

EXPLORING FIRST-TIME MOTHERS' EXPERIENCES WITH MATERNAL RISK FACTORS DURING PREGNANCY

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ABSTRACT

Maternal risk factors during pregnancy encompass a range of physical, emotional, and psychosocial challenges that can significantly affect both maternal and fetal health. First-time mothers, in particular, face unique vulnerabilities that necessitate tailored support to safeguard their well-being and that of their babies. This qualitative research explored first-time mothers' experiences with maternal risk factors in pregnancy in Barangay San Luis, Solano, Nueva Vizcaya. Attentive to the unique vulnerabilities and heightened anxieties of the primigravida woman, the study aimed to address a literature gap that traditionally overlooks the psychosocial, physical, and emotional hurdles unique to first-time pregnancy. Using purposive sampling, in-depth interviews were conducted with 12- to 35-year-old women in their second or third trimester who had identified maternal risk factors. Thematic analysis revealed that participants engaged in numerous self-care interventions, including lifestyle and dietary modifications, preventive health practices, seeking emotional support, and adhering to expert medical recommendations. These interventions were used to address the significant physical and emotional changes of pregnancy and to optimize maternal and fetal outcomes. The results reinforce the need for individualized guidance and education for first-time mothers with risk factors, suggesting that superior healthcare interventions and robust support structures are essential to enhancing their quality of life and overall pregnancy experience.

Keywords: Risk factors, maternal health, pregnancy self-care, emotional well-being, first-time mothers

INTRODUCTION

Pregnancy represents a profound and complex journey, particularly for primigravida women who face unique psychosocial, physical, and emotional challenges distinct from those experienced by multiparous women. While extensive research has addressed general maternal concerns, there remains a notable gap in understanding the specific vulnerabilities of first-time mothers, especially in localized contexts such as Solano, Nueva Vizcaya. These women often grapple with heightened anxiety and uncertainty due to their lack of prior experience, compounded by cultural and environmental factors that influence their maternal health journey. The physiological transformations during pregnancy, essential for fetal development, also affect the mother's overall well-being, sometimes leading to social isolation or interpersonal conflicts that impact pregnancy outcomes (Pillitteri, 2023).

The critical need to improve maternal health is underscored by persistently high maternal mortality rates globally and within the Philippines, where rates stand at 197 and 84 per 100,000 live births, respectively, with Nueva Vizcaya experiencing an even higher rate of 149.11 (PHO, 2022). Infant mortality, driven largely by premature births and delivery complications, remains a significant concern (Philippine Statistics Authority, 2022; UNICEF, 2023). In response, the Philippine Department of Health's National Safe Motherhood Program (NSMP) partners with local governments to improve access to quality maternal and newborn care through facility enhancements, skilled personnel deployment, and emergency obstetric services, prioritizing vulnerable groups such as

first-time mothers to ensure safer pregnancies and healthier outcomes (DOH-MIMAROPA, 2023). First-time mothers face unique challenges, including heightened fear, anxiety, and shifts in self-identity, compounded by societal pressures that may contribute to emotional distress and postpartum depression (Dhanush, 2025). Consequently, tailored support systems and accurate information are vital to help these mothers navigate the complex transition into motherhood effectively (Freund, 2007; Hwang, 2022).

Maternal health, encompassing both physical and mental well-being throughout pregnancy, childbirth, and the postpartum period, is a vital component of prenatal care aimed at reducing complications such as gestational diabetes, anemia, hypertension, and mental health disorders like anxiety and depression (WHO, 2021). Maintaining a healthy lifestyle with adequate nutrition, exercise, and rest supports fetal development and maternal mental wellness. However, risks such as exposure to teratogens during early pregnancy remain significant (EFCNI, 2020). Various maternal risk factors—including pre-existing conditions like diabetes and hypertension, pregnancy complications such as preeclampsia, advanced maternal age (especially over 35), and nutritional deficiencies—can adversely affect both mother and fetus, necessitating careful prenatal monitoring (Mittelmark, 2023; UNICEF, 2020). Mental health issues, particularly depression, affect approximately 10% of pregnant women globally, along with exposure to teratogens like alcohol and trauma, further elevating risks and contributing to maternal mortality in some regions (WHO, 2019). Despite preventive efforts, the persistently high global maternal mortality rates highlight the urgent need for targeted interventions to safeguard the health of mothers and their infants (WHO, 2023).

