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Pregnancy Anxiety and Beliefs Surrounding Motherhood in Latinas: A Qualitative Study

Isabel F. Ramos¹, Belinda Campos¹, Christine Dunkel Schetter²

¹University of California, Irvine

²University of California, Los Angeles

Abstract

Objectives: Prior research indicates that Latinas are at risk for experiencing high levels of anxiety during pregnancy. Pregnancy anxiety is a specific affective experience involving fears and worries about one's current pregnancy and it has been linked to heightened risk for preterm birth and developmental effects. Despite this concerning pattern, research has rarely examined Latina beliefs about the transition to motherhood and little is known about specific sources of pregnancy anxiety in Latinas, including whether fears are rooted in cultural concerns. The present study investigates the experiences of pregnancy anxiety among Latinas and explores their broader cultural beliefs surrounding pregnancy.

Methods: Fourteen pregnant Latinas articulated their experience of pregnancy anxiety, how they coped with their anxiety, and the beliefs they held surrounding pregnancy in 11 individual interviews and one focus group of three participants, all conducted in Spanish.

Results: Thematic analysis revealed that overall, Latinas felt that anxiety during pregnancy was normal, and that they worried about labor and delivery, losing their baby, their baby being born with a birth defect, and felt affected by the broader sociopolitical climate. Latinas felt lucky to be pregnant, believed that pregnancy was a blessing from God, and stressed the importance of maintaining a healthy pregnancy. Themes about family involvement and culturally-driven privileged status also emerged.

Conclusions: The present study highlights specific themes that may be important to consider in the context of Latina perinatal health. Such findings set the stage for future investigations examining the experience of anxiety specific to pregnancy in Latinas.

Resumen

Investigaciones anteriores indican que las latinas corren el riesgo de experimentar altos niveles de ansiedad durante el embarazo. La ansiedad relacionada con el embarazo es una experiencia afectiva específica que involucra temores y preocupaciones y se ha relacionado con un mayor riesgo de parto prematuro y consecuencias en el desarrollo. A pesar de este patrón preocupante, rara vez se han examinado las creencias de gestantes latinas sobre la transición a la maternidad y se sabe poco sobre las fuentes específicas de ansiedad relacionada con el embarazo entre las

Correspondence: Correspondence should be addressed to Isabel F. Ramos, Ph.D., Department of Chicano/Latino Studies, University of California, Irvine. iframos@uci.edu.

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latinas, incluso si los temores tienen sus raíces en inquietudes culturales. El presente estudio investiga las experiencias de ansiedad relacionada con el embarazo en gestantes latinas y explora sus creencias culturales más amplias en torno al embarazo.

Catorce latinas embarazadas expresaron su experiencia de ansiedad relacionada con el embarazo, las formas en que lidiaron con dicha ansiedad y las creencias que tenían sobre el embarazo en 11 entrevistas individuales y un grupo de enfoque de tres participantes, todas realizadas en español.

El análisis temático reveló que, en general, las gestantes latinas sentían que la ansiedad relacionada con el embarazo era normal y que estaban preocupadas por el parto, la pérdida de su bebé, que su bebé naciera con un defecto de nacimiento y se sentían afectadas por el ambiente sociopolítico más amplio. Las latinas se sintieron afortunadas de estar embarazadas, creían que el embarazo era una bendición de Dios y enfatizaron la importancia de mantener un embarazo saludable. También surgieron temas sobre la participación familiar y el estatus privilegiado impulsado por la cultura.

El presente estudio destaca temas específicos que pueden ser importantes a considerar en el contexto de la salud perinatal de las latinas. Dichos hallazgos sientan las bases para futuras investigaciones que examinen la experiencia de ansiedad específica relacionada con el embarazo entre las latinas.

Keywords

maternal health; pregnancy; anxiety; culture; qualitative methodology

Pregnancy is a significant time of life marked by a range of positive and negative emotions. Research indicates that strong negative emotional experiences during pregnancy—particularly elevated levels of anxiety specific to a current pregnancy—increase the risk of adverse birth outcomes, particularly preterm birth (Goldenberg et al., 2008; Lobel & Dunkel Schetter, 2016; Lobel et al., 1992; Roesch et al., 2004). Pregnancy anxiety has not been well-studied in Latinas, but research indicates that Latinas may be at risk of experiencing high levels of anxiety specific to their impending pregnancies (Ramos et al., 2019). Pregnancy anxiety is one form of negative emotional experience that captures worries about the current pregnancy, the health and well-being of the baby, the impending childbirth, hospital and healthcare experiences, and parenting. Several studies have identified pregnancy anxiety as a powerful and independent predictor of preterm birth and shortened length of gestation (Dole et al., 2003; Glynn et al., 2008; Roesch et al., 2004). Despite the well-documented associations between pregnancy anxiety and shortened length of gestation and the growing literature suggesting that Latinas may be at risk for experiencing this negative affective state, the specific sources of pregnancy anxiety in Latinas, including whether fears are rooted in cultural concerns, and the general beliefs that Latinas hold about motherhood, are not well-understood.

