines of the National Mental Health Plan, which emphasises the importance of early intervention across the life cycle to prevent the intergenerational transmission of emotional vulnerabilities. The integration of emotional regulation techniques into routine child health surveillance consultations allows for the strengthening of the family's "lines of defence", as advocated in Neuman's model, protecting the system against stressors intrinsic to child development[9,13,30].

The implementation of the mapped interventions finds a privileged vehicle in the National Child and Youth Health Programme[31]. Although this programme traditionally focuses on developmental surveillance of the child, the results of this review reinforce the need for nurses to utilise this space for the systematic assessment of the parental subsystem. The Family Nurse Practitioners, possessing the competences to diagnose and intervene in families experiencing transition processes, should incorporate parental stress screening into consultations and move from merely informative health education to empowerment focused on parental self-efficacy and self-care. The prescription of resources, including validated online support groups, emerges as a low-cost, highly accessible strategy to mitigate social isolation, particularly in urban contexts where informal support networks may be weakened[10,12,14,31].

A critical point identified in the literature is the need to break away from an exclusive maternal focus. Paternal involvement and the quality of coparenting are protective factors against parental burnout. The intervention of the Family Nurse Practitioners should, therefore, begin in the prenatal period, promoting the negotiation of roles and mitigating maternal gatekeeping and the father's emotional management, both of which directly influence the affective bond. This approach aligns with the Sustainable Development Goals regarding the promotion of gender equality by seeking to redistribute the emotional and logistical burden of childcare, which is fundamental to the health of the family system[21,26,27].

The analysis of results highlights an important dichotomy: while informal support networks (family and friends) are protective, access to formal public networks can sometimes constitute an additional stressor due to bureaucratic complexity and stigma. In the Portuguese organisational context, where the coordination between Primary Health Care and social responses (such as nurseries and financial support) is often fragmented, the Family Nurse Practitioners must assume the role of Case Manager. This competence, provided in Regulation No. 428/2018, allows the nurse to expedite the mobilisation of community resources, reducing the burden on families in situations of socioeconomic vulnerability[9,10,28].

Parental stress management therefore requires an intervention that combines health literacy (promoting self-care skills and routines), dyadic coping (strengthening the marital relationship and communication), and equity (personalised interventions that consider the diversity of family structures and socioeconomic contexts).

In conclusion, translating these findings within the clinical practice of the Family Nurse Practitioners enables a shift beyond the individual approach, focusing on empowering the family for the autonomous management of its transition processes and the promotion of balance within the family system. More than merely mitigating parental stress, these interventions aim to strengthen the resilience and functionality of the family unit, enhancing the internal and community resources that ensure the health of all its members. By intervening in the nuclear dyad and family functioning, the Family Nurse Practitioners ensures the stability of the system's lines of defence, allowing the family, as the client, to develop the competences to maintain its well-being and respond adaptively to the challenges of this life-cycle stage[10,22].

FINAL CONSIDERATIONS

This scoping review has achieved its objective of identifying and systematising interventions and strategies for the prevention and management of parental stress in families with children under the age of two within primary health care settings.

The evidence analysed demonstrates that reducing parental stress requires multifaceted interventions that extend beyond a child-centred focus. It is fundamental to empower parents, strengthen marital relationships, and optimise support networks. Promising strategies include mindfulness training, the promotion of positive co-parenting, peer validation (face-to-face or digital), and facilitating access to community resources.

The findings of this review underscore the need to guide the clinical practice of the Family Nurse Practitioner. This involves systematically integrating assessments of the parental subsystem and early mental health screening into routine consultations to prevent negative impacts on the parent-child bond. Furthermore, it is essential to incorporate parenting empowerment strategies to manage the demands of child behaviour and promote marital relationship health. Additionally, it is recommended that nurses take an active role in case management and advocacy to facilitate access to formal (bureaucratic) support networks, incorporating the prescription of validated digital resources and the facilitation of community support into care plans.