Maternal risk factors are closely associated with neonatal health issues such as preterm birth, low birth weight, and macrosomia, which are leading causes of infant mortality and morbidity worldwide (Mohammed et al., 2022). Low birth weight, linked to hypertensive disorders during pregnancy, accounts for 40%–60% of neonatal deaths (Shaohua et al., 2020), while macrosomia is commonly connected to maternal diabetes and prolonged gestation (Adugna et al., 2020). Although quantitative research on these risks is extensive, there is a significant gap in qualitative studies exploring the lived experiences of first-time mothers, especially during the critical first trimester, when many complications and teratogen exposures occur. This gap prompted the researchers to conduct a study specifically exploring the experiences of first-time mothers with maternal risk factors during the first trimester of pregnancy, aiming to provide valuable insights into the potential risks posed by teratogens and other maternal risk factors common during this early stage of pregnancy.

Statement of Objectives

This study aimed to explore first-time mothers' experiences with maternal risk factors during the first trimester of pregnancy. The study was conducted throughout the second semester of the 2024-2025 academic year. Specifically, it sought to answer the following objectives:

1. To describe the experiences of first-time mothers during their first trimester of pregnancy.
2. To determine the initial actions taken by first-time mothers upon discovering their pregnancy.
3. To explore the lifestyle changes adopted by first-time mothers upon confirming their pregnancy.
4. To identify the perceived risk factors encountered by first-time mothers during the first trimester of pregnancy.

5. To ascertain the perceived health problems that first-time mothers consider harmful to themselves and their babies during the first trimester.

METHODOLOGY

This study employed a qualitative-descriptive research design. The study employed a descriptive research design to examine the experiences of first-time mothers and maternal risk factors during pregnancy.

The study was conducted in Barangay San Luis, Municipality of Solano, a first-class municipality in Nueva Vizcaya with access to healthcare facilities, including rural health units that provide comprehensive maternal and child health programs, prenatal check-ups, and pregnancy monitoring. These services, staffed by health officers, nurses, and midwives, emphasize prenatal care education and immunizations, addressing key health concerns such as respiratory and genitourinary infections, which are leading causes of morbidity and mortality among pregnant women in the area.

Participants were purposely selected from health facilities with the assistance of healthcare providers to include primigravida women aged 12 to 35 years in their second or third trimester who had maternal risk factors such as hypertension, gestational diabetes, or anemia, and who were willing and able to provide informed consent. Those who did not meet these inclusion criteria were excluded from the study, which aimed to recruit a diverse sample until data saturation was reached, while ensuring confidentiality and voluntariness throughout the process.

Table 1
Participants' Profile

No.	Pseudonyms	Age	Educational Attainment	Marital Status	AGE OF GESTATION
1.	P1	30	College Graduate	Married	20 weeks
2.	P2	20	College undergraduate	Married	17 weeks
3.	P3	32	College Graduate	Married	28 weeks
4.	P4	26	College Graduate	Separated	20 weeks
5.	P5	24	College undergraduate	Married	28 weeks
6.	P6	31	College Graduate	Married	24 weeks
7.	P7	22	College undergraduate	Single	21 weeks
8.	P8	33	College Graduate	Married	24 weeks
9.	P9	17	Highschool undergraduate	Single	15 weeks

10.	P10	29	College Graduate	Married	22 weeks
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The above table shows that participants were between 17 and 33 years old. The majority of the participants were married (7 out of 10), while two were single, and one was separated. In terms of educational attainment, most participants were college graduates (6), followed by college undergraduates (3), and one was a high school undergraduate. The Age of Gestation (AOG) at the time of the interview ranged from 15 to 28 weeks.