Pregnancy Anxiety in Latinas

Research on pregnancy anxiety in Latinas is limited, as research on perinatal stress has largely examined non-Latina White samples. These studies are not necessarily generalizable

to Latinas. Previous work has shown that Latina pregnancies and the contexts in which their pregnancies occur have unique characteristics, with critical implications for their well-being and that of their impending child (Campos et al., 2007). Studies have shown that Latinas experience higher pregnancy anxiety than non-Latina White women (Ramos et al., 2019), and immigrant Latinas experience more pregnancy anxiety than Latinas born in the United States (Campos et al., 2007; Fleuriet & Sunil, 2014).

Although Latinas living in the United States come from many different countries in the Caribbean and from North, Central, and South American countries, Latina prenatal research has primarily focused on pregnant women of Mexican descent living in the United States.¹ Within Latina sub-samples, worries specific to pregnancy appear to shift as cultural orientations change during the multidimensional process of acculturation (Campos et al., 2007). Findings indicate that less acculturated multiparous Mexican women living in the United States have higher pregnancy anxiety levels compared to their more acculturated counterparts.

A few studies have also indicated that sub-groups of Latinas may have distinct fears and worries about their pregnancies. Item analyses by Campos et al. (2007) revealed that less acculturated Mexican women were more anxious about experiencing harm during delivery, the baby being born with a birth defect, losing the baby, and developing medical problems. Alternatively, more acculturated Mexican women had more worries about the baby's growth. Similarly, a recent study found that Latinas who preferred to be interviewed in Spanish, compared to Latinas who preferred to be interviewed in English, reported more concerns about being harmed during childbirth, developing medical problems, and the baby being harmed during delivery (Mahrer et al., 2020).

The pathways by which changes in cultural orientation may influence pregnancy anxiety among this group of women have not been identified. However, researchers have suggested that Latinas who have recently immigrated may be more anxious about childbirth given their personal experiences with the more limited medical resources available in their home countries (Scrimshaw et al., 1997). For example, for some Latina immigrants, awareness of the high maternal and infant mortality rates in their native countries may fuel their fears about childbirth. Moreover, distrust of the medical system in the United States and worries related to their abilities to obtain healthcare may also contribute to elevated fears about being pregnant in the United States (Mahrer et al., 2020). Finally, increased time in the United States may co-vary with changes in the meaning of family and the desirability of children, perceived and available social support, and religious beliefs, all of which may be related to levels of pregnancy anxiety (Fleuriet & Sunil, 2014).

Broader Sociocultural Context

One area of pregnancy research that requires greater attention is how cultural values and beliefs shape prenatal emotional health and experiences for Latinas. Compared to African

¹In keeping with the way participants identified themselves, and for the purposes of the present paper, the term Latina is used to refer to a person of South or Central American, Cuban, Mexican, Puerto Rican, or other Spanish culture or origin (Lopez et al., 2017).

American women, Mexican American and Mexican immigrant women living in Los Angeles have reported feeling more special, happy, and lucky regarding their pregnancies (Zambrana et al., 1999). These results are consistent with the broader view that motherhood is often a desirable and respected role in Latinx cultures (Maldonado-Duran et al., 2002). Although systematic research examining the value of childbearing in Latinx cultures is not extensive, the value placed on motherhood raises questions about how these values are transmitted across generations and may influence prenatal mental health.

In sum, limited evidence demonstrates that Latinas may experience higher levels of pregnancy anxiety than non-Latinas and that differences exist among immigrant and U.S.-born Latinas. Despite emerging evidence that Latinas may experience elevated anxiety about their current pregnancies, to date, no study has examined the specific worries that Latinas may have about their pregnancies or how their cultural beliefs about pregnancy and motherhood may influence these experiences. Utilizing a qualitative methodology that has been developed with the aim of understanding people in their own words to better understand pregnancy anxiety can clarify the cultural context in which the Latina pregnancy experience occurs.

The Present Study

Given the paucity of research on the experience of pregnancy anxiety among Latinas and the strong associations between pregnancy anxiety and adverse birth outcomes, it is essential to understand this phenomenon more fully. Specifically, it is important to identify the particular fears Latinas have about their current pregnancies, the origin of these fears, and how Latinas cope with their anxiety. The purpose of the present study is to fill these gaps by using a qualitative methodology to investigate pregnancy anxiety and the cultural contexts in which it occurs among Latinas.

Method

Participants

This qualitative study used data collected via 11 individual face-to-face interviews and one small focus group of three participants. The individual interviews and the focus group were conducted in Spanish. The eligibility criteria were that participants had to be pregnant and 18 years of age or older, self-identify as Latina or Hispanic, and be fluent in Spanish.