In summary, addressing parental stress requires an integrated vision that considers intrapersonal factors (mental health and emotional regulation skills), interpersonal factors (social support and family dynamics), and social factors (family support policies). Future research should continue to explore the effectiveness of personalised and longitudinal interventions that account for the diversity of parental experiences and the complexity of interactions between the multiple factors

influencing parental stress, aiming to optimise the health and well-being of parents, children, and families.

Limitations

The interpretation of the findings of this scoping review should consider certain methodological constraints. Regarding language restrictions, although the exclusion of other languages is acknowledged as a theoretical limitation, the analysis of the search data revealed that its impact on the final sample was negligible. Specifically, the application of language filters across the selected databases resulted in a minimal variation of records, thereby not compromising the comprehensiveness of the evidence mapping.

Regarding the timeframe (2020–2025), the choice of this search period is justified by the need to map the most current evidence and by the identification of recent systematic literature reviews that were integrated into the analysis. Of particular note is the contribution of Fang et al.[9], whose systematic review synthesises the factors associated with parental stress, allowing the present work to focus on the "state of the art" and the emergence of new intervention modalities—namely digital and self-guided interventions.

Furthermore, the geographical context of the studies—conducted across diverse cultures and healthcare systems (e.g., USA, China, Australia)—necessitates caution when generalising the conclusions, particularly those related to public versus private support networks, to the Portuguese reality.

It is also important to note that, as is characteristic of scoping reviews, a formal critical appraisal of the methodological quality of the included studies was not performed. This may influence the overall robustness of the conclusions. These limitations reinforce the need for future, more robust research, involving randomised controlled trials, larger sample sizes, longitudinal follow-ups, clearly defined outcome indicators, and standardised methodological strategies.

REFERENCES

1. Abidin RR. The determinants of parenting behavior. J Clin Child Psychol. 1992;21(4):407–12. https://doi.org/10.1207/S15374424JCCP2104_12
2. Cusinato M, Iannattone S, Spoto A, et al. Stress, resilience, and well-being in Italian children and their parents during the COVID-19 pandemic. Int J Environ Res Public Health. 2020;17(22):8297. https://doi.org/10.3390/ijerph17228297
3. Rusu PP, Candel OS, Bogdan I, Ilciuc C, Ursu A, Podina I. Parental stress and well-being: a meta-analysis. Clin Child Fam Psychol Rev. 2025;28:255–74. https://doi.org/10.1007/s10567-025-00515-9
4. Aktu Y. The role of parenting stress on parenting self-efficacy and parental burnout among Turkish parents: a moderated mediation model. BMC Psychol. 2024;12(1):475. https://doi.org/10.1186/s40359-024-01980-7
5. Lindström T, Bergman TH, Annerstedt M, Forster M, Bölte S, Hirvikoski T. Psychometric properties of the parental stress scale in Swedish parents of children with and without neurodevelopmental conditions. Scand J Child Adolesc Psychiatr Psychol. 2024;12:10–22. https://doi.org/10.2478/sjcapp-2024-0002
6. Roskam I, Brianda M-E, Mikolajczak M. A step forward in the conceptualization and measurement of parental burnout: the parental burnout assessment (PBA). Front Psychol. 2018;9:758. https://doi.org/10.3389/fpsyg.2018.00758
7. Mikolajczak M, Roskam I. Parental burnout: moving the focus from children to parents. New Dir Child Adolesc Dev. 2020;2020(174):7–13. https://doi.org/10.1002/cad.20376
8. Roskam I, Aguiar J, Akgun E, et al. Parental burnout around the globe: a 42-country study. Affect Sci. 2021;2:58–79. https://doi.org/10.1007/s42761-020-00028-4
9. Fang Y, Luo J, Boele M, et al. Parent, child, and situational factors associated with parenting stress: a systematic review. Eur Child Adolesc Psychiatry. 2024;33:1687–705. https://doi.org/10.1007/s00787-022-02027-1
10. Ordem dos Enfermeiros. Regulamento no. 428/2018: Regulamento das competências específicas do enfermeiro especialista em enfermagem de saúde familiar. Portugal: 2018 [citado 2026 02 18]. Disponível em: https://www.ordemenfermeiros.pt/media/8731/comunit%C3%A1ria-e-de-sa%C3%BAde-p%C3%BAblica.pdf
11. Nunes AMM. Stress parental, rede de suporte social e a qualidade de vida. Dissertação de Mestrado em Psicologia. Funchal: Universidade da Madeira; 2025.

