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Stress and Resilience Factors Characterizing Pandemic Experiences of Low-Income Pregnant and Postpartum Latine Mothers

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Lingering effects of the COVID-19 pandemic are still of grave concern to families within the U.S. Latine community, as prepandemic disparities in health care and economic stability were significantly exacerbated by the global crisis (Martínez et al., 2021). In this mixed-methods study, we interviewed 42 pregnant and postpartum Latine mothers from low-income households living in the New York City Metropolitan area to better understand pandemic-related challenges and potential sources of support unique to this group of women. First, we identified broad themes related to specific psychosocial stressors impacting Latine mothers and their families. Second, in an effort to investigate coping strategies that may buffer feelings of persistent stress, mothers were divided into sustained-stress and tapered-stress groups based on reported levels of perceived stress during the height of the pandemic (March–April 2020) compared to the time of interview (August–December 2020). These two groups of mothers were significantly different on levels of posttraumatic stress disorder symptoms, social support, and perceived discrimination. Notably, mothers in the tapered-stress group who reported lower levels of stress at the time of interview described experiences of being distracted by daily activities or by family members as a coping mechanism. Together, these findings highlight the need to address structural barriers and improve access to mental health support in order to mitigate continuing sources of pandemic-related stressors for Latine families.

Public Significance Statement
Latine mothers from lower income households reported on their experiences during the pandemic. Stressors related to mental health, social support, immigration status, and general structural inequities were reported. Mothers who described coping strategies that involved being distracted by daily activities or family members reported lower perceived stress scores at the time of the interview.

Keywords: COVID-19, pregnancy, postpartum, stress, parenting

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The COVID-19 pandemic disproportionately impacted the U.S. Latine community via multiple systemic pathways. Overrepresentation within essential or frontline jobs, lack of access to health insurance or medical care, and restrictions around government services and benefits are just some of the major factors contributing to the widening of health disparities and increased economic distress experienced by Latine families during the pandemic (Macias Gil et al., 2020; Salgado de Snyder et al., 2021). These pathways can be traced, in part, to inequities stemming from immigration status and discrimination. For example, immigrants from Latine communities are more likely to be employed as low-wage essential workers, particularly in the agricultural and service industries, and therefore could not comply with stay-at-home policies (Jason et al., 2023). Although Latine workers were more likely to use masks and comply with social distancing guidelines than the average American, workplace conditions and lack of access to personal protective equipment resulted in an increased risk of COVID-19 infection and illness (Center for Disease Control; Rubenstein et al., 2021). It is therefore not surprising that COVID-19-related hospitalizations and deaths were particularly high for the Latine community—one out of 412 Latine children had a caregiver die from the virus, compared to one out of 753 within White families (Hillis et al., 2021). These estimates were likely compounded by the fact that rates of health insurance coverage for Latines are the lowest of all racial/ethnic groups within the United States (Agency for Healthcare Research and Quality, 2018).

Inability to access government benefits and resources is a significant issue for immigrant families, oftentimes because families avoid seeking formal assistance due to fear of deportation within mixed immigration status households (Doshi et al., 2020). This fear was further amplified during the pandemic with a rise in anti-immigration sentiments by the Trump administration (Rami et al., 2023). Relatedly, linguistic and/or cultural barriers are also frequent obstacles to receiving government assistance. Despite making up the largest ethnic minority group in the United States, health care and governmental support systems are mostly tailored to serve English speakers, which impacts the quality of care and resources that individuals with limited English proficiency may receive (Timmins, 2002). For example, more than 4 million Latines who are eligible for the Supplemental Nutrition Assistance Program do not participate. This discrepancy could be attributed to anti-immigrant policies, as well as a lack of culturally and linguistically appropriate information provided to the Latine community about accessing government benefits, which in turn further exacerbate financial and mental health stressors experienced by these families.

Maternal Mental Health During the Perinatal Period

Despite these various forms of oppression and injustice, studies have shown that pregnant and postpartum Latine mothers oftentimes persevere through these adversities for the sake of their families and to ensure the well-being of their children (Ayón et al., 2018). But the wide-reaching effects of the COVID-19 pandemic may have presented an insurmountable challenge for some. Mental health symptoms during pregnancy have increased since the start of the COVID-19 crisis (Ayaz et al., 2020), and rates of perinatal (broadly defined as the duration of time during pregnancy and the first 12 months after delivery) depression and anxiety during the pandemic have been estimated to be around 33% and 36%, respectively (Cameron et al., 2020). Even prior to the start of the pandemic, rates of major depressive episodes in Latine adults have been increasing (Mental Health America, 2018), and a recent study reported that rates of both anxiety and depression worsened for low-income Latine immigrants during the early months of the pandemic (Serafini et al., 2021). Furthermore, there seems to be unique stressors experienced by Latine mothers specifically. For example, Latine mothers often report more difficulties in handling caregiving responsibilities than Latine fathers (Noe-Bustamente et al., 2021), but discrepancies in reports could be associated with mothers in the United States having more childcare and housework responsibilities than fathers overall (Zamarro & Prados, 2021).

Unfortunately, experiences related to immigration, acculturation, and intergenerational trauma make it harder for this specific population to talk about their mental health, which is oftentimes culturally stigmatized (Chang, 2019; Rami et al., 2023). Past studies have shown that mental health stigma in Latines is significantly associated with shame and discrimination, impacting treatment seeking (DeFreitas et al., 2018). Furthermore, previous research has reported that Latine women

in New York City experience significant obstacles in accessing screening and treatment services for postpartum depression (Manso-Córdoba et al., 2020). Finally, the presence of social support is another important factor influencing maternal mental health. One meta-analysis concluded that social support from family and friends reduces anxiety and promotes feelings of security (Harandi et al., 2017). A recent study on Latine mothers demonstrated that social support was inversely associated with psychosocial distress, including symptoms of depression, anxiety, and suicidal ideation (Levine et al., 2020). Together, these studies highlight the importance of interpersonal support to improve mental health and well-being during the perinatal period.

Resilience and Coping Strategies

In addition to the pandemic-related stressors that may increase risk of maternal psychosocial distress, it is important to identify ways in which Latine families have managed to effectively cope during periods of heightened stress. Resilience refers to one's ability to adapt in the midst of threatening circumstances, which may impact development, survival, and function (Masten, 2018). Resilience has been characterized as stemming from "the magic of the ordinary," referring to the resources present in individuals, families, and communities (Masten, 2018). In regard to resilience among mothers during the pandemic more generally, one study analyzed stressors and protective factors in a sample of majority White, non-Hispanic pregnant women during the pandemic and found that access to outdoor space and healthy behaviors (e.g., eating well, sleeping enough, exercising) buffered against the impact of prenatal stress (Preis et al., 2020). Moreover, adherence to routines and increased connections with family members may also be important (Bates et al., 2021; Eales et al., 2021).