Participant background data were collected through a questionnaire following the interview or focus group. Participants ranged in age from 20 to 39. The mean age was 28.71 ($SD = 5.35$), and the median and mode were 28 years of age. Eight of the 14 participants were foreign-born: six women were born in Mexico, one woman was born in Guatemala, and one woman was born in Honduras. The foreign-born participants had been living in the United States for 17 years on average, with a range from seven to 35 years, a median of 16.50 years, and a mode of 15 years. Among the U.S.-born participants, all had parents of Mexican origin. Half of the participants had high school educations, and the other half had college degrees.

The average household income was \$41,157 ($SD = 47,650$) with a range from \$1,200 to \$180,000, a median of \$23,000, and a mode of \$20,000. Eight of the women were married, five were not married but in a romantic relationship, and one was not married or in a romantic relationship. Ten out of the 14 women had previously given birth. The number of previous children ranged from zero to four, with a median and mode of one child. The participants' average lengths of gestation at the time of their interview or participation in the focus group were 25.39 weeks ($SD = 9.18$), with a range from 7.5 weeks to 38 weeks, a median of 25.50 weeks, and modes of 25 and 33 weeks of gestation.

Researchers

It is important to consider how the backgrounds of the researchers may influence and guide qualitative data collection and analysis (Levitt et al., 2018). The individual interviews and focus group discussion were coordinated and guided by the first author and assisted by an undergraduate research assistant who both identify as Latina and are fluent in Spanish. All three authors are psychological scientists' who have engaged in work on understanding racial and ethnic disparities in maternal and child health. The first authors' research focuses on understanding how cultural factors influence prenatal emotional health in Latinas. The second author has a longstanding interest in examining prenatal maternal stress in pregnant women of diverse racial and ethnic backgrounds. The third authors' research examines how cultural factors shape relationship experiences in ways that benefit health, including in Latina pregnancies.

Recruitment

Individuals were invited to participate in the study through flyers, word of mouth, and personal communication in the waiting room of a prenatal clinic in West Los Angeles, California. The recruiters established and maintained a favorable relationship with the prenatal clinic by showing respect and courtesy to the staff, patients, nurses, and medical personnel at all times and by being as unobtrusive as possible. Of the 14 women in the study, seven were recruited at the prenatal clinic, and seven were recruited using flyers, referrals, and word of mouth. Participants were financially compensated for their time with \$40 gift cards.

Due to scheduling conflicts, fewer focus groups and more individual interviews were conducted than originally planned. Individual interviews were halted after the 11th interview because little new information was emerging. Therefore, it was deemed that data saturation had been established (Fusch & Ness, 2015; Saunders et al., 2018). Researchers obtained verbal consent for participation in the study. The university's Institutional Review Board approved all study procedures.

Procedure

The interview protocol was created based on the past work of the researchers (Dunkel Schetter et al., 2016; Guardino & Dunkel Schetter, 2014) and was informed by cultural psychology and social science research. The protocol included open-ended questions regarding pregnancy-related fears, attitudes and beliefs about pregnancy, and privileged

status associated with pregnancy. Study materials were translated from English into Spanish and are available from the corresponding author.

The group discussion was held at the prenatal medical clinic in West Los Angeles, and the individual interviews were held either at the prenatal medical clinic or at local coffee shops between May 2019 and August 2019. The group session lasted for one hour. The individual interviews lasted 33 minutes on average and ranged from 21 to 49 min.

Data Analysis

Data analysis was conducted following the six phases of thematic analysis outlined by Braun and Clarke (2006). All the audiotapes were transcribed by the first author. To familiarize themselves with the data, the research team (the first author and an undergraduate research assistant) individually read through the entire data set at least twice and shared their notes about the data with each other in face-to-face meetings.

The researchers systematically coded two interview transcripts to generate initial codes using the qualitative data analysis software program ATLAS.ti (Version 8 for Mac; Muhr, 1994). The transcripts were uploaded in Spanish, and the codes that were generated were written in English. The codes were refined during meetings, and an aggregate list of codes was created to code the remaining data.

Next, the research team coded the remaining data by reading each selection of text, individually noting the code to which they believed the text belonged, and then discussing which code they picked for each transcript. The interrater reliability (91%) was calculated using the formula described in Miles and Huberman (1984). Discrepancies were resolved through discussion. After coding the data, the research team searched for potential themes and gathered all the data relevant to each possible theme.

Three themes and 13 sub-themes were derived from the software (see Table 1). Direct quotes were selected to provide evidence of the themes generated from the data. Although the interviews were conducted in Spanish, for the purposes of this manuscript, the quotations were translated word for word into English. Pseudonyms are used to protect the privacy of the participants.