12. National Committee for Families and Children (NCFC), United Nations Children's Fund (UNICEF). The art of parenting: Training guide. Belize: dateunknown [citado 2026 03 10]. Disponível em: https://www.unicef.org/lac/media/27656/file/The%20Art%20of%20Parenting.pdf
13. Fernandes DV, Monteiro F, Canavarro MC, Moreira H. A web-based, mindful, and compassionate parenting training for mothers experiencing parenting stress: results from a pilot randomized controlled trial of the mindful moment program. Mindfulness (NY). 2022;13:3091–108. https://doi.org/10.1007/s12671-022-02016-0
14. Henton S, Swanson V. A mixed-methods analysis of the role of online social support to promote psychological wellbeing in new mothers. Digit Health. 2023;9:20552076221147433. https://doi.org/10.1177/20552076221147433
15. Wu Q, Radey M, McWey L, Millender EF. Within-family processes among safety nets, maternal parenting stress, and child behavioral problems among low-income families: the importance of race and ethnicity. Fam Process. 2025;64(1):e13056. https://doi.org/10.1111/famp.13056
16. Bodenmann G. Dyadic Coping and its significance for marital functioning. In: Revenson TA, Kayser K, Bodenmann G, editors. *Couples coping with stress: emerging perspectives on dyadic coping.* Washington: American Psychological Association; 2005.
17. Falconier MK, Randall AK, Bodenmann G. Couples coping with stress: a cross-cultural perspective. New York: Routledge/Taylor & Francis Group; 2016.
18. Falconier MK, Kuhn R. Dyadic coping in couples: a conceptual integration and a review of the empirical literature. Front Psychol. 2019;10:571. https://doi.org/10.3389/fpsyg.2019.00571
19. Bronfenbrenner U. A ecologia do desenvolvimento humano: experimentos naturais e planejados. Porto Alegre: Artes Médicas; 1996.
20. American Psychological Association. Stress of parents compared to other adults. 2023 [citado 2026 03 10]. Disponível em: https://www.apa.org/news/press/releases/stress/2023/collective-trauma-recovery
21. World Health Organization. Sustainable Development Goals (SDG). 2022 [citado 2026 03 10]. Disponível em: https://www.who.int/data/gho/data/themes/sustainable-development-goals
22. Neuman B, Fawcett J. The Neuman systems model. 5th ed. Upper Saddle River: Pearson; 2011.
23. Thériault RL, Bernier A, Deneault AA. Maternal and paternal parenting stress: direct and interactive associations with child externalizing and internalizing behavior problems. Early Child Res Q. 2025;71:114–22. https://doi.org/10.1016/j.ecresq.2024.12.006
24. Wang T, Cheng H. Parenting stress and its influencing factors among Chinese parents in parent–grandparent co-parenting families: A latent profile analysis. Behav Sci (Basel). 2025;15(4):533. https://doi.org/10.3390/bs15040533
25. Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z. JBI Manual for Evidence Synthesis. JBI; 2024 [citada 2025 novembro 30]. Disponível em: https://jbi-global-wiki.refined.site/space/MANUAL
26. Francis LM, Youssef GJ, Greenwood CJ, et al. Father trait anger: Associations with father–infant bonding and subsequent parenting stress. Front Psychol. 2023;14:1114084. https://doi.org/10.3389/fpsyg.2023.1114084
27. Schoppe-Sullivan SJ, Donithen RW, Lee J-K, Simon LT, Wang J. The best and worst of times: Predictors of new fathers' parenting satisfaction and stress. Advers Resil Sci. 2021;2:71–83. https://doi.org/10.1007/s42844-021-00032-y
28. Hong X, Zhu W, Zhao S. Type of family support for infant and toddler care that relieves parenting stress: does the number of children matter? Healthcare (Basel). 2023;11(3):421. https://doi.org/10.3390/healthcare11030421
29. Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Background document to WHO – Strategy paper for Europe. Arbetsrapport/ Institute for Futures Studies. 2007. [citado 2026 03 10]. Disponível em: https://www.researchgate.net/publication/5095964_Policies_and_strategies_to_promote_social_equity_in_health_Background_document_to_WHO_-_Strategy_paper_for_Europe
30. Direção-Geral da Saúde. Programa Nacional para a Saúde Mental. 2017 [citado 2026 03 10]. Disponível em: https://saudemental.min-saude.pt/programa-nacional-para-a-saude-mental/
31. Direção-Geral da Saúde. Programa Nacional de Saúde Infantil e Juvenil. Lisboa: Direção-Geral da Saúde.2013 [citado 2026 03 10]. Disponível em: https://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/norma-n-0102013-de-31052013-jpg.aspx

