



Lived Experiences of Pregnant Women in Prenatal Classes and Their Influence on Antenatal Anxiety: A Phenomenological Thematic Analysis

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ABSTRACT

Prenatal classes serve as both educational and psychosocial interventions aimed at enhancing maternal preparedness during pregnancy. This study explores the subjective experiences of pregnant women participating in prenatal classes and examines how these experiences influence antenatal anxiety. A qualitative phenomenological study was conducted at the Rappokalling Community Health Center between July and December 2025. Six participants were purposively selected based on predetermined inclusion criteria, including being in the second or third trimester of pregnancy, having attended at least four prenatal class sessions, being in stable physical condition, and demonstrating willingness to participate in in-depth interviews. Data were collected through in-depth semi-structured interviews and analyzed using thematic analysis. Four major themes emerged: (1) enhanced knowledge and understanding of pregnancy and childbirth, (2) Reduced anxiety through relaxing and coping strategies, (3) Social support as an emotional buffer, and (4) Mothers' classes contribute significantly to maternal psychological well-being by increasing health literacy, strengthening emotional regulation, and fostering peer support. Integrating prenatal classes into routine antenatal care is recommended as effective strategy to reduce antenatal anxiety.

INTRODUCTION

Antenatal anxiety is a common psychological condition among pregnant women and may be triggered by hormonal changes, uncertainty regarding childbirth, lack of knowledge, and insufficient social support. Unmanaged anxiety can adversely affect maternal and fetal health, including increased risk of hypertension, sleep disturbances, preterm labor, and postpartum psychological disorders (Fawcett, Fairbrother, Cox, White & Fawcett 2019; Biaggi, Conroy, Pawlby & Pariante 2016; WHO 2016).

Prenatal classes were introduced as an intervention to optimize maternal preparedness by providing education on pregnancy, childbirth, newborn care, relaxation techniques, and emotional support (Suryanti, Nurana & Akbar 2025). These classes also offer opportunities for social interaction among pregnant women, thus creating a supportive learning environment (Mardliyana & Puspita 2023). Despite increasing evidence of the quantitative effectiveness of prenatal classes in reducing anxiety, limited research explores the *subjective experiences* of

pregnant women attending such programs. A qualitative approach is required to deeply understand mothers' perceptions, emotional responses, and meaning-making processes (Heryanti 2024; Putri, Amalia & Kusmawati 2022; Fuada & Setyawati 2016). This study aims to explore pregnant women lived experiences participating in prenatal classes and examine the perceived influence on their anxiety during pregnancy.

METHODS

A qualitative phenomenological design was employed to comprehensively explore the lived experiences and subjective meanings attributed by pregnant women to their participation in prenatal classes. This study adopted a phenomenological approach to capture participants' perspectives in depth within a specific healthcare setting.

Participants were recruited through purposive sampling at the Rappokalling Community Health Center between July and December 2025. A total of six information-rich participants were included, based on predetermined inclusion criteria: being in the second or third trimester of pregnancy, having attended a minimum of four prenatal class session, being in stable physical condition, and demonstrating willingness to participated in in-depth interviews. The sample size was determined based on data saturation, which was reached when no new themes emerged from the interviews.

Data collection was undertaken through semi-structured, in-depth interviews lasting approximately 30–45 minutes, carried out face-to-face in private and comfortable setting. The interview guide explored participants' emotional conditions prior to attending prenatal classes, their learning experiences during the sessions, perceived changes after participation, and reflections on how these experiences influenced their anxiety levels. The interview guide was reviewed prior to use to ensure clarity and relevance.

The interview guide elicited narratives related to participants' emotional states prior to attending the classes, their learning experiences during the sessions, perceived changes following participation, and their reflections on how these experiences influenced their levels of anxiety. All interviews were audio-recorded with consent, transcribed verbatim, and subjected to systematic thematic analysis following the six phases outlined, namely: transcription, data familiarization, initial coding, theme development, theme review, and interpretative synthesis (Heriyanto, 2018) To ensure methodological rigor and trustworthiness, multiple validation strategies were implemented, including member checking to confirm the accuracy of participants' accounts, peer debriefing to reduce researcher bias, and source triangulation to enhance credibility, dependability, and confirmability

RESULTS

The thematic analysis generated four overarching themes that collectively illuminate how participation in prenatal classes shaped women's cognitive, emotional, and social experiences during pregnancy. These themes include: (1) enhanced knowledge and cognitive clarity, (2) reduced anxiety through embodied relaxation practices, (3) social support as an emotional regulator, and (4) expectations and recommendations for program refinement. The

themes are elaborated below with representative quotations to substantiate the analytic claims.