Findings

Theme 1: The Experience of Pregnancy Anxiety

Anxiety About Pregnancy is Normal—Experiencing anxiety during pregnancy was described as necessary and normal. For example, Estela said, “You need to worry when you are pregnant because you don’t know what to expect. The doctor can tell you that the baby is fine, that everything is fine, but you still need to worry.” Some sources of worry were more prevalent during different stages of pregnancy. For example, Carmen described,

It is normal to have some anxiety because you can be fine right now, but you never know how things will turn out. You don’t know if something bad will happen. It’s anxiety in the beginning of pregnancy when the pregnancy is the riskiest, when you can lose the baby. Once you are three months pregnant, you can relax a little bit, but

then at the end of pregnancy you start to feel anxious again because the day to give birth is coming.

Fears About Childbirth—The specific aspects of childbirth that worried the women were the pain that they would feel during childbirth, having a stillbirth, and experiencing difficulties or complications during delivery. For example, Daimí explained her experience of pregnancy anxiety during each of her pregnancies and mentioned a few specific worries:

I think it's normal to have anxiety. In all of my pregnancies, I have felt that anguish of not knowing what is going to happen. Even though this is my fourth baby, when you are finally going to have the baby, anything can happen. You don't dilate, your blood pressure rises, anything bad can happen.

Overall, the fears of these women stemmed from prior traumatic or negative experiences with giving birth, both in the United States and in their home countries. Delia remarked, "It's normal to have worries about giving birth. I had a traumatic first childbirth, a miscarriage during my second pregnancy, and a second complicated childbirth, so with this pregnancy, I have a lot of bad thoughts." Andrea shared a similar experience:

I think it is [normal to worry]. I was in labor for 12 hours with my first daughter, then I had a hemorrhage two hours after giving birth, and I ended up in the operating room. I was bleeding a lot. That is when I got scared, and now, I don't want it to happen again.

Fears About the Baby Being Born With a Birth Defect—Another theme that emerged was being afraid that the baby might be born sickly (*enfermito*), with a birth defect, with an abnormality, or "not be formed right." The term *malito* (the diminutive form of being in poor condition) was also used to indicate a birth defect. For example, Martha said, "Sometimes I see kids that are *malitos*, and I get afraid that it could happen to me." Similarly, Karla noted, "I worry that my baby will be born with abnormalities." Carmen described how this fear was a constant worry for her:

There is always that worry in the back of your head where you wonder what if this or that happens, or what if he is born *enfermito*. But I believe that if God does something, He will do it for a reason.

Worries About Losing the Baby—Finally, the women also expressed fears about losing their babies during the beginning of their pregnancies. Ruby, Flor, Carmen, Natasha, Karla, and Melida explained that the fear of losing the baby was normal, and it was the greatest worry they had. For example, Ruby said, "You worry about having a problem in the pregnancy or falling and having an accident and losing the baby." Karla said,

I think that it is a normal to worry to have. I have had this worry. Sometimes I wake up in the morning and don't feel my baby move. I get nervous and do things to make her move and when I feel her move, I know that she is okay.

According to Natasha, "It is normal to have these fears because you have no idea what is going on inside of you, and you only know that the baby is okay when it moves." Sources of this fear included a woman's age (i.e., being older) and there having been a long period

of time since one's last pregnancy. For others, knowing that the beginning of pregnancy is the riskiest was also anxiety-inducing. Finally, women who had previously miscarried were afraid of it happening again in their current pregnancy.

Sociopolitical Climate in the United States Affecting Moods During Pregnancy

—Martha, Natasha, Amelia, and Victoria did not feel that the socio-political climate affected their pregnancies. For example, Natasha stated, “There will always be bad things happening in the country, so I need to remain calm and only think about things that I can control so that my pregnancy is not affected.” Conversely, Daimí, Estela, Carmen, Melida, Karla, Anna, Ruby, Andrea, Delia, and Flor felt that watching the news did affect them, making them feel worried, anxious, or depressed. Therefore, they avoided watching the news altogether. Delia explained, “Watching the news is not a good thing, because when you are pregnant, it makes things much scarier.” Similarly, Amelia said,

I am worried because of all the rumors of what Trump is going to do. But I try not to watch the news so that it doesn't affect me. Because that is not good for me. I don't let it get to me, so that I am okay.

How Women Coped With Their Anxiety—Whenever they felt scared during their pregnancies, the women distracted themselves and prayed that nothing bad would happen to their babies. They also talked about their worries with their partners, mothers, mothers-in-law, sisters, aunts, and friends. They were often told that it was normal to worry and that they needed to be strong and positive. However, Carmen, Delia, and Andrea did not talk to anyone about their concerns for fear of being told not to worry, which was not helpful.

Theme 2: Attitudes and Beliefs About Pregnancy and the Transition to Motherhood

Pregnancy Warrants Respect—The overall message regarding beliefs about pregnancy was that pregnancy warrants respect because of the life that women are bringing into the world. Moreover, pregnant women are respected and valued because of the emotional and physical changes they undergo and because women suffer to give birth and sacrifice their lives to be mothers. Amelia articulated this theme in her own words:

We have to value every pregnant woman, especially because of everything that we have to go through during pregnancy and after giving birth. We go through so many changes, and we have to change the way we think, how we feel. We have to change our perspective and give everything up for the baby.