In the present study, we aimed to highlight strategies that may have bolstered pregnant and postpartum Latine mothers' ability to cope with various pandemic-related stressors. Previous research has found that family functioning, partner support, and positive religious coping may be associated with lower levels of depression and anxiety (Slopen et al., 2022). Scholars have identified an "adaptive culture" which encompasses values, goals, and attitudes unique to minoritized families in the United States that may promote resilience in the face of adversity (García Coll et al., 1996; García Coll & Szalacha, 2004). Therefore, it is important to better understand both the resources and values within the Latine community that may underlie their experiences of stress and resilience. Resilience does not exist in isolation, rather it stems from the interplay of the individual and family in social contexts (Masten, 2018). Adopting a lens of collective coping, which actively considers the well-being of others and engages in actions rooted in cultural values (e.g., familism), such as reframing situations, seeking family support, and relying on spirituality (Kuo, 2013), is essential. Relatedly, the idea of *familism*, or ideas around putting family first, maintaining strong emotional and physical connections with family, supporting family members during difficult times, and upholding familial honor, is heavily promoted within the Latine community (Steidel & Contreras, 2003) and has been found to play a protective role against stress (Cahill et al., 2021).

It is important to acknowledge the historical and political context that impacted minoritized communities leading up to the pandemic, including an increase in anti-Latine rhetoric and discriminatory immigration policies (Canizales & Vallejo, 2021). A study exploring coping mechanisms among Mexican origin adolescents and their parents in response to ethnic-racial discrimination in the United States found that families often worked together to cope. For example, participants reported reframing experiences of discrimination by emphasizing cultural pride, actively protecting themselves by avoiding the news, and engaging in problem solving with family members (Martin Romero et al., 2022). Which coping mechanisms were beneficial to Latine mothers and whether endorsement of familism mitigated stressors during the pandemic have yet to be investigated.

The Present Study

The pandemic exacerbated the structural barriers and psychosocial stressors experienced by Latines in the United States, and despite the disproportionate impact of the pandemic on these households, disparities exist in the amount of research and attention focused on lower income or immigrant families, compared to more affluent, White families. Consequently, our ability to better understand lived experiences surrounding challenges and sources of support for the most impacted families is limited. The small number of studies

highlighting experiences of Latine mothers during the COVID-19 pandemic has focused on social determinants of health, economic implications, and maternal psychological distress (Hibel et al., 2021; Tabak et al., 2021). Furthermore, past work examining the coping strategies of Latine families based on reports from community health workers during the COVID-19 pandemic found that families engaged in coping strategies such as social support from family (familism), spirituality, and engagement in distracting activities (Garcini et al., 2022). The overall goal of this mixed-methods study is to center the voices of low-income pregnant and postpartum Latine mothers and highlight their experiences of stress and support during the pandemic. The first research question aims to better understand the factors that contributed to experiences of stress during the pandemic, whereas the second research question examines if specific coping strategies (i.e., familism, spirituality, and engagement in distracting activities) may have alleviated these feelings of stress.

Method

Participants

Sixty-nine pregnant and postpartum Latine women were recruited through social media platforms and a database of families who were recruited from community events, health care providers, flyers, and community services around the New York City metropolitan area. Eligibility criteria included identifying as Hispanic or Latine, being pregnant or having a child younger than 3 years of age, and living within the New York metropolitan area. In order to center experiences of families who were most impacted by the pandemic, this specific analysis will focus on mothers from low-income households (self-reporting household income below $60,000), with a final sample size of 42 (see Table 1). All mothers provided informed consent, and research procedures were approved by the New York University Institutional Review Board.

Table 1
Participant Demographics

Demographic variable	*M* (*SD*) or *N* (% of sample)
Maternal age	31.7 years (5.2)
Pregnancy status	
Pregnant	29 (69%)
Postpartum	13 (31%)
Marital status	
Single	9 (21.4%)
Married or partnered	28 (66.7%)
Divorced or separated	4 (9.5%)
Other	1 (2.4%)
Employment status	
Working full time	12 (28.6%)
Working part time	6 (14.3%)
Stay at home caregiver	6 (14.3%)
Unemployed	18 (42.9%)
Annual household income	
Less than $10,000	9 (21.4%)
$10,000–$30,000	19 (45.2%)
$30,000–$50,000	9 (21.4%)
$50,000–$60,000	5 (11.9%)
Household composition	
Number of adults	2.5 (1.3)
Number of children	2.1 (1.1)
Family country of origin	
Mexico	10 (23.8%)
South America (Colombia, Ecuador, Peru)	9 (21.4%)
Dominican Republic	7 (16.7%)
Central America (Honduras, Guatemala, El Salvador)	5 (19.1%)

Procedure

We developed a semistructured mixed-methods interview protocol and included sociodemographic questions at the beginning of the interview. Open-ended questions exploring mothers' experiences regarding prenatal and postnatal care, family health, financial/employment security, and child-care/education were then asked. Finally, surveys of stress and standardized assessments of maternal mental health and social dynamics were evaluated at the end of the interview. An initial pilot study ($n = 4$) was performed to identify duration of interview and to determine the final interview questions. Team members reviewed the recording of the pilot interviews and discussed modifications to the length of the interview and sensitivity of the questions asked before proceeding with formal data collection. Interviews were conducted by five research assistants who were trained in qualitative interview techniques. All of the interviewers identified as women, three of them spoke Spanish, of which two identified as Latine. Responses were collected over audio ($n = 17$) or video ($n = 25$) calls and lasted approximately 45 min (range = 25–123 min). Data collection occurred between August 2020 and December 2020. Interviews were transcribed verbatim and coded by two Master's level research assistants who were native Spanish speakers. Interviews conducted in Spanish (69%) were translated for reporting purposes, but all coding was conducted in the original language. All identifying information was removed from transcripts before being imported into Dedoose (V. 9.0.46).

Measures

Sociodemographic Questionnaire

Demographic information including age, race, ethnicity, and country of origin was asked. Additional questions regarding the highest level of education, marital status, and annual household income were also included.

Maternal Stress Ratings

Retrospective questions regarding perceived stress levels during the peak of the pandemic (March/April 2020), as well as current feelings of stress on the day of the interview (August 2020 to December 2020), were also included. Mothers were specifically asked, "From 1 to 7, with 7 being the most stressed, how stressed were you at the peak of the pandemic?" They were also asked this question with regard to how stressed they currently felt on the day of the interview.

Maternal Mental Health and Social Dynamics

The following measures were used to determine emotional, social, and mental health status of Latine mothers at the time of the interview. Cronbach's α values for each measure, as well as information about the validation or use within Latine communities, are included below.