Table 1. Thematic Summary of Pregnant Women’s Experiences in Prenatal Classes

Theme	Subcategories/Codes	Description	Representative Quotes
Theme 1: Enhanced Knowledge and Cognitive Clarity	Understanding normal vs abnormal symptoms; Knowledge of warning signs; Learning breathing and labor stages; Increased self-efficacy	Participants gained clearer knowledge regarding physiological changes, danger signs, and childbirth processes, which reduced uncertainty and strengthened confidence	“I used to panic whenever my stomach felt tight. Now I know what is normal and what is not.”
Theme 2: Reduced Anxiety through Embodied Relaxation Practices	Deep breathing techniques; Prenatal stretching; Physical relaxation and comfort; Improved emotional regulation	Relaxation exercises provided practical coping strategies. Mothers felt calmer, more relaxed, and physically comfortable after practicing the techniques both inside and outside class sessions.	“Whenever I feel anxious, I repeat the breathing practice from class, and I feel calmer.”
Theme 3: Social Support as Emotional Reinforcement	Peer validation; Shared experiences; Emotional reassurance; Supportive healthcare providers	Interaction with peers and midwives created a supportive environment, reduced feelings of isolation, and normalized emotional responses during pregnancy.	“It turns out I’m not the only one who is scared. That made me feel relieved.”
Theme 4: Expectations and Recommendations for Program Refinement	More frequent sessions; Simulation-based labor training; Better spatial/room comfort; Need for printed learning materials	Participants appreciated the program but suggested structural and content improvements to enhance its educational and practical impact.	“It would be better if there were more sessions and some simulations for childbirth.”

Source: Primary Data, 2025

Theme 1: Enhanced Knowledge and Cognitive Clarity

Participants reported improved understanding of physiological changes during pregnancy, recognition of warning signs, and stages of labor. They described greater clarity in distinguishing normal and abnormal symptoms. One participant stated:

“I used to panic whenever my stomach felt tight. Now I know what is normal and what is not.”

Theme 2: Reduced Anxiety through Embodied Relaxation Practices

Participants described using breathing techniques, stretching, and pregnancy exercises learned in the classes. These practices were applied both during and outside class sessions. One participant noted:

“Whenever I feel anxious, I repeat the breathing practice from class, and I feel calmer.”

Theme 3: Social Support as an Emotional Regulator

Participants reported sharing experiences with other pregnant women and receiving support from midwives. They described feeling less alone and more reassured through these interactions. One participant expressed:

"It turns out I'm not the only one who is scared. That made me feel relieved."

Theme 4: Expectations and Recommendations for Program Refinement

Participants suggested increasing the number of sessions, adding simulation-based learning for childbirth, improving room comfort, and providing additional learning materials. One participant stated:

"It would be better if there were more sessions and some simulations for childbirth."

DISCUSSION

The findings of this study demonstrate that prenatal classes contribute substantially to improving pregnant women's psychological well-being by reducing antenatal anxiety through cognitive, behavioral, and psychosocial mechanisms. Consistent with previous international evidence, enhanced maternal knowledge emerged as a central factor influencing emotional stability during pregnancy. Participants described greater clarity in interpreting physiological changes and identifying warning signs, which reduced feelings of uncertainty—one of the primary contributors to antenatal anxiety. This aligns with the Health Belief Model (HBM), which posits that individuals experience lower perceived threat when they possess adequate and accurate health-related information. (Sujawaty, Oli, Rasyid, Yulianingsih & Podungge 2024) Recent studies have confirmed that increased health literacy during pregnancy significantly lowers anxiety and improves decision-making confidence. (Ghotbizadeh et al. 2022; Wulandari 2006)

The study also highlights the pivotal role of relaxation techniques in regulating stress responses. Participants reported that diaphragmatic breathing, stretching, and pregnancy-specific exercises promoted both emotional calmness and physical comfort. These findings are supported by mind-body intervention literature, which indicates that controlled breathing activates the parasympathetic nervous system and reduces physiological arousal associated with anxiety (Noviana 2022; Hopper, Murray, Ferrara & Singleton 2019). Evidence from recent randomized trials further demonstrates that prenatal relaxation interventions lead to significant reductions in antenatal anxiety and depressive symptoms. (Liu, Liao, Jiang, Zhu & Liu 2025; Lever Taylor, Cavanagh & Strauss 2016) The transferability of these relaxation strategies outside the structured class setting reinforces their long-term utility as self-regulation tools.