Data collection utilized a semi-structured interview guide comprising participants' profiles and five key questions to explore primigravida mothers' pregnancy experiences, allowing open and detailed responses. The guide was validated by maternal health nursing graduates for clarity and relevance, then translated into Filipino by expert language instructors to ensure accessibility.

The data-gathering process began on November 7, 2023, with a formal request for approval from the mayor's office to authorize the Rural Health Unit (RHU) to designate a barangay for the study. After receiving approval, the RHU assigned Barangay San Luis in Solano as the research site. Subsequent permissions were secured from both the mayor and the RHU in early 2025, followed by a formal request to the Municipal Hall of San Luis to identify first-time mothers classified as high-risk pregnancies. Researchers then approached these women individually during clinic visits or prenatal appointments, explained the study's purpose, obtained informed consent (including parental permission for minors), and scheduled one-hour interviews at times convenient for the participants to minimize disruption.

The interviews, guided by validated questions focusing on first-trimester pregnancy experiences, risk factors, lifestyle changes, and perceived problems, were audio-recorded with permission and supplemented with detailed notes, photographs, and observations of non-verbal cues. Participants engaged in member checking to verify their responses, and follow-up interviews were recommended to further validate the data. To ensure confidentiality, recordings were anonymized and securely stored in password-protected folders accessible only to the researchers. Each interview concluded with a debriefing to assess participants' emotional well-being. The collected data were transcribed verbatim and analyzed thematically, with the entire ethically grounded process supported by local government units and maternal health specialists, providing a robust foundation for the study's findings.

The interview responses were transcribed and analyzed using a six-step thematic analysis process, beginning with familiarization and coding to identify recurring words, emotions, and events related to maternal risk factors during pregnancy. Researchers grouped these codes into meaningful categories such as physical and emotional challenges, coping mechanisms, and support systems, refining and organizing them into themes through thematic mapping to capture the relationships and significance of participants' experiences. The themes were then carefully reviewed and adjusted to ensure they accurately reflected the rich, nuanced perspectives of first-time mothers in Solano, Nueva Vizcaya, highlighting both common patterns and the emotional depth of their pregnancy journeys.

RESULTS AND DISCUSSION

Experiences of the primigravida

In this study, the researchers identified first-time mothers' experiences with maternal risk factors during pregnancy. The results have 4 main classifications: (1) emotional responses

to pregnancy, (2) physical changes in pregnancy, (3) self-care, and (4) pregnancy health hazards.

Emotional Responses to Pregnancy

Emotional responses to pregnancy include a wide range of feelings, from joy and excitement to anxiety, fear, and uncertainty, reflecting the complex psychological experience of becoming pregnant. These fluctuations are primarily influenced by hormonal changes, particularly estrogen and progesterone, which affect mood and emotional regulation throughout the pregnancy.

Common emotional responses during each trimester of pregnancy generally mirror the physical and hormonal changes occurring at that time, along with psychological adaptations to the approaching parenthood. Eight (8) out of ten (10) participants reported that they encountered emotional responses during pregnancy, as illustrated by our participant's remarks, P6: *"Nung unang araw na nalaman kong buntis ako... syempre kinabahan ako hindi ko alam gagawin ko... kinakabahan ka na masaya. Ang hirap kasi I explain basta masaya na kinakabahan."* (The first day I found out I was pregnant. . . of course I was nervous, I didn't know what to do. . . you're nervous and happy. It's hard to explain, just happy and nervous.)

For first-time mothers, feeling stressed or uncertain as they adapt to a new routine and the immense responsibility of having a baby is normal. The World Health Organization (2020) indicates that if emotional stress and anxiety are not adequately addressed during pregnancy, they may heighten the risk of issues such as premature labor, low birth weight, or even future developmental challenges in a child.