Edinburgh Perinatal/Postnatal Depression Scale. The Edinburgh Perinatal/Postnatal Depression Scale is a 10-item self-report scale assessing the common symptoms of pregnant and postpartum depression (Cox et al., 1987; current sample Cronbach's $\alpha = .75$). Participants are asked to respond to a statement and indicate the answer that comes closest to how they have felt in the past 7 days. For example, for the question "I have been able to laugh and see the funny side of things," the participants can indicate, "As much as I always could," "Not quite so much now," "Definitely not so much now," or "Not at all." Higher scores indicate more depressive symptoms, with scores above 13 considered clinically significant. The Edinburgh Perinatal/Postnatal Depression Scale has been previously validated with samples of mothers in Spain (Garcia-Esteve et al., 2003) and Mexico (Vázquez & Míguez, 2019).

Posttraumatic Stress Disorder Checklist for the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition. The Posttraumatic Stress Disorder Checklist for the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition is a 20-item self-report measure that assesses the 20 *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition symptoms of posttraumatic stress disorder (Weathers et al., 2013; current sample Cronbach's $\alpha = .76$). Participants rate how much of a problem described in the statement bothered them over the past month on a 5-point scale from 0 (*not at all*) to 4 (*extremely*), and item scores are summed for a total score ranging from 0 to 80. Higher scores indicate greater levels of posttraumatic stress disorder (PTSD) symptomatology, with scores above 31 indicative of probable PTSD. The Posttraumatic Stress Disorder Checklist for the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition has been validated with a

sample of mothers living in Mexico (Durón-Figueroa et al., 2020).

Familism Scale. The Familism Scale is an 18-item measure to assess four components of attitudinal familism: the family comes before the individual, familial interconnectedness, familial reciprocity in times of need, and familial honor (Steidel & Contreras, 2003; current sample Cronbach's $\alpha = .90$). The items are scored on a 10-point Likert scale ranging from 1 (*strongly disagree*) to 10 (*strongly agree*), with higher scores indicating greater sense of familism. This scale was created specifically for use with Latine populations (Steidel & Contreras, 2003).

The Everyday Discrimination Scale. The Everyday Discrimination Scale is a nine-item measure of chronic and routine unfair treatment in everyday life (Williams et al., 1997; current sample Cronbach's $\alpha = .82$). Participants are asked how often they experience unfair treatment in their day-to-day life on a 6-point Likert scale ranging from 1 (*never*) to 6 (*almost every day*), with higher scores indicating greater perceived discrimination. The Everyday Discrimination Scale has been used in large-scale studies to examine perceived di (Rubenstein et al., 2021) scrimination across Latine subgroups in the United States (Pérez et al., 2008).

Medical Outcomes Study Social Support Survey. A six-item Medical Outcomes Study Social Support Survey (Sherbourne & Stewart, 1991; current sample Cronbach's $\alpha = .90$) was administered to measure tangible support, affectionate support, positive social interaction, and emotional or informational support. Each item has a 5-point Likert response ranging from 1 (*none of the time*) to 5 (*all of the time*). The total was calculated by summing all responses, with higher scores indicating greater social support. The Medical Outcomes Study Social Support survey has been used to assess perceived social support within samples of Latine adults (Guntzviller et al., 2020; Sanchez et al., 2019).

Analyses

An exploratory mixed-methods design (Creswell, 2015) was used to uncover themes of stress and coping among Latine mothers during the pandemic. To code the data, a hybrid deductive/inductive approach (Braun & Clarke, 2013; Fereday & Muir-Cochrane, 2006) was implemented whereby initial general themes were created by the authors based on salient topics that emerged during the full-length interview, but specific codes and subthemes were identified from interview data. Qualitative analyses focused on two open-ended questions regarding concerns and resources during the pandemic: (a) *What are the major concerns you have for your family right now?* and (b) *What was helpful to you and your family in managing stress?* In specific instances where the participant had expanded on their response earlier in the interview, those sections were also coded. Two coders assessed codes across 25 excerpts, and interrater reliability of $\kappa = .87$ was reached. For the quantitative analyses, in an effort to examine experiences that may influence feelings of persistent or chronic stress, we divided participants into two different groups based on maternal stress ratings: (a) *sustained-stress* group who reported high levels of perceived stress at both the height of the pandemic and on the date of the interview and (b) *tapered-stress* group who reported high levels of perceived stress at the height of the pandemic but reported lower levels of stress on the date of the interview. Descriptive statistics and *t* tests were conducted to examine differences between the two groups with regard to sociodemographics, mental health, and maternal experiences and values. Differences and similarities in experiences of stress and coping strategies were also examined within the interview responses across these two groups.

Results

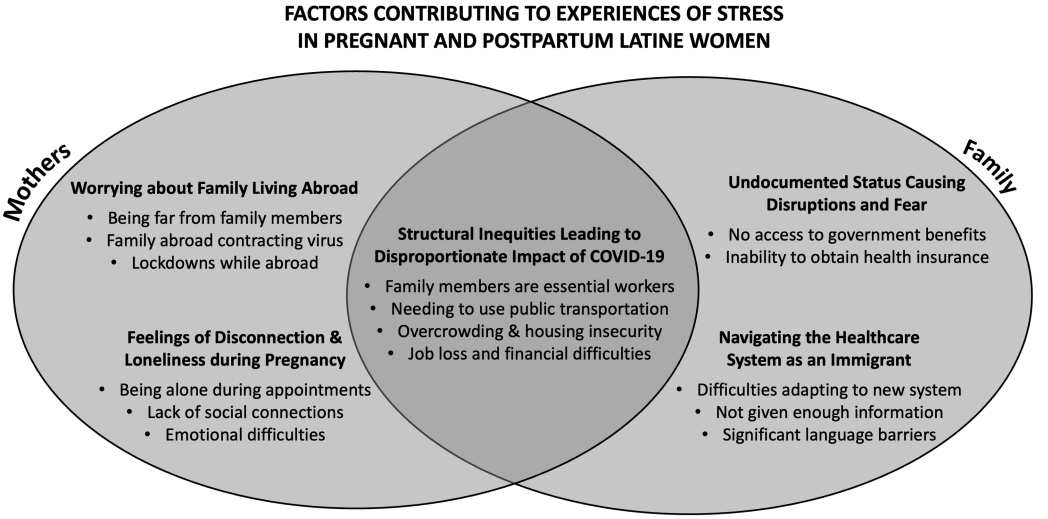
Research Aim 1: What Factors Contributed to Experiences of Stress for Latine Mothers?

From the interviews, five broad themes emerged: (a) structural inequities leading to disproportionate impact of COVID-19, (b) worrying about family living abroad, (c) feelings of disconnection and loneliness during pregnancy, (d) undocumented status causing disruptions and fear, and (e) navigating the health care system as an immigrant (see Figure 1).