Cultural ideas regarding pregnancy were that pregnancy was important, expected, respected, and positive. According to Delia, “In our culture, pregnancy is something important.” Carmen said, “I come from a Latino family, and it has always been the case that pregnancy is positive.” Karla shared that “In Latino culture, having a baby is a privilege and expected of all women.” Melida also stressed that in Latino cultures, mothers are respected because they are *luchadoras* (strong, hard-working women), often putting their babies' needs over their own.

Pregnancy Is a Blessing From God—The women considered pregnancy and motherhood as marvelous and grand—a miracle and a blessing from God. Delia illustrated

this point: “Motherhood is marvelous and a miracle. For me, motherhood means everything: it is life; happiness. Having descendants and seeing that they come from me is marvelous.” Ruby explained,

Pregnancy is something really special, different, and unique. You feel things that you can’t explain, like the baby moving. Maternity is something unexplainable and something that needs to be lived because it only lasts nine months, and they are beautiful.

Participants also discussed their views about God’s role in their pregnancies. According to this view, God uses women to give life, and they have been chosen by God to bring life into the world. Daimí explained, “Pregnancy is a blessing. It comes from God. I feel blessed to have been chosen.” Flor shared a similar view: “God uses us to give life. It is incredible, a miracle.”

Women Should Feel Lucky to be Pregnant—Another theme that emerged was the belief that women should feel fortunate to be pregnant, specifically because there are women who cannot conceive. As Daimí revealed, “I feel so lucky and blessed because there are many women in my family who have struggled to get pregnant. I feel so blessed because I have not had to go through that.” Similarly, Melida said, “I feel special. I thank God we could conceive in two months. I know many women who struggle, so I feel very fortunate.” Similarly, Ruby illustrated this experience in her own words:

I have an uncle who loved kids and did everything possible to have a child but gave up, and I think that’s why I value pregnancy so much. I know of so many cases where a couple who wants children cannot have them, and that is why I feel so fortunate.

Women Should Maintain a Healthy Pregnancy—In addition to their views about feeling lucky to be pregnant, Latinas stressed that pregnancy is a major and important responsibility. Maintaining a healthy pregnancy is essential for their baby’s health—their main priority. According to Daimí,

When you take care of yourself, the baby will develop better. You have to give up a lot to have a healthy pregnancy, and it’s challenging. Taking care of yourself is the priority for the health of the baby.

The women did not want to do anything that might harm their babies. For example, Estela explained, “Pregnancy is a big responsibility, and you need to be more careful with everything that you do; if not, you will harm the baby.” Amelia added,

Normally, you need to take care of yourself. But when you get pregnant, you need to focus on the baby. When you are pregnant, your body changes. That may change the way you feel about yourself. But you need to forget about how you feel, and just make sure that the baby is healthy.

Other women supported this view. Carmen commented, “It’s a big responsibility because you don’t want to do anything that can harm the baby,” and Flor explained, “You need to give up things that might harm the baby.” Accordingly, the women mentioned engaging

in healthy behaviors, such as eating healthy foods to provide nutrients for their babies, staying active, exercising, and drinking water. The women also reiterated that they refrained from engaging in any behavior that could harm their babies, such as lifting heavy objects, climbing stairs, drinking alcohol, or using drugs. In Melida's case, becoming pregnant made her develop healthier habits:

I am eating healthier than I was before I became pregnant. The responsibility helps me because before I was eating for myself, and now, I am eating for my baby. That motivates me to eat better. I also try to walk once a day. I am more careful now.

Family Involvement in Pregnancies—The final theme that emerged in this category was how involved the women's families were in their pregnancies. Family members ensured that the expectant mothers were taken care of, worried about them and their nutrition, and gave them advice and shared their own pregnancy experiences. For example, Carmen said,

In Latino cultures, they treat pregnant women as something fragile, always asking us what we want to eat or what we are craving. In our culture, the family is always ready to help, making sure that you maintain a healthy pregnancy, that you are taking care of yourself, things like that. It is very important, and it is something that I have noticed in Latino families.

Victoria, Delia, and Andrea shared similar experiences regarding the involvement of their families in their pregnancies. For example, Victoria said, "My family tells me that I need to take care of myself, eat healthy, and not lift anything heavy or not to do this or that, because having a healthy pregnancy is my responsibility." Similarly, Delia added, "Pregnancy is important in our culture, so everyone worries about how I am taking care of myself." According to Andrea, "My family tells me, eat this, eat that, eat regularly, because in our culture pregnancy is important. They worry about our nutrition."

Theme 3: Privileged Status Associated with Being Pregnant

Special Status Given to Pregnant Women—In the final category, the women spoke about the privileged and special status that they received during their pregnancy. This theme is illustrated in Carmen's own words:

It feels special to be pregnant and, in my culture, when you see a pregnant woman, you offer her help. We are treated more special than when we are not pregnant. It is a special status due to being pregnant. You are treated in a way you aren't normally treated.