Many first-time mothers also express that they become more emotionally sensitive during pregnancy. This may lead to increased mood swings, more frequent crying, and stronger reactions to minor issues. Again, this is primarily due to increased levels of specific hormones. Another mother, P4, mentioned: *"Throughout Malala, mood swings, lahat... lagi akong emotional. Madalas umiiyak ako kasi hindi ako sure kung kaya ko ang responsibilidad ng pag raise ng anak."* (Throughout Malala, mood swings, everything... I'm always emotional. I often cry because I'm not sure if I can handle the responsibility of raising a child.)

Maternal anxiety, common during pregnancy and intensified in high-risk cases, significantly harms fetal development and birth outcomes, including premature birth and low birth weight (Wisco et al., 2018; Ding et al., 2014). It affects critical brain regions, leading to cognitive, emotional, and behavioral problems in children (Wu et al., 2024). Anxiety poses greater perinatal risks than depression, highlighting the need for early screening and emotional support in prenatal care (Rejnö et al., 2019). Addressing both hormonal and external stressors is essential to prevent lasting negative effects on mother and child (Araji, 2020; WHO).

Physical Changes in Pregnancy

Physical changes during the first trimester of pregnancy include common symptoms such as nausea, breast tenderness, fatigue, mood swings, and changes in eating habits, all driven by hormonal fluctuations and physiological adaptations that affect daily routines and well-being. All participants reported experiencing notable physical changes during pregnancy, including body discomforts such as tiredness, nausea, and breast pain, as well as significant changes in eating habits like cravings, food aversions, and altered taste or smell preferences.

P8 shared: *"Lagi akong nasusuka, tapos parang ang bigat-bigat ng pakiramdam ko. Wala akong gana kumain minsan pero gutom naman ako. Saka sobrang antukin ako noon, parang kahit saan pwede akong matulog."* (I was always nauseated, and I felt extremely heavy. Sometimes, I had no appetite, even if I was hungry. And I was so sleepy that I could sleep anywhere.)

During the first trimester, many pregnant women experience common symptoms like

nausea and fatigue, which affect around 80% and 77% of women, respectively, often leading to altered eating habits and nutritional challenges. These persistent symptoms can pose risks to maternal and fetal health by causing physical discomfort, hindering daily activities, and increasing stress and anxiety, particularly among first-time mothers.

The participant's experience of persistent nausea, loss of appetite despite hunger, and excessive fatigue highlights the complex effects of common first-trimester symptoms on maternal well-being. These findings emphasize the need for early, comprehensive prenatal care that addresses nutrition, fatigue, and psychosocial support to reduce physical and emotional strain and promote overall health during early pregnancy.

P7 shared: "Parang ang saya pero ang hirap din... Bigla akong naghanap ng suka. As in kahit walang ulam, gusto kong umamoy ng suka. Tapos may time naman na bigla akong nag-crave ng matamis, tapos after ilang minuto, ayoko na." (It felt like a roller coaster... I suddenly craved vinegar. Even without a dish, I just wanted to smell the vinegar. Then I suddenly craved sweets, and after a few minutes, I didn't want them anymore.)

Cravings and changes in food preferences during pregnancy are common, intense, and often emotionally charged, involving sudden desires for specific foods, such as sour or sweet items, that can shift quickly (Pope et al., 2020). While these cravings may promote dietary variety, they also risk leading to overconsumption of unhealthy foods, affecting weight and blood sugar levels, underscoring the need for balanced nutrition. Additionally, cravings can cause stress or guilt, particularly for first-time mothers, highlighting the importance of prenatal nutritional counseling that addresses both physiological and psychological factors to support healthy eating and emotional well-being.

Self Care

Self-care during pregnancy includes intentional lifestyle changes, preventive healthcare, emotional support, and following medical guidance to promote the health and well-being of both mother and unborn child. All participants reported practicing some form of self-care during pregnancy, including adopting healthier eating habits, engaging in stress management, seeking timely prenatal care, and relying on emotional and social support networks.