Structural Inequities Leading to Disproportionate Impact of COVID-19

A majority (81%) of participants reported stressors related to structural inequities. For example, mothers reported high levels of anxiety associated with potential exposure to the COVID-19 virus, and

Figure 1
Themes and Subthemes Identified in the Interviews



Note. Themes on the left side were stressors that pertained to mothers' mental health and social support. Themes on the right side were linked to family immigration status. The theme of structural inequities depicted in the middle was central to the experiences expressed by a majority of the Latine mothers in the sample.

this increased exposure was oftentimes attributable to a household member being an essential worker (62%) or needing to use public transportation (69%). One pregnant mother whose father was an essential worker during the height of the pandemic expressed:

> My dad continued to work because he works for the transportation state. He needed to leave the house and use public transportation regularly. I also had to use public transportation to go to my prenatal care checkups. My dad used it every day. It was scary because he was exposed to the virus. (MN_048)

Many of the participants who worked in restaurants, hotels, nail salons, or childcare centers lost their jobs permanently. One participant described cascading effects:

> Right when I found out I was pregnant, quarantine began, at that time my partner and I both lost our jobs. This was in March. We also had to move, but it was difficult because we had to pay rent, buy food, buy things for the baby, and pay for healthcare. It was very stressful. (MN_048)

Essential workers also experienced distress during the pandemic due to an increase in work hours, and families who were expecting also had to make sure they had the resources available. "Since my husband is an essential worker, he went from working 5 days to working 7 days. With rent not being forgiven and with the baby on the way, he had to work" (MN_009).

After experiencing changes in employment, some families struggled to pay their rent or had to change their place of living. Concerns about health during the pandemic were often linked to experiences of housing instability and/or crowding—both of which made it difficult to physically distance from nonfamily members, leading to increased risk of exposure to the COVID-19 virus. One participant said: "It was hard for us because when COVID hit, most of our roommates were unemployed and they had to move out, so we had to pay most of their share of the rent. It was financially harder for us" (MN_033). The same participant shared that due to the financial strain, her brother-in-law and his family moved in with her family, increasing the number of people in the household who could transmit the virus to her and her baby. She added, "More people moved in. We had to make the decision to risk more people living here with COVID because of financial problems" (MN_033). Overall, many mothers expressed that they were already experiencing economic difficulties prior

to the start of the COVID-19 crisis, and these prepandemic structural inequities only exacerbated difficulties for these families as the global crisis unfolded.

Worrying About Family Living Abroad

Many mothers (42%) reported having immediate or close extended family members living apart from them, predominantly in their country of origin. When asked about major concerns for her family, a participant reported, "I am more worried about my family in Colombia right now because the effects of COVID are beginning there, people are going to be more exposed because they just started opening schools and universities" (MN_006). The inability to be with family members heightened feelings of stress. One pregnant mother expressed: "I think my level of distress is more personal, that my family cannot come to visit me or things like that, more than the illness" (MN_001). Other women experienced stressors related to lockdowns while being abroad:

> I traveled with my whole family, including my siblings and my parents, to Ecuador the first week of March for my wedding. Everything was beautiful, but unfortunately, the pandemic reached us while we were in Ecuador. My sisters and my nephews were able to return to the U.S., but my parents, my brother, and I had to stay in Ecuador because the airports closed. During all this, my brother got sick from COVID and my father, who was a doctor in Ecuador, took care of him. Thankfully, my brother got better, but unfortunately my father got sick from COVID and passed away towards the end of March. At that point, my husband and I did not know I was pregnant. (MN_040)

Not knowing when border closures and lockdowns would be lifted, along with heightened distress regarding family members residing in other countries, created an environment of severe uncertainty and stress. These geographical barriers between family members led to increased feelings of isolation and apprehension about their family's future.

Feelings of Disconnection and Loneliness During Pregnancy

Socioemotional difficulties and loneliness were described by some participants (12%), from not being able to see friends during the pandemic to feeling disconnected from their immediate and extended family members; this was particularly the case for recent immigrants. "Due to the short time that we have been here, we don't have many friends" (MN_022). The pandemic even made it harder for Latine mothers to connect with their partner, and some mothers described significant difficulties managing symptoms of psychosocial stress. Border closures also caused disruptions in social connections and family relationships:

> At the moment, my husband in Ecuador is not working. The financial crisis is very large due to COVID. It is frustrating to watch it happen from here. He also has his medical conditions and he needs medications. He doesn't receive the same kind of medical care I do here. He can't come here yet because everything is closed, and we cannot do the paperwork to proceed with the process of him coming to be with us. Unfortunately, he will have to meet the baby virtually at first, but we will figure it out afterwards. (MN_040)

Even though the majority of participants (66.7%) were partnered or married when they were interviewed, they described many instances of being alone and indicated that the joy of pregnancy could not be a shared experience, "For the sonogram to see the baby, I had to go alone due to them only allowing one person. So, I felt it was not an exciting experience for my husband since this is his first baby" (MN_011). Other women described feeling alienated during stressful situations: "It has been hard to attend my appointments alone and not have anyone to lean on after hearing scary news" (MN_040).

All of these stressors impacted maternal mental health, and participants described significant emotional difficulties:

> I suffer from anxiety and I take Zoloft. I had to increase my dose during the pandemic because I was not able to sleep at all. I was worrying and overthinking too much. Now that I am closer to my due date, I might have to increase my dosage again because I am always worrying about what is going to happen during labor and recovery. (MN_009)

Stress was also manifesting physically, as this participant described: "About two weeks ago I did not sleep, I felt stressed. I didn't even know what to do anymore. All my thigh muscles were contracting and I have been like that" (MN_004). Overall, feelings of disconnection, due to border closures and social distancing policies, led to decreases in both tangible and emotional social support. Most of the women interviewed reported feeling alone or scared during their pregnancy, with some specifically mentioning that the pandemic prevented their partners from being able to emotionally bond with

their child prenatally. These specific experiences may have contributed to participants' elevated mental and physical health concerns.

Undocumented Status Causing Disruptions and Fear

Although not a theme that a majority of the participants endorsed, an important concern was raised by some participants (24%) regarding family immigration status. Some participants described not having access to government benefits due to their legal status, for example:

> I had to start working online. I lost hours too. My pay was lowered too. I couldn't get unemployment even though my hours were reduced, we couldn't get the stimulus check because he is an immigrant and we were trying to get his papers but COVID stopped that. My husband couldn't work for 3 months. (MS_024)

A pregnant woman who migrated to the United States 3 months before the time of the interview reported difficulties getting health care for her daughter due to their legal status. She mentioned:

> We went to a private doctor because I took her (daughter) to start her regular pediatric follow ups and all of that but they told me once that, no, that if she was not a resident she was not eligible to receive health services and that she needed some insurance documents, but it was very difficult because she is not from here. So, we had to take her to a private doctor and so we have been with this doctor without insurance. (MN_022)

Participants who were recent immigrants or who had family members who were undocumented citizens faced additional pressures and stressors during the pandemic including lack of access to health care and government benefits. These obstacles most likely contributed to higher levels of financial strain and psychosocial distress that continued well past the height of the crisis.