Table 1 – Database search results

Database	Query and Filters	Number of articles
Scopus	("parenting stress" OR "parental stress" OR "parental burnout" OR "caregiver stress") AND (parent* OR mother* OR father* OR famil*) AND ("infant*" OR "toddler*" OR "under two") AND (prevent* OR reduc* OR manag* OR support*)	1526
	2020-2025	666
	Sub area: nursing, psychology & health professions	270
	Keywords: parental stress; parenting stress; psychology; family; intervention	178
	English; Spanish; Portuguese	174
	All open access	89
Web of Science	("parenting stress" OR "parental stress" OR "parental burnout" OR "caregiver stress") AND (parent* OR mother* OR father* OR famil*) AND ("infant*" OR "toddler*" OR "under two") AND (prevent* OR reduc* OR manag* OR support*)	1530
	2020-2025	728
	Category: psychological development; nursing; family studies; psychology	236
	Citation topics micro: parenting and child development; parental stress	79
	All open access	37
EBSCO (CINAHL Ultimate, MEDLINE Ultimate, Cochrane Database of Systematic Reviews & Psychology and Behavioral Sciences Collection	("parenting stress" OR "parental stress" OR "parental burnout" OR "caregiver stress") AND (parent* OR mother* OR father* OR famil*) AND ("infant*" OR "toddler*" OR "under two") AND (prevent* OR reduc* OR manag* OR support*)	2017
	Full text	973
	Past 5 years	373
	Subject: families & psychology; psychological stress; parenting	26
	English; Spanish; Portuguese	26