A third critical theme emerging from the findings is the significance of social support as a psychological buffer. Participants consistently emphasized that sharing experiences with other pregnant women fostered emotional reassurance and normalization of fears. This is in accordance with Social Support Theory, which states that emotional and informational support enhances coping capacity and mitigates psychological distress (Li, Long, Cao & Cao 2017). Recent international studies show that peer interaction during prenatal group sessions reduces maternal fear of childbirth and promotes emotional resilience (Noviana 2022). Supportive interactions with midwives strengthened participants' trust in health services, reinforcing the

importance of relational continuity in antenatal care—an aspect widely endorsed in global maternal health guidelines (WHO 2016)

Participants' recommendations for increasing session frequency, incorporating simulation-based childbirth education, and providing additional materials reflect high engagement and perceived value of the program. This aligns with principles of participatory health education, which emphasize that learner involvement enhances program relevance and sustainability (Noviana 2022; Lassi, Kumar & Bhutta 2016). Evidence from systematic reviews suggests that prenatal programs incorporating maternal feedback demonstrate higher retention rates and better psychosocial outcomes.(Nikoozad, Safdari-Dehcheshmeh, Sharifi & Ganji 2024; Mardliyana & Puspita 2023; Wu 2020). Overall, the pathways through which prenatal classes reduce anxiety can be conceptualized across three dimensions:

- (1) Cognitive mechanisms: increased health literacy reduces uncertainty and enhances maternal self-efficacy (Kara 2025; Ghotbizadeh et al. 2022; Ma 2019).
- (2) Behavioral and physiological mechanisms: relaxation techniques modulate stress reactivity and strengthen coping skills(Rufaindah & Patemah 2024; Noviana 2022) .
- (3) Psychosocial mechanisms: peer and provider support improve emotional regulation and reduce isolation (Sujawaty et al. 2024).

These mechanisms resonate with findings from recent meta-analyses indicating that structured prenatal education significantly reduces antenatal anxiety, fear of childbirth, and psychological distress, particularly when delivered in group-based formats(Noviana 2022; Li et al. 2017; Biaggi et al. 2016).

Collectively, the present findings reinforce the role of prenatal classes as an essential component of comprehensive antenatal care. By integrating psychoeducational and psychosocial elements, prenatal classes provide a multifaceted intervention capable of enhancing maternal well-being. Future research should consider longitudinal designs to explore sustained effects postpartum, as well as the potential differential impact across parity, socioeconomic status, and cultural contexts.

This study has several limitations that should be acknowledged. First, the relatively small sample size may limit the breadth of perspectives captured and reduce the generalizability of the findings. Second, the study was conducted within a specific setting, which may affect the transferability of the results to other populations or contexts with different socio-cultural or healthcare conditions. Third, as the data were collected through self-reported experiences, there is a possibility of response bias, including social desirability bias. Additionally, researcher subjectivity in qualitative analysis may have influenced data interpretation, although efforts were made to ensure analytical rigor through systematic coding and theme development.

CONCLUSION

Prenatal classes constitute a meaningful and multidimensional intervention that effectively assists pregnant women in reducing antenatal anxiety. The program enhances maternal knowledge, equips women with practical relaxation and coping techniques, and fosters social support networks that collectively strengthen psychological well-being. The high level of participant acceptance observed in this study underscores the program's relevance,

feasibility, and value within routine antenatal care. Accordingly, integrating structured prenatal classes into standard maternal health services is strongly recommended to promote a more holistic approach to antenatal care.

Future research should consider employing larger and more diverse samples, as well as longitudinal designs, to capture the sustained effects of prenatal education beyond pregnancy and into the postpartum period. Evaluating long-term psychological, behavioral, and maternal–infant outcomes will further strengthen the evidence base for the role of prenatal classes in improving maternal mental health.

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