Navigating the Health Care System as an Immigrant

Some mothers (19%) also reported significant difficulties in accessing and navigating the U.S. health care system as an immigrant. One pregnant woman reported,

> I can't compare because I haven't been pregnant before or in the U.S., where healthcare is not the same as it is in our Latin American countries, where everything is a lot more humane. Obviously, they prefer to do short appointments, so you don't talk a lot with the doctor. (MN_007)

Language also plays an important role when accessing health care as an immigrant. One mother reported difficulties accurately describing her symptoms in English and unfortunately was subsequently misdiagnosed. This resulted in the mother losing a significant amount of weight, experiencing high levels of pain, and ultimately having to be hospitalized.

> They checked me and told me I was mostly bloated due to a urinary infection. I went to my PCP but I did not feel that I was receiving quality care. I speak Spanish but I am learning English and I usually like to have an interpreter to avoid missing information. That day, the doctor came in and said—What is wrong now? Why is she asking so many questions? Her symptoms are normal and she just needs to take medication for the urinary infection. I tried to ask other questions but they told me everything was ok. I left very upset because I felt like they had not listened to me and the pain I was in. Then I had to go back to the hospital the next week and they found that I did not have a urinary infection and transferred me to another hospital, where they found I needed an urgent gallbladder surgery. (MN_040)

Simply moving to another country alone may be stressful, but doing so while pregnant and facing instances of discrimination are likely to lead to significant emotional distress. Immigrants routinely face linguistic and cultural barriers in accessing health care, and these social determinants of health have most likely contributed to the increased rates of hospitalizations and deaths experienced within the Latine community during the pandemic.

Research Aim 2: What Coping Strategies Alleviated Feelings of Stress?

General Coping Strategies

Despite difficulties during the height of the pandemic, many mothers were able to demonstrate strength and resilience in response to these many stressors and noted several sources of support or coping strategies to help them persevere.

Family Time at Home. The majority of the participants ($n = 24$; 57%) mentioned that time spent at home with their family was a helpful resource to reduce stress during the pandemic. One mother commented, "The truth is that being together as a family. I would not have been able to go through everything I have been through, like losing my father and being pregnant, without my mom, my sisters, and my niece at home" (MN_040).

Another participant mentioned how spending time at home with her children was helpful in combating high levels of stress, specifically mentioning the lack of down time she had prepandemic: "It was nice to spend more time with the children. In this country, with the lifestyle one lives, we don't always have time to spend with the children" (MN_047). Although these participants experienced difficult situations, they mentioned being together with their families was beneficial.

Spirituality. A couple of mothers indicated that their faith or spirituality gave them strength. The following is an example of a religious family who benefited from spirituality:

> Well, we are very Catholic. I think that is what helped us. We like to pray as a family as we reassure each other. Thank God there is no one who is in despair or panicked or anything like that. We are all very calm. That helped us, the faith and having someone to believe in and pray. (MN_022)

The same mother had COVID-19 and was pregnant at the time of the interview and reported she relied on God to make sure her baby was going to be healthy. She mentioned: "I only ask God, he is born in a week that is fine for the baby. I do not plan anything; I only ask God that everything is fine and that it is in the time it should be" (MN_022). For these families, praying and having faith helped them alleviate their feelings of stress and being uncertain about the future.

Virtual Connection. Many mothers reported that living far from their families in other countries was a significant source of stress, but participants found virtual connection through FaceTime, Zoom, and phone calls to be very helpful during the pandemic. A pregnant participant from Guatemala said that video calls were a resource to connect with her family abroad: "My mom who is in Guatemala calls me sometimes through video calls. My two other children are also in Guatemala" (MN_010). A participant reported that virtual connection has always been a useful resource: "I have been communicating by phone with people for a long time now. My family and many of my friends do not live here" (MN_020). As stated by these mothers, they found a source of support when connecting with their families abroad virtually.

Mental Health Support. An important but infrequently cited source of support within the interviews was access to mental health services or resources. Only a couple mothers mentioned specific instances of support in this domain, but one mother did note: "Well, we have received a number where they give us counsel and they help us with advice. Made use of a center that helps people with any questions and concerns they have during this time" (MN_041). For this participant, finding a mental health provider in her native language and with the same country of origin was very helpful, highlighting the need for linguistically and culturally appropriate services. In this case, virtual connection also played an important role: "I also talked to a psychologist that was a Dominican from my country that I could call and talk to" (MS_023). Although not a formal source of mental health support, other participants mentioned using physical activity and exercise as a way to cope with stress: "Well, for me going for walks in the morning. But besides that, there is no other way. Going for walks helps me with stress" (MN_025). Having access to formal sources of mental health support was critical for women who experienced significant amounts of stress during these difficult times.

Coping Strategies Mitigating Chronic Stress

The preceding section alluded to general coping strategies to combat stress endorsed by individual mothers. Unsurprisingly, 93% of all mothers (39/42) reported very high levels of perceived stress during the initial height of the pandemic (March–April 2020; $M = 6.7$, $SD = 0.5$, range = 5–7), but there was much more variation in perceived stress levels at the time of the interview (August–December 2020; $M = 4.6$, $SD = 1.7$, range = 1–7). We wanted to examine what were the quantitative and qualitative factors that may have contributed to differences in stress levels at the time of the interview. To do this, participants were divided into two different groups based on maternal stress ratings: (a) *sustained-stress* group who reported high levels of perceived stress at both the height of the pandemic and on the date of the interview and (b) *tapered-stress* group who reported high levels of perceived stress at the height of the pandemic but reported lower levels of stress on the date of the interview. Responses of five out of seven or greater on the perceived stress questions were classified as high stress, whereas responses of four or lower were classified as low stress. Three mothers reported very low levels of perceived

stress during the height of the pandemic and were excluded from this analysis, resulting in 17 mothers in the tapered-stress group (high stress at peak, low stress currently) and 22 mothers in the sustained-stress group (high stress at peak, high stress currently). We found no significant differences between these two groups in relation to maternal age, maternal education, family income, or the duration of time between the height of the pandemic and interview (interview date), $ps > .36$ (Table 2). Although the distribution based on region of family origin was not statistically different between the two stress groups ($\chi^2 = 5.44$, $p = .14$), it is notable that mothers with the highest scores for PTSD did list more countries in Central America as their family country of origin.