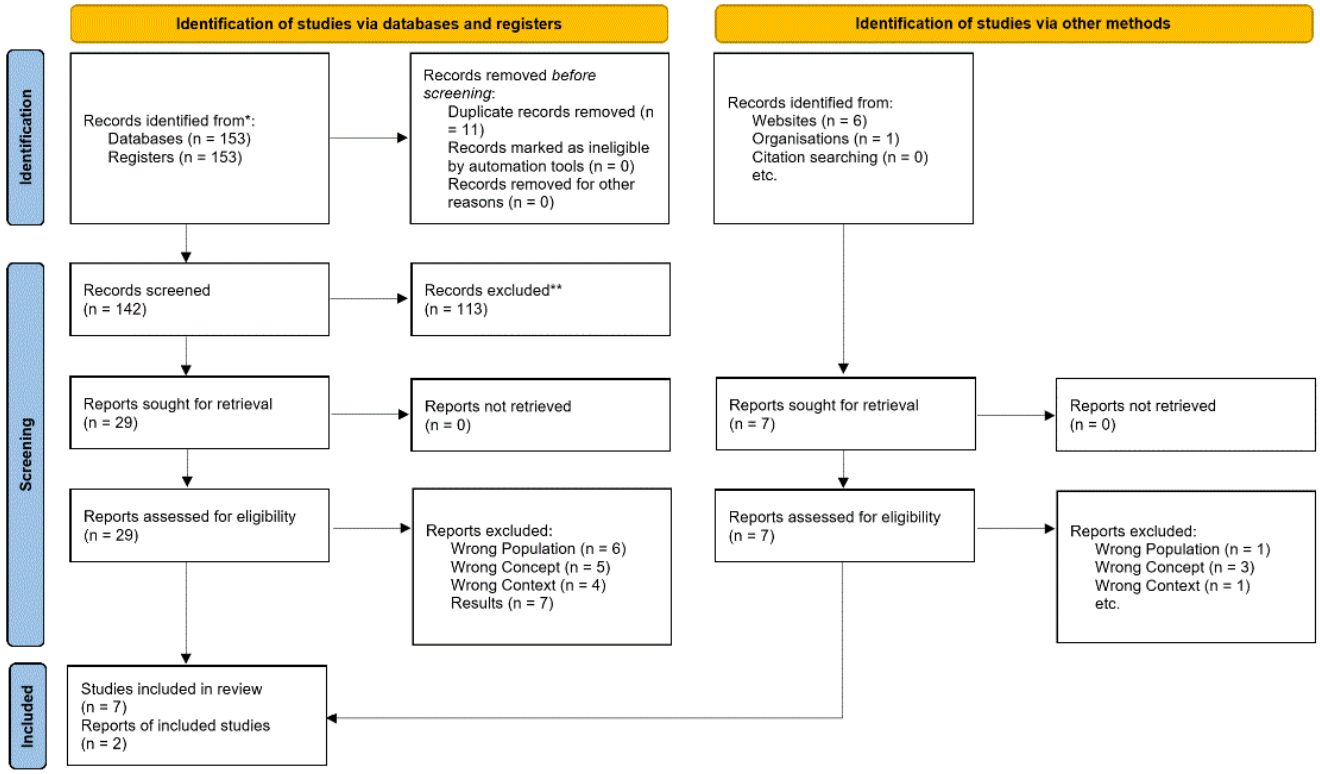
Table 2 – Data extraction table

Author(s) & Year	Title	Country	Study Design	Objectives	Key Findings	Contribution to the Research Question
Wu, Q. *et al.* (2025)	Within-family processes among safety nets, maternal parenting stress, and child behavioral problems among low-income families: The importance of race and ethnicity	EUA	Quantitative (Longitudinal)	To examine the relationship between public and private safety nets, maternal parenting stress, and child behaviour in low-income families, focusing on racial and ethnic differences.	Private safety nets (financial or housing aid from family/friends) reduce stress and behavioural problems. Conversely, public nets (government subsidies, food/housing assistance) may increase stress due to bureaucracy and stigma. Race/ethnicity significantly moderates support effectiveness.	Suggests interventions should prioritise strengthening informal and community support networks over purely bureaucratic approaches. Results indicate that interventions incorporating social support and racial/ethnic considerations are effective for managing stress in families with children under two.
Fang, Y. *et al.* (2024)	Parent, child, and situational factors associated with parenting stress: a systematic review	Global (Netherlands)	Systematic Review	To synthesise evidence regarding parental, child, and situational factors associated with parenting stress in mothers and fathers of children aged 0–12.	Parenting stress is strongly associated with parental psychopathology (depression/anxiety) and difficult child temperament. Social support and parental self-efficacy emerge as robust protective factors.	Suggests that increasing social support can serve as a preventive or supportive strategy in stress management, particularly for mothers. Supports the need for parental mental health screening and social support promotion as central preventive strategies.
Hong, X. *et al.* (2023)	Type of Family Support for Infant and Toddler Care That Relieves Parenting Stress: Does the Number of Children Matter?	China	Quantitative (Cross-sectional)	To investigate how different types of family support alleviate parenting stress based on the number of children (0–3 years).	The study identified that family and social support, childcare services, flexible working policies, parenting education, psychological support, and government incentives are crucial for relieving parenting stress.	Indicates that interventions should be personalised according to family size and needs, providing social, family, or emotional/educational resources as required. The results highlight the importance of multifaceted interventions in managing and preventing stress, offering a basis for policies that support families with children under two.