The overall message was that the status of pregnant women is elevated because of the perception that they need to be cared for and looked after more than when they are not expecting. For example, Daimí explained, "I think pregnant women are superior because you need much more care and to be treated better. It is a necessity that you feel." Natasha shared a similar experience, noting, "When you are pregnant, you are privileged. It's something you need. Since you are pregnant, you need more attention." According to Amelia,

I get more attention. Everyone makes sure that I get what I need, that I don't have any accidents. It makes me feel special because it's something that you don't

experience when you aren't pregnant. They give you more attention when you are pregnant.

The women were also asked to provide concrete examples of the different ways their special status was recognized in their daily lives. They discussed the extra care that they received during their pregnancies, and they noted they were often told to relax, rest, and not do anything. For example, Martha explained,

I feel like my family appreciates me more. They are always trying to take care of me now that I am pregnant. They don't let me do anything. They want me to rest. They call me and ask how the baby and I are doing.

Similarly, Melida said, "Sometimes I am in the living room and visitors come, so I get up to give them water, but I am told not to stand up and to stay seated. Things like that. They do lots of things for me that I could have done alone." Women shared that their family members insisted on helping them with their daily tasks, such as carrying items for them, getting them water, bringing them food, spoiling them, and helping them clean. Carmen explained,

I've noticed that my family is very attentive. If I want water, ice, or something to eat, they bring it. It's that extra special attention that you don't normally experience when you are not pregnant.

Other women described how their friends and family often called to see how they were doing, to make sure that they were healthy, or to ask about the baby. For instance, Anna was surprised to receive this attention from people with whom she had not spoken in years. Other women also shared that their friends and family visited them, gave them support, expressed their happiness for them, and treated them with more patience than they normally had in the past. Overall, the women welcomed this special attention. Daimí explained that the attention she received made her feel good, as if she was "on another level because she is pregnant." However, Melida wished she was treated more normally:

Sometimes, I would like them to treat me normally because there are times when I can do the things myself, and it is good for me to move. They don't understand that I need more exercise, but it is part of the culture.

Discussion

Summary of Results

The purpose of this study was to describe the experience of pregnancy anxiety among Latinas living in the United States, as well as to understand their attitudes and beliefs about pregnancy and the transition to motherhood. Overall, the Latinas in the present study felt that experiencing anxiety about their pregnancies was normal. They were specifically fearful about childbirth, their baby being born with a birth defect, or losing the baby. Furthermore, the women described how they coped with their fears and anxiety by distracting themselves, praying, or talking to their loved ones. For some women, the sociopolitical climate made them more distressed during their pregnancies; however, other women did not feel affected. In terms of beliefs about pregnancy and the transition to motherhood, the Latinas in the present study said that pregnancy warrants respect and is a blessing from God and that

women should feel lucky to be pregnant. Moreover, the importance of maintaining a healthy pregnancy, family involvement in their pregnancies, and the privileged status associated with being pregnant also emerged as themes in the data.

The Experience of Pregnancy Anxiety

Whereas past researchers have found that Latinas may be particularly anxious about their pregnancies (Ramos et al., 2019), the present study suggests that anxiety surrounding a pregnancy may be normal or even expected among individuals from Latinx backgrounds, as the phenomenon appears to be understood by family and the broader cultural milieu. It is possible that these norms around pregnancy may affect women's anxiety, physiology, and pregnancy outcomes in ways that have not yet been examined in the literature. In terms of the specific aspects of pregnancy that were the most worrisome to the women, our finding indicating that Latinas were particularly worried about childbirth is consistent with prior research finding that Latina women fear childbirth (Scrimshaw et al., 1997). However, Scrimshaw et al. (1997) speculated that Latinas fear dying during childbirth and leaving their babies motherless because they might not understand the low risks of labor in modern hospitals in the United States. Our findings offer evidence that such fears about childbirth are at least partly fueled by prior birthing experiences. This pattern of results is consistent with previous work indicating that women who have had a prior negative birth experience often develop a fear of childbirth in subsequent pregnancies (Fenwick et al., 2015; Klabbers et al., 2016; Sheen & Slade, 2018; Wigert et al., 2020). In studies of non-Latina women, negative childbirth experiences have been shown to increase the risk of psychological problems, which impact women's everyday life, their emotional well-being, and stress symptomatology (Klabbers et al., 2016). These experiences have been associated with negative relationships with their infants and other family members (Beck & Watson, 2010).

Research on Latina childbirth experiences is scarce. One study examined traumatic birth experiences in adolescent Latina mothers, indicating that marital status, fear of dying, fear of loss of control, and partner violence are all related to the likelihood of appraising the birth experience as traumatic (Anderson, 2010). However, to date, no study has examined the predictors or impact that negative childbirth experiences may have on adult Latina mothers. It is important to highlight that 10 of the 14 women in the present study had previously given birth. In general, pregnancy anxiety is higher for women who have not previously given birth (Dunkel Schetter et al., 2016); however, parity may affect pregnancy anxiety experience for Latinas differently, particularly if they have prior traumatic childbirth experiences. Future studies can further investigate how prior traumatic childbirth experiences may influence the perinatal mental of Latina mothers in their subsequent pregnancies, and the predictors of such experiences.

