

Alcohol Use, Psychological Stress, and Mental Health in U.S. Spanish- and English-Speaking Pregnant Women

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BACKGROUND

- Cultural and social support mitigative factors between
 English-speaking and Spanish-speaking pregnant
 women have been extensively described; however, a
 complex interplay between substance use,
 psychosocial stress, mental health, and socioeconomic factors warrant further investigation.
- The term "Latina paradox" refers to favorable perinatal outcomes despite social disadvantages in Latina women.
- Operationalization of prenatal maternal stress in previous studies includes:
 - Perceived stress
 - Adverse experiences as a child or adult
 - Anxiety
 - Lack of social support
 - Unplanned pregnancy
 - Socioeconomic status
 - History of mental health disorders
- Socioeconomic factors and social support are important effect modifiers associated with prenatal distress

RESEARCH OBJECTIVES

Differences between English-speaking and Spanishspeaking pregnant women in a prospective cohort study characterize: 1. Prevalence of maternal distress, psychopathology, and social support

METHODS Cont.

- used to estimate daily alcohol intake over a given time period.
- TLFB₁ 1 month around Last Menstrual Period (LMP)
- TLFB₂ 30 days prior to V1 (2^{nd} trim.)
- TLFB₃ 30 days prior to V2 (early 3rd trim.)

ANALYSES

- Differences in self-reported alcohol use and PSS/GAD-7/EPDS scores among speakers assessed using T-Test Fisher's exact/Chi-square and Mann-Whitney U-tests.
- Associations between PSS scores and language-group, prenatal alcohol use and language-group, and interactions were examined using ANOVA

RESULTS

Table 1:ENRICH 2 Alcohol Use Reported in Eligibilityscreener between Spanish/English speaking groups(N=311)

	English speaking	Spanish speaking
	(<i>N</i> =275)	(<i>N</i> =36)
	n (%)	n (%)
Binge episode around LMP ≥ 1 ^b	69 (25.1%)	6 (16.7%)
Number of binge episodes around LMP	2.49 (3.77)	1.67 (0.82)
(mean (SD)) ^c		
Audit-C summary score ≥ 2 ^{*b}	159 (57.8%)	7 (19.4%)
Drinks greater than 14 in month	29 (10.5%)	3 (8.3%)

RESULTS Cont.

Table 3: ENRICH2 Maternal Stress by Language

Variable	English speaking N=83	Spanish Speaking N=15
V1 Perceived stress (PSS) *0	13.7 (6.9)	6.2 (5.1)
V2 Perceived stress (PSS) **0	14.5 (7.0)	7.4 (6.5)
V2 Anxiety (GAD-7) **1	5.9 (5.2)	2.2 (3.1)
V2 Depression (EPDS) ***1	7.0 (5.4)	2.9 (3.2)
V2 Post-traumatic stress (PCL-5) ***1	15.9 (17.7)	5.6 (8.2)

⁰ based on pooled variances T-test; ¹ based on Mann-Whitney test; ***p<0.05, **p<0.01, *p<0.001,</p>

V2 measurements PSS/ GAD-7/ EPDS/ PCL-5 (English speaking *n*=72, Spanish speaking *n*=11)

Table 4: ENRICH2 Maternal Stress by patient status andLanguage

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Variable	English	English	Spanish	Spanish	Overall
	Speaking	Speaking	Speaking	Speaking	P-Value
	HC	Alc Exp	HC	Alc Exp	
	<i>N</i> =53	<i>N</i> =30	<i>N</i> =12	<i>N</i> =3	
V1 Perceived	12.5 ± 0.9	15.9 ± 1.2	6.2 ± 1.7	8.00 (3.79)	< 0.001*
stress (PSS)					
V2 Perceived	13.0 ± 1.0	17.5 ± 1.4	7.4 ± 2.0	10.67 (3.90)	<0.001*
stress (PSS)					

*ANOVA model

2. Association of these factors with alcohol use in pregnancy

3. Association with effect modifiers METHODS

Data source:

- Prospective cohort "ENRICH-2: Stress-Reactivity and Self-Regulation in Infants with PAE"
- Data from eligibility screening questionnaire and the first two study visits:
 - *N*=311 screened to date: 275 Englishspeaking, 36 Spanish-speaking, and 98 enrolled
- Pre-pregnancy and perinatal periods (Screening questionnaire)
- Second trimester visit (V); (V1)
- Third trimester (V2)

Measures of maternal psychosocial distress :

- Perceived Stress Scale (PSS)
- Adverse Childhood Experience (ACE)
- Generalized Anxiety Disorder-7 (GAD-7)
- Edinburgh Postnatal Depression Scale (EPDS) Self-reported alcohol use:
- The Alcohol Use Disorders Identification Test-Concise (AUDIT-C) questionnaire, and questions about binge episodes (≥4 drinks/occasion)
- Repeated Timeline Follow-back (TLFB) interviews

78 (28.4%)	29 (80.6%)
78 (28.4%)	3 (8.3%)
119 (43.3%)	4 (11.1%)
	78 (28.4%) 78 (28.4%) 119 (43.3%)

^a Fisher's exact test; ^b Chi-square test; ^c Wilcoxon rank sum test; *P<0.01, **P<0.001

Groups demonstrated similar binge or heavy drinking around LMP. Among enrolled participants (N=98), mean age was higher for Spanish-speakers.

Table 2: ENRICH-2 Demographic informationbetween Spanish/English speaking groups

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Variable	English speaking (N=83)	Spanish speaking (N=15)
Maternal age at enrollment (yr) *1	28.2 ± 5.4	32.4 ± 4.5
Education (yr) * ¹	14.7 ± 3.0	11.9 ± 3.3
Ethnicity(Hispanic/Latina/of Spanish descent)** ²	39 (47.0%)	15 (100.0%)
Married/Cohabitating ²	62 (74.7%)	10 (66.7%)
Maternal Education* ²		
High school or less	26 (31.3%)	11 (73.3%)
Some college or vocational	26 (31.3%)	1 (6.7%)
school	31 (37.3%)	3 (20.0%)
College degree or higher		
Family Income Under 30,000** ²	26 (31.3%)	13 (86.7%)
Currently Employed*2	57 (68.7%)	4 (26.7%)
Insurance** ²		
Self-purchased	2 (2.4%)	0 (0.0%)
Medicaid	39 (47.0%)	2 (13.3%)
Other	2 (2.4%)	1 (6.7%)

¹ based on Mann-Whitney test; ² based on Fisher's exact test

p*<0.01, *p*<0.001

A higher percentage of Spanish speakers reported family income <30,000, had a high school education or less while a lower percentage had an AUDIT-C score >2. A \geq 2 score indicates hazardous drinking or have active alcohol use disorder.

Healthy Control (HC)- No drinking or binge drinking of alcohol during prepregnancy perinatal period.

Alcohol Exposed (Alc Exp)- Binge or heavy drinking during pre-pregnancy perinatal period.

V2 measurements (PSS)

(English Speaking (HC) n=49, English Speaking (Alc Exp) n=23) (Spanish Speaking (HC) n=12, Spanish Speaking (Alc Exp) n=3)

CONCLUSIONS & DISCUSSION

- In ANOVA models, Spanish-speaking was associated with lower PSS scores (*p*=0.001); while alcohol-use and interactions between the two were not significant.
- Spanish-speaking pregnant women exhibited reduced psychological distress, symptoms of depression and anxiety, and lower prevalence of hazardous alcohol use compared to Englishspeaking counterparts despite disadvantaged socioeconomic factors, such as reduced family income and education.
 Limitations: limited sample size to date (recruitment is ongoing)

• Strengths:

- Alcohol use ascertained using multiple TLFB interviews
- Comprehensive assessment of maternal distress, psychopathology, and potential effect modifiers
- <u>Next steps</u> include examination of alcohol use, psychological stress, and mental health in the prenatal and postnatal period of Spanish- and English-speaking pregnant women.

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