One participant, P3, shared: *"Iniingatan ko ang aking sarili, kumain ng masustansyang pagkain, tulad ng gulay prutas, at vitamins. Ako rin ay nag-eexercise, no stress, at no pressure...Naging extra careful sa aking pagbubuntis." (I take care of myself by eating nutritious foods like vegetables and fruits, vitamins. I also exercise, avoid stress and pressure...I became extra careful during my pregnancy.)*

Similarly, another participant, P9, stated: *"Mas nag-ingat na po ako sa pagkain... Dati po kasi mahilig ako sa junk food, pero ngayon po mas marami na akong kinakain na gulay at prutas... Nag-start na akong uminom ng vitamins para kay baby. Tapos pinapainom din po ako ng gatas para sa buntis." (I've become more careful about what I eat... I used to love junk food, but now I eat more vegetables and fruits... I've started taking vitamins for the baby. Then they also make me drink milk for the pregnant woman)*

Self-care during pregnancy, including nutritious eating, vitamin supplementation, regular exercise, and stress avoidance, is essential for supporting maternal and fetal health. Participants' emphasis on consuming fruits and vegetables and adhering to vitamin regimens aligns with research identifying dietary improvements, physical activity, and psychosocial strategies as key self-care interventions. These holistic practices, supported by health literacy and mindfulness, contribute to positive pregnancy outcomes by reducing maternal risk factors and promoting overall well-being.

Moreover, participant P10 reduced late-night activities, such as watching Netflix, and now prioritizes earlier bedtimes due to family encouragement, reflecting a conscious effort to improve sleep hygiene during pregnancy. This self-care practice is important because adequate sleep helps prevent fatigue and reduces risks of adverse pregnancy outcomes such

as preterm delivery, prolonged labor, cesarean sections, and postpartum depression (Cannon et al., 2023).

Additionally, one participant, P8, shared "*Buti na lang, nandiyan ang asawa ko at pamilya ko para i-comfort ako.*" (*Fortunately, my husband and family are there to comfort me.*)

Social support from family and partners plays a vital role in promoting maternal well-being by reducing risks of depression, anxiety, and self-harm during pregnancy (Nazzal et al., 2024). Women with strong social networks experience greater life satisfaction, less psychological distress, and better pregnancy outcomes, making emotional support an essential self-care practice during this vulnerable period.

Participant P8 added, "*Agad kaming nagpunta sa OB-GYN para magpacheck-up. Pinayuhan po ako ng OB ko na mag-take ng vitamins, lalo na yung folic acid... Tapos nagsimula na rin po akong mag-research kung anong mga bawal at anong dapat mga gawin po.*" (*We immediately went to the OB-GYN for a check-up. My OB advised me to take vitamins, especially folic acid... Then I also started researching what things to avoid and what things I should do.*)

This experience highlights best practices in prenatal health management, including early professional care, adherence to vitamin and folic acid supplementation, and active research on safe behaviors during pregnancy. Early and regular prenatal check-ups are essential for monitoring maternal and fetal health, enabling timely detection of complications, and providing tailored nutritional guidance, with folic acid supplementation playing a critical role in preventing neural tube defects. Combining medical advice with responsible, self-directed information-seeking empowers pregnant women to make informed decisions, emphasizing the importance of credible sources, open communication with healthcare providers, and the vital role of nurses in promoting health literacy, emotional support, and optimal pregnancy outcomes.

Pregnancy Health Hazards

Pregnancy health risks are conditions or exposures that may harm the mother, the baby, or both, increasing the likelihood of complications during pregnancy, childbirth, or the postpartum period (Canadian Center for Occupational Health and Safety, 2024). In this study, nine (9) out of ten (10) participants reported exposure to various maternal risk factors during the first trimester. These risks included accidental falls, alcohol use, hair dye, possible electrocution, secondhand smoke, high blood pressure, and urinary tract infections. Such exposures highlight the importance of identifying and managing hazards early in pregnancy to protect maternal and fetal health.