Fears about losing the baby were partly fueled by knowing that the first trimester of pregnancy is the riskiest for the baby, and a few women who had experienced prior miscarriages feared that it could happen again in their current pregnancies. These findings are in line with previous research on patterns of pregnancy anxiety throughout the course of gestation, indicating that expecting mothers are often the most anxious during the first

trimester of pregnancy (Woods-Giscombé et al., 2010), when there is the greatest risk for pregnancy loss. Our findings also align with prior research on psychosocial predictors of pregnancy anxiety, indicating that women with a history of miscarriage have an increased risk of being anxious during their subsequent pregnancies (Fertl et al., 2009; Shapiro et al., 2017; Woods-Giscombé et al., 2010). Specifically, Fertl et al. (2009) found that in a German sample of pregnant women, those with a prior miscarriage had higher levels of pregnancy anxiety than women without prior miscarriages and that early pregnancy-related fear was significantly correlated with complications during delivery. Considering these findings, it is worth assessing levels of pregnancy anxiety in Latina women who have experienced prior miscarriages. Such experiences increased pregnancy anxiety in the present study. Studies on the patterns and predictors of pregnancy anxiety among Latinas are rare in the literature. Our results take one necessary first step in narrowing this gap by revealing potential clues about which sources of pregnancy anxiety may be particularly salient for this growing subgroup of women living in the United States. This information contributes to a better understanding of the experience of pregnancy anxiety in Latinas. If these results are replicated in larger samples, they may lead to the development of targeted interventions that improve Latinas' pregnancy experiences and reduce their anxiety.

Attitudes and Beliefs About Pregnancy and the Transition to Motherhood

Cultural ideas regarding pregnancy and motherhood emerged in the data—specifically, that pregnancy warrants respect because of the life that women bring into the world and the sacrifices they make to be a mother. These themes are related to the traditional female value of *marianismo*, the female counterpart of *machismo*, in Latinx cultures. *Marianismo* is a set of feminine-specific values and expectations that encourages passivity, submissiveness, and chastity, and emphasizes the self-sacrificing mother who is blessed with moral superiority (Sampson et al., 2018; Stevens, 1973). A few studies have examined how the endorsement of this cultural value may be related to perinatal depression in Latinas (Albuja et al., 2017; Gress-Smith et al., 2013; Lara et al., 2016), with mixed results (Lara-Cinisomo et al., 2019). However, to date, no study has examined whether the endorsement of *marianismo*, or specific components of this traditional gender role, are protective or risk factors for prenatal anxiety. For example, it is possible that women who endorse *marianismo* may feel increased pressure from their families to live up to these cultural ideals and to sacrifice their needs when making prenatal decisions, such as whether to take medications that may increase the chance of birth defects. On the other hand, specific aspects of *marianismo* may be protective against anxiety, particularly if women are motivated to seek help and care from their families or care team when they feel anxious or overwhelmed and do not want their emotional health to put their babies at risk. These questions represent fruitful avenues of research that remain relatively unexplored in the context of Latina maternal mental health.

Our findings indicating that women considered pregnancy and motherhood as marvelous and grand were not surprising given prior research indicating that compared to African American women, Mexican American and Mexican immigrant women reported feeling more special, happy, and lucky about their pregnancies (Zambrana et al., 1999). Women in the present study also elaborated on God's role in their pregnancies and shared the view that their pregnancies were blessings from God. In light of these findings, an important

question in this area of work is whether religiosity is protective for maternal mental health in Latinas. Indeed, recent work indicates that religiosity, an important aspect of Mexican culture (Lerman et al., 2018), is protective against anxiety during pregnancy in women of Mexican descent (Osman et al., 2021). Osman et al. (2021) also found that religiosity buffered the effects of acculturative stress on anxiety symptoms during pregnancy, further demonstrating the importance of investigating the potential moderating roles of cultural protective factors in the context of Latina maternal mental health. Notably, the women in the present study felt fortunate to be pregnant because they knew of other women who struggled to conceive. Future studies could investigate how anxiety about pregnancy (even when not pregnant) and the stigma of infertility may influence reproductive mental health in Latinas more broadly.