On the quantitative side, scores for depression at the time of interview were not statistically different between groups ($p = .06$), but mothers who reported higher perceived stress at the time of interview (sustained-stress group) also reported more symptoms of PTSD ($M = 48.01$, $SD = 14.26$) compared to moms in the tapered-stress group ($M = 39.12$, $SD = 9.4$). Notably, average PTSD scores for *both* groups were above clinical thresholds. Finally, examining differences in maternal experiences and values, we found significant differences between stress profile groups for social support, $t(37) = 2.553$, $p = .01$, and discrimination, $t(37) = -2.49$, $p = .02$, suggesting that mothers who reported chronic levels of perceived stress were more likely to experience less social support ($M = 3.2$, $SD = 0.9$) and greater instances of everyday discrimination ($M = 11.59$, $SD = 7.1$) compared to mothers whose stress levels attenuated over time (social support $M = 3.9$, $SD = 0.8$; discrimination $M = 6.8$, $SD = 4.2$). There were no differences between groups on the familism score, $t(37) = -.43$, $p = .67$, as indicated in Table 2.

Examining differences in qualitative responses during the interview, mothers in both stress groups reported health concerns or financial issues as their primary concern for their family, and there were no differences within subthemes listed for pandemic-related stressors. When analyzing responses for sources of support or coping strategies used to combat stressors, both groups mentioned family time at home as their most helpful resource. However, an interesting result was discovered when exploring specific responses to what mothers were doing at home to manage their stress. Eight of the 14 mothers (57%) in the tapered-stress group described activities to keep themselves or their family "distracted" or "busy" in their responses to how they managed stress. Only four out of the 22 mothers (18%) in the sustained-stress group responded in a similar manner. Some of the responses describing sources of stress relief from mothers in the tapered-stress group are listed in Table 3. There were no other thematic differences between the two stress groups.

The quantitative analyses point to decreasing everyday experiences of discrimination, increasing social support, and providing mental health services to address preexisting trauma as targets of action in support of pregnant and postpartum Latine mothers. Examining potential factors within the qualitative interviews is also important as it potentially identifies an additional target of intervention, distractive coping (Nolen-Hoeksema, 2003), that may be effective for Latine mothers during periods of heightened stress—particularly when addressing larger structural inequities (discrimination, access to resources, and mental health treatment) may not be feasible during times of extraordinary crises like the COVID-19 pandemic.

Discussion

The goal of this mixed-methods study was to amplify the voices of pregnant and postpartum Latine women living in low-income households and identify unique sources of stress and support during the first year of the pandemic. Our interviews revealed that, unsurprisingly, mothers were primarily worried about their family's health, but this was in relation to family members living both in the United States and abroad. Additionally, preexisting structural inequities resulted in higher rates of essential workers within the Latine community as well as lack of access to resources and health care. On average, participants in this sample scored above clinical thresholds for PTSD symptoms and reported experiencing high levels of perceived stress at the height of the pandemic, potentially suggesting that these mothers were dealing with new feelings of psychosocial stress that may have been amplified by unresolved experiences of trauma. However, mothers' own mental health was not emphasized as much within interviews relative to family or household concerns.

With regard to coping strategies, many mothers reported that staying at home and being able to spend time with their family were helpful during the pandemic. Participants also noted virtual connection, spirituality, and mental health

Table 2
Descriptive Statistics of All Mothers Compared to Mothers Categorized Into Stress Profiles

Maternal characteristic	Total ($N = 42$)	Tapered-stress ($N = 17$)	Sustained-stress ($N = 22$)	Tapered-stress versus sustained-stress
	M (*SD*) or *N* (%)	*M* (*SD*) or *N* (%)	*M* (*SD*) or *N* (%)	*p*
Sociodemographics				
Age (years)	30.26 (5.11)	30.64 (5.67)	29.95 (4.76)	.55
Education (years)	12.41 (3.52)	13.00 (3.08)	11.95 (3.84)	.19
Family income (dollars)	$25,993 (16,633)	$25,638 (14,322)	$26,268 (18,551)	.96
Pregnant	28 (67%)	11 (65%)	16 (73%)	.59
Postpartum	14 (33%)	6 (35%)	6 (27%)	
Interview date (days)[a]	227.56 (25.14)	229.71 (30.38)	225.91 (20.82)	.70
Family region of origin	Mexico (25%)	Mexico (36%)	Mexico (20%)	.14
	Central America (29%)	Central America (9%)	Central America (50%)	
	South America (21%)	South America (27%)	South America (9%)	
	Caribbean (25%)	Caribbean (27%)	Caribbean (20%)	
Mental health				
Depression score (EPDS)	9.54 (4.64)	7.94 (3.98)	10.77 (4.82)	.06
PTSD score (PCL-5)	44.18 (13.04)	39.12 (9.40)	48.09 (14.26)	**.03**
Experiences and values				
Social support score	3.52 (0.93)	3.93 (0.82)	3.21 (0.89)	**.0015**
Discrimination score	9.48 (6.39)	6.76 (4.15)	11.59 (7.10)	**.017**
Familism score	3.49 (0.55)	3.45 (0.48)	3.53 (0.61)	.67

Note. Values presented in bold are significant. Total sample includes all women who completed an interview. The comparison of women who reported to be low stress (tapered-stress) or high stress (sustained-stress) during the time of the interview all reported to feel high levels of stress at the height of the pandemic. The comparison between these two groups excludes three participants who reported low levels of stress during the height of the pandemic. EPDS = Edinburgh Perinatal/Postnatal Depression Scale; PTSD = posttraumatic stress disorder; PCL-5 = PTSD Checklist for *DSM*-5; *DSM*-5 = *The Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.
[a] Interview date calculated as the number of days from the height of the pandemic to the date the interview was conducted.

Table 3
Descriptions of Sources of Stress Relief From Mothers in the Tapered-Stress Group

Quote
"I would say that … that's a hard question. I guess trying to keep yourself occupied in activities." (MN_016)
"Well, we are very Catholic. I think that what helped us was that. We prayed, well, we still pray. We like to pray as a family as we reassure each other." (MN_022)
"The useful thing was to be at home and not take trips outside that were not necessary. Basically, being at home and distracting ourselves with other things of the children. Doing activities here with them because my girl is 5 years old so she liked to play here with the boy. And since my husband stopped working, it brought us closer together as a family. I felt safe because he didn't have to go out." (MN_005)
"Instead, I dedicated more time to playing with my children and starting a new routine. Like waking up and helping them with their homework, playing with them, drawing with them, and reading with them before bed. Everything is different. The teachers send different activities and things like that and we do them with the children. One gets distracted with them for a while." (MN_027)
"Going to the park, not a lot sometimes, cooking, watching a movie." (MS_14)
"Keeping busy whether making a goal or playing video games. Trying to make a routine and setting a limit to how much we watch about COVID because we noticed that the more, we watched the more we get stressed." (MS_022)
"Well, we have received a number where they give us counsel and they help us with advice. Made use of a center that helps people with any questions and concerns they have during this time." (MN_041)
"I just call somebody and talk to them but I let stuff out. I talk on the phone or on FaceTime. Then we are together and do stuff. It helps a lot because basically you're like oh my God, I can't take it and then when you talk with someone else and you tell them what you are facing. …" (MS_028)