One of the participants, P7, shared her story about drinking alcohol before she found out she was pregnant: "*Yung pag-inom ko po nung birthday ng friend ko. Kasi syempre, di ko pa alam na buntis po ako noon. Medyo naparami rin ako ng inom... Tapos nung nalaman ko pong buntis pala ako noon, grabe yung takot ko.*" (*When I drank on my friend's birthday. Of course, I didn't know I was pregnant at the time. I also drank too much... Then, when I found out I was pregnant, I was really scared.*)

Drinking alcohol at any stage of pregnancy poses serious risks, including fetal alcohol spectrum disorders (FASDs), which cause lifelong physical, behavioral, and intellectual disabilities, with no known safe amount or safe time to consume alcohol during pregnancy (Slaughter, 2025; CDC, 2024). Alcohol exposure increases risks of miscarriage, premature birth, and developmental delays, making abstinence from alcohol critical for preventing these entirely avoidable outcomes (Popova et al., 2017; Huang et al., 2023).

Another participant, P2, expressed concern about exposure to secondhand smoke: "*Naiinis*

ako kapag nagvavape asawa ko, nalalanghap ko, baka mamaya kung ano maging epekto kay baby.” (I get annoyed when my husband vapes; I inhale it, wondering what the effect will be on the baby later.)

Secondhand smoke exposure during pregnancy significantly increases risks of stillbirth, congenital malformations, and low birth weight, with studies showing a 23% higher risk of stillbirth and strong associations with reduced newborn weight (WHO, 2021; Sonthon et al., 2021; Hawsawi et al., 2021). It also impairs fetal lung development and is linked to congenital disabilities such as cleft lip, palate, and neurological defects (Greenhalgh et al., 2022).

Moreover, one participant experienced being electrocuted. P1 shared her experience: *“Nakuryente kami ng baby ko. Kakatapos kasi ng bagyo noon kaya basa yung sahir. Nagsasampay ako tapos sako natumba pala yung kable ng koryente noon, kaya ng hinawakan ko yung sampayan, nakuryente na ako.” (My baby and I got electrocuted. The storm had just ended, so the floor was wet. I was hanging out when the electric cable fell, so when I touched the clothesline, I got electrocuted.)*

Electrocution during pregnancy can cause serious harm, including spontaneous abortion in the first trimester and developmental abnormalities, or fetal distress in later stages, with risks of fetal compromise and death requiring immediate medical attention (Sparic et al., 2015;

Caballero-Carvajal et al., 2020). Even minor electric shocks require prompt, continuous monitoring to prevent complications such as placental abruption and oligohydramnios.

Further, another participant, P9, shared her experience of an accidental fall. *“One time po nadulas po ako sa banyo, mga two months buntis na po ako noon. Buti nalang hindi ako masyadong napuruhan...” (I slipped in the bathroom one time; I was about two months pregnant at the time. Luckily, I didn't get too hurt...)*

Pregnant women are two to three times more likely to be hospitalized due to falls, which increase as pregnancy progresses and most often occur in the third trimester. These falls can cause injuries such as fractures and sprains, as well as serious obstetric complications including miscarriage, placental abruption, preterm birth, fetal distress, and even maternal death, necessitating prompt medical evaluation (Inanir et al., 2014; Drabiscakova et al., 2022).

Furthermore, one participant, P10, shared her experience of exposure to teratogens such as hair dye. *“Hindi ko pa alam na buntis ako, nagpahair color pa ako. Hindi ko alam na may baby na pala sa tiyan ko...” (I didn't know I was pregnant; I even got my hair colored, and I didn't know there was a baby in my belly.)*

Frequent or occupational hair dye use during pregnancy, especially from the first trimester onward, is associated with increased risks of low birth weight and stillbirth. In contrast, exposure in the first trimester alone shows no significant link to spontaneous abortion (Shishavan, 2021). These findings highlight potential adverse effects of hair dye exposure on fetal development, warranting caution and further research.