The results also indicated that women felt that maintaining a healthy pregnancy was a major responsibility. They remarked that they had developed positive health behaviors, such as balancing activity and rest, as well as eating healthy foods. These findings raise questions about where Latinas learn about the importance of maintaining a healthy pregnancy to promote positive child outcomes. The current study reveals a potential answer: Family members were actively involved in these women's pregnancies. Future studies can further consider whether the responsibility of maintaining a healthy pregnancy contributes to Latinas' feelings of increased anxiety. Perhaps pregnant Latinas feel pressure to maintain a healthy pregnancy so as not to disappoint their family members, who are actively involved in their pregnancies. Alternatively, expectant mothers may feel that they might be blamed if something bad were to happen to their baby. It is possible that these sources of worry in Latinas are not captured in existing pregnancy anxiety scales. One future direction of this work is to develop a pregnancy anxiety scale specific for Latinas to more directly assess sources of distress that emanate from cultural sources.

Privileged Status Associated With Being Pregnant

Finally, many women revealed that pregnant Latinas receive a privileged or special status as a result of being pregnant. Although prior studies have found that Latina pregnancies are characterized as special, happy, and lucky (Zambrana et al., 1999), this study examined the different ways that their elevated status is recognized. A privileged status could have a positive impact on some aspects of Latina prenatal health, but it could also negatively influence Latina postpartum emotional health. For example, Latinas may have higher self-esteem during their pregnancies; however, they presumably lose this special status after giving birth, which could be distressing for some women. Future studies should expand on these findings by examining whether the loss of privileged status after childbirth may have negative postpartum consequences.

Strengths and Limitations

A key strength of the study design was that the procedures of recruitment and data collection were all conducted in Spanish. This approach allowed for rich conversations regarding culturally relevant topics, promoting linguistic, social, and cultural nuances. Furthermore, this work was based on a program of research on pregnancy anxiety that included theory and findings of the significance of this concept within the larger cultural context. The limitations

include that the sample was comprised of a small number of participants of mostly Mexican descent living in a large urban area of the western United States. Thus, the findings may not represent the larger population of Latinas who come from many Caribbean and Central and South American countries. There may be cultural variations within Latinas that are not yet understood. Nonetheless, these results provide a basis from which to generate further theoretical premises and testable hypotheses.

In addition, the decision to conduct fewer focus groups and more individual interviews than originally planned could have potentially influenced the data. This decision was made because the research team felt that it was imperative to accommodate to the needs of the participants, many of whom shared that it would be difficult for them to return to the clinic for the group discussion due to unreliable transportation, childcare challenges, and work schedules. Thus, switching to individual interviews afforded the participants more flexibility because they could be interviewed at a place and time that was convenient for them. While the study team used the same open-ended question guide to facilitate the focus group and individual interviews, it is important to note that focus groups capitalize on the interactions between participants and the dynamics of the group; thus, conducting fewer focus groups could have limited the range of attitudes, experiences, and ideas collected in the data (Guest et al., 2017). However, the one-on-one individual interviews allowed the researcher to build strong rapport with the participants, yielding more in-depth insights on their beliefs, experiences, and attitudes surrounding pregnancy and motherhood.

This study was not intended to be comparative, but additional research on women of other underrepresented backgrounds would be useful to understand aspects of pregnancy anxiety and beliefs about pregnancy that are specific to Latinas versus those that are common among women across different cultural backgrounds. The same experiences tied to pregnancy anxiety may or may not be felt among women of other cultural backgrounds, and such understanding deserves further attention.

Conclusion

This study provides valuable new information about the experience of pregnancy anxiety and beliefs related to pregnancy. Prior research has found that pregnancy anxiety predicts shorter gestational length, particularly for Latinas (Ramos et al., 2019), and this study takes a necessary step in revealing specific themes that may be important to consider in the context of Latina perinatal health. These results may guide future investigations of this distinct prenatal experience with the goal of improving the pregnancy experience of Latinas. These findings represent a step forward in understanding the role of culture on maternal affect in Latinas at a crucial time in their childbearing years.

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Public Significance Statement

This qualitative study of Latinas living in the western United States indicates that the childbirth process, losing the baby, and the baby being born with a defect were the main sources of pregnancy anxiety. The results of this study provide new directions that will be important to consider in future work on the Latina pregnancy experience, such as feeling lucky to be pregnant, believing that pregnancy is a blessing from God, and the importance of family involvement in maintaining a healthy pregnancy. Raising awareness about maternal mental health in Latinas may help public health researchers and clinicians reduce the risk of adversity that pregnancy anxiety can confer during pregnancy and in the transition to motherhood.

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Table 1

Qualitative Themes and Sub-themes

Theme	Sub-theme
1. The Experience of Pregnancy Anxiety	Anxiety About Pregnancy is Normal Fears About Childbirth Fears About the Baby Being Born With a Birth Defect Worries About Losing the Baby Sociopolitical Climate in the United States Affecting Moods During Pregnancy How Women Coped with Their Pregnancy Anxiety
2. Attitudes and Beliefs About Pregnancy and the Transition to Motherhood	Pregnancy Warrants Respect Pregnancy Is a Blessing From God Women Should Feel Lucky to be Pregnant Women Should Maintain a Healthy Pregnancy Family Involvement in Pregnancies
3. Privileged Status Associated With Being Pregnant	Special Status Given to Pregnant Women