resources as vital in lessening day-to-day stressors. Together, these strategies are reflective of collective coping among Latine mothers, in which they combat distress by remaining connected with their families and partaking in practices rooted in cultural values, such as familism and spirituality (Kuo, 2013; Martin Romero et al., 2022). Although decreasing over the past two decades, rates of religiosity are still quite high within the Latine community and seen as part of the Latin culture (Calvillo & Bailey, 2015). Furthermore, when examining what factors may have prolonged or mitigated feelings of chronic stress, mothers who reported both high levels of perceived stress at the height of the pandemic and at the time of the interview (sustained-stress group) had significantly higher scores on measures of PTSD and perceived discrimination, as well as lower levels of social support. Mothers who reported a decrease in stress at the time of the interview (tapered-stress group) reported distraction as a coping mechanism within qualitative responses.

It is undeniable that Latine families face a disproportionate number of inequities, often stemming from experiences of discrimination (Salgado de Snyder et al., 2021; Velasco-Mondragon et al., 2016). Like a large proportion of Americans (Edwards et al., 2022), participants described many instances of job loss, shifts from full-time to part-time work, and/or decreased wages as a result of the COVID-19 crisis. One study reported that half of the Latine adults in their sample indicated that they or someone in their household had lost their jobs due to COVID-19, resulting in significant financial instability (Noe-Bustamente et al., 2021). As a consequence, poverty rates for Latine children and their families increased by 6.1 percentage points from 2019 to 2020 (Chen & Guzman, 2021; Guzman & Chen, 2021), with 47% of Latine families continuing to experience housing insecurity a full year after the start of the pandemic. What may be unique to the Latine community is the overrepresentation of essential workers. Close to half of the participants (43%) described experiences of stress related to a family member being an essential worker (e.g., working at restaurants or food delivery). Essential or frontline workers in the United States are more likely to be individuals with lower levels of educational attainment, belong to racialized communities, or are immigrants (Blau et al., 2021) and may have no choice but to work during hazardous conditions. This distinct pandemic-related stressor seems to be amplified for Latines, resulting in increased risk of exposure to the virus and chronic worry for families.

The Perinatal Period Is a Sensitive Time for Mental Health

Recent studies have reported a significant increase in depression and anxiety symptoms for pregnant and postpartum women in the United

States since the start of the pandemic (Kolker et al., 2021; Ornelas et al., 2021). One specific reason for this increase may come from disruptions to the quality of their prenatal health care (Hendrix et al., 2022). Many of the women who were pregnant at the time of our interview reported experiencing negative changes in the quality of their prenatal care due to abrupt shifts in hospital safety procedures, availability of providers, and insufficient health insurance. Indeed, 31% of low-income Latine women do not have health insurance compared to 16% of White non-Hispanic women (National Partnership for Women and Families, 2019). These sudden changes may have impacted their overall confidence in the quality of their care, leading to increased stress and worry. Past studies have also demonstrated that, compared to White women, Latines experience stark disparities in both maternal and infant health outcomes, which may in part be due to experiences of medical racism (Wang et al., 2021). Even prior to the pandemic, women from lower income minoritized households were more likely to report experiencing higher levels of postpartum depression than women from White or higher income households, but were also less likely to have sufficient access to quality mental health resources due to many health providers not accepting Medicaid (Shuffrey et al., 2022). These structural and social factors together may contribute to increased risks for Latine mothers during an important time of fetal and infant development.

Further adding strains to maternal mental health, the women in the present study experienced discrimination and limited access to sources of support during their pregnancies and postpartum. In our quantitative analyses, we found that women who reported chronic levels of perceived stress experienced more discrimination and less social support, in comparison to women who reported high levels of stress at the peak of the pandemic but were at much lower rates of perceived stress at the time of interview. These findings further demonstrate the importance of understanding the underlying stressors that contribute to chronic stress and adverse impacts on mental health in Latine women during the perinatal period, such as everyday experiences of discrimination. Past research has demonstrated a strong link between discrimination and adverse physical and mental health outcomes (Pascoe & Smart Richman, 2009). The impact of everyday experiences of discrimination on maternal mental health is particularly important to understand in Latine women to gain further insight into how the stressors that arise during the perinatal period interrelate with culture-specific stressors.

Relatedly, this group of women also reported experiencing less social support from partners, family, and friends. Latine families residing in the United States typically have extended family members abroad, which may limit access to tangible support from family and friends during the perinatal period. This limited access to social support may have contributed to the women in the present study experiencing chronic levels of stress. Khoury et al. (2021) reported that higher levels of social support during the COVID-19 pandemic were associated with lower levels of depression and anxiety within a sample of pregnant women. Similarly, another study identified tangible hands-on social support like direct assistance with childcare or home maintenance as being particularly beneficial so that mothers had the time to engage in self-care and rest (Albanese et al., 2021). Furthermore, Milgrom et al. (2019) identified two components of social support that were found to mitigate perinatal depression and anxiety: *reliable alliance*, having others to lean on for assistance, and *reassurance of worth*, one's abilities being acknowledged. Within the present study, both tangible hands-on social support and increased feelings of worth, which may be linked to experiences of discrimination, may have helped mothers cope with the many challenges during the pandemic, leading to decreases in feelings of psychosocial stress. Given the importance of social support in buffering perinatal maternal stress, increasing access to social support for Latine mothers may be an important investment.

Coping Strategies

It is well-established that greater levels of perceived social support may serve as a protective factor for individuals experiencing adversity (Cheong et al., 2017; Leskelä et al., 2006), but recent studies have indicated that specific coping strategies may lessen the impact of pandemic-related psychosocial stressors evolving into mental health issues. A large survey of mostly women in Spain (N = 5,545) found that individuals with lower levels of depressive symptoms were more

likely to report that they followed a healthy/balanced diet, stuck to a daily routine, avoided reading too many news updates about COVID-19, and had access to outdoor space during the first wave of the pandemic (Fullana et al., 2020). In a large survey of perinatal women in the United States (N = 1,536), Werchan et al. (2022) used latent profile analysis to identify behavioral coping strategies endorsed by women and found similar results to the Spanish study. Results indicated that women who engaged in high levels of passive coping strategies, including higher amounts screen time and comfort foods, were more likely to report increased depression, anxiety, and psychological distress symptoms. These findings indicate that the endorsement of specific behaviors during times of stress may mitigate the long-term psychological impact of the pandemic (Werchan et al., 2022). One behavior that was noted by a majority of the mothers whose perceived stress levels decreased after the height of the pandemic (tapered-stress group) was that they were intentionally or unintentionally being distracted by activities within the home or by their family members. Daily routines and positive reappraisal or reframing of the situation have been reported in several studies to be associated with lower pandemic-related stress (Shanahan et al., 2022; Veer et al., 2021). Within our study, Latine mothers specified that time spent at home with family was a key coping strategy against the stressors of the ongoing crisis, and keeping busy and spending time at home or with family members may have served as a healthy distraction from negative thoughts.