Francis, L. *et al.* (2023)	Father trait anger: Associations with father-infant bonding and subsequent parenting stress	Australia	Quantitative (Longitudinal)	To assess the impact of father's trait anger on father-infant bonding and subsequent parenting stress.	Paternal trait anger predicts weaker bonding and higher parenting stress. Affectionate bonding mediates the relationship between anger and stress.	Highlights the importance of including fathers in interventions, focusing on emotional management (anger, promoting tolerance and patience) and early bonding promotion as a means to prevent stress.
Henton, S. & Swanson, V. (2023)	A mixed-methods analysis of the role of online social support to promote psychological wellbeing in new mothers	UK (Scotland)	Mixed-methods (Cross-sectional)	To explore the role of online social support in promoting psychological well-being and reducing stress in mothers with children under two.	Online support provides validation, reduces isolation, and normalises experiences, acting as a coping strategy. However, the quality of interactions is the key determinant for mental health benefits.	Results indicate that interventions such as online social support, parenting education, and the balanced use of social media are effective in managing and preventing parental stress in families with children under two.
Fernandes, D. *et al.* (2022)	A Web-Based, Mindful, and Compassionate Parenting Training for Mothers Experiencing Parenting Stress: Results from a Pilot Randomized Controlled Trial of the Mindful Moment Program	Portugal	Quantitative (Pilot Randomised Controlled Trial)	To test the efficacy and feasibility of the "Mindful Moment" digital programme (mindfulness and self-compassion) in reducing parenting stress.	The intervention led to a significant reduction in parenting stress and an increase in self-compassion and mindfulness, with high participant adherence.	Demonstrates the efficacy of self-guided mindfulness-based interventions as low-cost tools for emotional regulation and stress reduction in mothers.
Schoppe-Sullivan, S. *et al.* (2021)	The Best and Worst of Times: Predictors of New Fathers' Parenting Satisfaction and Stress	USA	Quantitative (Longitudinal)	To identify prenatal predictors (self-efficacy, anxiety, gatekeeping) of parenting satisfaction and stress in fathers at 3 months postpartum.	Paternal involvement in child-rearing and maternal self-efficacy are key factors in reducing paternal stress. Satisfaction with family structure and marital happiness also influence fathers' perception of parenting stress.	Reinforces the need for preventive interventions starting during pregnancy that promote co-parenting, paternal self-efficacy, and marital satisfaction, addressing barriers to involvement.
Nunes, A. (2025)	Stress parental, rede de suporte social e a qualidade de vida	Portugal	Quantitative (Correlational)	To analyse the relationship between parenting stress, satisfaction with social support, and quality	Higher levels of satisfaction with social support are associated with lower parenting stress and	Underlines that intervention should focus not only on the size of the support network but on the satisfaction with

				of life in parents of pre-school children (including younger age groups).	better quality of life. Parenting stress correlates negatively with quality of life.	perceived social support to improve family quality of life.
NCFC & UNICEF (n.d.)	The Art of Parenting - Training Guide	Belize / Global	Institutional Document	To provide a practical guide for the empowerment of parents and caregivers in promoting healthy child development (0–8 years).	The guide structures educational modules on self-esteem, communication, stress management, positive discipline, and routines, with an emphasis on parental self-care.	Offers a structured intervention protocol with practical activities for parenting capacity building, behaviour management, and self-care, directly applicable by families.

Figure 1 – PRISMA-ScR (2020) flowchart of the data selection process



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

Source: Page MJ, et al. BMJ 2021;372: n71. doi: 10.1136/bmj.n71.