Several participants in this study experienced maternal health risks such as hypertension, anemia, and urinary tract infections (UTIs), which can lead to adverse outcomes like preterm birth, low birth weight, and maternal complications if not properly managed. Hypertension, especially pregnancy-induced hypertension (PIH), is linked to increased risks of placental abruption, preeclampsia, and long-term cardiovascular disease. At the same time, anemia reduces oxygen delivery, contributing to fetal growth restriction and maternal morbidity (Brown et al., 2018; Wang et al., 2025). UTIs raise the risk of preterm labor and serious infections. Still, they can often be prevented or treated with timely screening and antibiotics, along with public hygiene education (Michael, 2017). These findings highlight the need for comprehensive prenatal care that addresses medical, environmental, and educational factors, supporting maternal adaptation and resilience to protect both mother and child.

CONCLUSION AND RECOMMENDATIONS

This section presents the study's key findings, addresses the research questions, and emphasizes important insights. This section also provides practical applications and a guide for future research based on the study's results.

Conclusion

The findings of this study reveal that first-time mothers in Barangay San Luis, Solano, Nueva Vizcaya experience multidimensional physical and emotional challenges in early pregnancy that significantly impact daily routines and overall health. Despite these vulnerabilities, the majority of primigravida women demonstrate adaptive behaviors that support well-being. However, knowledge gaps and unequal access to reliable information highlight the urgent need for more effective, accessible, and tailored antenatal education and counseling.

To address these needs, the study suggests an interdisciplinary approach beyond conventional health education. The task includes establishing structured prenatal classes, support groups, and one-on-one counseling that meet both informational and emotional needs. Including psychosocial support, sleep hygiene education, and health literacy screening in routine prenatal care will further empower first-time mothers. In addition, filling knowledge gaps using reliable internet-based resources and community support systems will further make first-time mothers feel safe and supported.

In conclusion, this study underscores the need for multi-component, person-focused, and accessible interventions that provide emotional, social, and functional support for first-time mothers. With the implementation of these suggestions, clinicians, educators, researchers, and policymakers can collaboratively strengthen support systems, reduce risks associated with pregnancy, and improve maternal and infant health outcomes. Coordinated intervention in this manner is essential to creating an empowering environment that empowers women throughout the entire pregnancy.

Recommendations

Based on the findings of this study, which explored the experiences of first-time mothers in Solano, Nueva Vizcaya, during their first trimester of pregnancy, several key recommendations are proposed.

Pregnant Women

First-time mothers must prioritize early pregnancy awareness and timely prenatal care to avoid missed opportunities for crucial interventions and reduce psychological distress by building supportive networks. They should also seek reliable information, maintain open communication with healthcare providers, and practice preventive self-care, including proper nutrition, rest, stress management, and avoiding teratogens like alcohol and secondhand smoke.

Healthcare Providers

Healthcare providers should implement comprehensive screening for maternal risk factors, especially emotional health issues like anxiety, during the first prenatal visit and use standardized assessments to identify high-risk women. They must also enhance patient education with clear, accessible information, provide trauma-informed, non-judgmental care with personalized counseling, and connect women to community resources and support groups to support first-time mothers.

Health Administrators and Policy Makers

Health administrators must develop culturally sensitive, accessible prenatal education programs to address knowledge gaps about maternal risk factors and establish clear referral channels for timely specialized care. Policymakers should advocate for expanded insurance coverage of early pregnancy care, increase public awareness of avoidable risks, and invest in training healthcare providers to recognize and manage the emotional challenges faced by first-time mothers.

Future Researchers

Future researchers should conduct longitudinal studies following first-time mothers from preconception to postpartum to better understand the development of risk perception and management over time, and evaluate educational interventions to improve risk awareness and healthy behaviors. They should also explore cultural, socioeconomic, and partner influences on risk perception, investigate the role of digital health technologies, and compare first-time and experienced mothers to develop tailored interventions for pregnancy risks.

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