Within clinical psychology, the Response Styles Theory posits that there are two types of coping styles, rumination and distraction, that can either exacerbate or alleviate depressed mood or psychosocial stress (Nolen-Hoeksema, 1991). Ruminative coping, or persistent or repetitive focus on negative emotions, prolongs depressed mood and impairs problem solving (Nolen-Hoeksema, 2003). Turning one's attention away from negative or emotion-triggering thoughts, also defined as distractive coping, by keeping busy has been found to decrease symptoms of depression (Nolen-Hoeksema, 2003) and linked to changes in measures of stress and emotion in the brain (Sandner et al., 2021). Although the concept of "distraction" has been associated with alleviating depression, its role in coping with pandemic-related distress seems to be applicable. Similar to the present study, Garcini et al. (2022) also reported that engaging in distracting activities and finding comfort in family lessened pandemic-related distress among U.S. Latines (Garcini et al., 2022). Without the necessary resources and support, Latine mothers may engage in distractive coping practices as a form of collective coping to lessen some of the psychosocial distress to maintain the well-being of their families.

Limitations and Future Directions

Despite the valuable contribution to the literature, there are some demographic and methodological limitations to note. Due to the characteristics of qualitative research, the sample size of this study was limited and restricted to families in the New York City metropolitan area and may not represent the experiences of Latine families across the United States. Furthermore, the measures of perceived stress and maternal mental health were self-reported and retrospective. Incorporating physiological stress measures (i.e., cortisol) or ecological momentary assessments to obtain repeated samples of feelings and experiences could better illustrate temporal associations between events and perceptions of psychosocial stress. Finally, further examination of long-term impacts of the pandemic in prospective studies is needed to better understand how these pandemic experiences may shape future family outcomes.

Conclusion

The COVID-19 global pandemic impacted all individuals in the United States, although not equally. The U.S. Latine population has been unjustly susceptible to the negative ramifications of the pandemic—a direct result of structural inequities in place prior to the crisis. While caregivers and children in the Latine community are still struggling with the health and economic consequences, concerns regarding long-term COVID-19 symptoms (i.e., Long COVID-19) are crystallizing. A recent report found that Long COVID-19 was more prevalent among women, individuals who identified as Hispanic or Latine, and those with lower incomes (Slocum et al., 2022). To combat this growing concern, resources must be equitably directed to individuals who have the greatest need. Broadly, there are several policies that could immediately benefit families

like the ones interviewed for our present study, including expanding the earned income or child tax credit, raising the federal minimum wage, and increasing the availability of housing vouchers.

Moreover, there still exists a lack of equitable access to policies and practices that support the perinatal period, address structural barriers, and integrate the strengths of Latine mothers (Nguyen et al., 2023); therefore, we present the following recommendations. First, implementing paid family and medical leave could alleviate the stressors associated with balancing work and caring for a new infant, while providing ample time for mothers to recover from childbirth without experiencing additional financial burdens and stressors. Second, bridging gaps between medical care and social services through home visiting nurse programs, community health workers, and at-home mental health services can ensure both medical care and tangible social support. Such programs can encompass services like education, training, and indirect counseling services for mothers (Albanese et al., 2021; Sharifipour et al., 2022). Through programs that integrate quality medical care with social services, some of the health-related structural barriers faced by immigrant Latine mothers in the present study can be addressed. Furthermore, the present study provides a basis for the implementation and expansion of these programs during the entirety of the perinatal period. At the community level, the standardization of community-based doula care can promote health equity for mothers, being that community-based doulas focus on ensuring safe births alongside promoting equitable care amid structural barriers (Bond et al., 2021). Additionally, the creation and funding of Latine-led community-peer support groups for mothers can provide a rich source of social support that centers the knowledge, experiences, and cultural values of mothers.

It is important to center the voices of Latine mothers, as the experiences during the pandemic, as perceived by mothers, can help identify needed resources and support to alleviate the long-term implications of the pandemic on children and families (Coker et al., 2023). Not only does this help policymakers identify solutions with the greatest impact, having women share their experiences may also be one way of decreasing stress levels. As one of our participants stated:

> I trust places where I can share my experience with COVID, like this interview. I also did an interview for a magazine in Ecuador about our experience. I feel it is important to let it out. I also trust when they are interviews and research that are for the greater good. I do it so my experience can help and it can be something positive. I hope that it can help others and other women going through the same experience. (MN_040)

In sum, the present study illustrates the importance of community-centered research that highlights the unique experiences of Latine mothers and supports the expansion of programs and policies that reflect the cultural and linguistic values and practices of the women they serve.

Resumen

Los efectos residuales de la pandemia del COVID-19 siguen siendo una preocupación grave para las familias de la comunidad latina de Estados Unidos, ya que las disparidades previas a la pandemia en cuanto a atención médica y estabilidad económica empeoraron considerablemente por la crisis mundial (Martínez y otros, 2021). En este estudio de métodos mixtos, entrevistamos a 42 madres latinas embarazadas y en posparto de hogares de bajos ingresos que viven en el área metropolitana de Nueva York para entender mejor las dificultades relacionadas con la pandemia y las posibles fuentes de apoyo exclusivas para este grupo de mujeres. En primer lugar, identificamos temas generales relacionados con factores estresantes psicosociales específicos que afectan a las madres latinas y sus familias. En segundo lugar, en un esfuerzo por investigar estrategias de afrontamiento de problemas que pudieran reducir los sentimientos de estrés persistente, se dividió a las madres en grupos de estrés continuo y de estrés disminuido según los niveles reportados de estrés percibido durante el momento álgido de la pandemia (marzo-abril de 2020) en comparación con el momento de la entrevista (agosto-diciembre de 2020). Estos dos grupos de madres presentaron diferencias considerables en cuanto a los niveles de síntomas de Trastorno de Estrés Postraumático (TEPT, por sus siglas en español), el apoyo social, y la discriminación percibida. En especial, las madres del grupo de estrés disminuido que reportaron niveles más bajos de estrés en el momento de la entrevista describieron experiencias de entretenimiento por las actividades diarias o por miembros de la familia como un mecanismo de afrontamiento o superación de problemas. En conjunto, estos resultados ponen en evidencia la necesidad de abordar los obstáculos estructurales y de mejorar el acceso al apoyo de salud mental para mitigar las fuentes continuas de factores estresantes relacionados con la pandemia para las familias latinas.

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