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Quality of Life Among High Risk Antenatal Women: A Cross-Sectional Analysis.

 Amala Institute of Medical Sciences

Document Details

Submission ID

trn:oid:::3618:72610979

6 Pages

Submission Date

Nov 29, 2024, 12:18 PM GMT+5:30

2,141 Words

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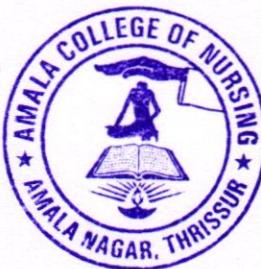
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Quality of Life Among High Risk Antenatal Women: A Cross-Sectional Analysis.

Abstract

Background : Every pregnancy is a unique experience for the women and each pregnancy that the women experience will be new and different(1). Pregnancy is a transitional period during which women experience significant changes in their physical condition, work and family roles and psychological and emotional states(2). In addition to the lifestyle changes that may accompany pregnancy, some women have health issues before pregnancy which if not addressed could lead to complications during her pregnancy while, others develop it during pregnancy which impacts the health and well-being of the mother and the baby(3).

These findings highlight the urgent need to assess quality of life among high risk antenatal women.

Methods : Research approach is quantitative and research design is cross sectional. Setting is antenatal outpatient department of Amala Institute of Medical Sciences, Kerala. Sample size comprised of 82 antenatal women diagnosed as high risk and selected through purposive sampling. Data were coded and analysed by SPSS 23. Quality of life was assessed as proposed by the developers. Fisher Exact test was used to identify the significant association and correlation is analysed using Pearson correlation coefficient.

Key words: High Risk Pregnancy, Quality of Life, Antenatal Women

Introduction

Pregnancy is a period of transition with important physical and emotional changes. Even in uncomplicated pregnancies, these changes can affect the quality of life (QOL) of pregnant women, affecting both maternal and infant health. Hence, assessing the QOL of pregnant women is gaining interest in literature(4). Moreover, motherhood demands adaptation to the intense transformations during the gestational period which is beyond women's control(5). Since the changes inherent to the high risk pregnancy can interfere the QOL of women, the condition of high gestational risk stands out, in which there is a greater probability of achieving unfavourable results, both for the mother and the foetus. It is noteworthy that complications of present pregnancy, as well as discomforts related to pregnancy can worsen the QOL of antenatal women(6). Children of mothers who have poor quality of life during pregnancy may have social, emotional, and behavioural issues as they grow up. In India, the high prevalence of high-risk pregnancies is a matter of concern, and it could be a probable factor for high maternal and neonatal morbidity and mortality in the country(7). A prospective case control study on effects of high-risk pregnancy on prenatal stress levels concluded that prenatal stress levels are higher in high-risk pregnancies than in healthy pregnancies(8). Higher prenatal stress levels in turn curtail the quality of life. It is essential to develop nursing interventions aimed at enhancing appropriate coping strategies to improve QOL in high-risk pregnant women. By reinforcing adaptive coping strategies and mitigating maladaptive coping, these interventions can contribute to better maternal and foetal outcomes and improve the overall well-being of high-risk pregnant women.

Objectives

1. Assess the quality of life among high risk antenatal women
2. Find the association between quality of life among high risk antenatal women with baseline and obstetric variables

Assumption

1. There will be significant reduction in the quality of life among high risk antenatal women

Hypothesis

H₁: There will be significant association between the quality of life of high risk antenatal women with selected baseline and obstetric variables.

Inclusion criteria

Antenatal women

1. With confirmed diagnosis of high risk pregnancy
2. With age of 19 and above
3. Who can read English or Malayalam

Exclusion criteria

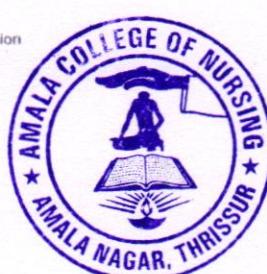
1. Antenatal women with any psychiatric disorders

Review of literature

1. Quality of life among antenatal women with hypothyroidism
2. Quality of life among antenatal women with preeclampsia

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3. Pathological pregnancy and quality of life among antenatal women

Development and description of tool

Tool 1: Questionnaire to assess baseline variables such as age in years, educational status, occupational status, economic status, residence, obstetric variables such as gestational age, gravida, number of children, minor discomforts during pregnancy, high risk complication and haemoglobin.

Tool 11: QOL/GRAV Questionnaire to assess quality of life among high risk antenatal women.

Ethical approval

The Institutional Ethics Committee approved the study (30/EC/24/AIMS-10). In addition written consent was taken from the respondents before the data collection. The participants and attendants informed about their rights of participation in the study and the right of withdrawal at any time without compromising their consultation at the health care institute.

Statistical analysis

The data is entered into Excel worksheet and analysis performed using SPSS 23. Results on continuous measurements are presented in number %. Significance is assessed at 5% level. The association between baseline and obstetric variables with Quality of Life is analysed using Fisher Exact test and correlation is analysed using Pearson correlation coefficient.

Results

The description of baseline and obstetric variables and frequency distribution of the participants are summarized in **Table 1**.

Table 1:Baseline and Obstetric variables of study respondents

Characteristics	Frequency	Percentage	N=82
Baseline variables			
Age in years			
21-25	23	28	
26-30	38	46.3	
31-35	16	19.5	
36-40	5	6.1	
Educational status			
Primary	1	1.2	
Secondary	1	1.2	
Higher secondary	13	15.9	
Degree	43	52.4	
PG and above	24	29.3	
Occupational status			
Professional	38	46.3	
Skilled worker	5	6.1	
Home maker	39	47.6	
Economic status			
BPL	35	42.7	
APL	47	57.3	
Residence			
Urban	35	42.7	
Rural	47	57.3	
Obstetric variables			
Trimester			
First	3	3.7	
Second	7	8.5	
Third	72	87.8	

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Gravida

Primi	40	48.8
Second	29	35.4
Third	11	13.4
Fourth	2	2.4

Number of children

No children	40	48.8
1	33	40.2
2	8	9.8
3	1	1.2

Number of minor discomforts

No discomforts		
1	23	28
2	24	29.3
3	24	29.3
4	9	11

High risk complications	2	2.4
Gestational diabetes	40	48.8
PIH	11	13.4
Anaemia	23	28.1
Polyhydramnios	2	2.4
Oligohydramnios	1	1.2
Placenta praevia	2	2.4
RH negative	1	1.2
Urinary tract infections	1	1.2
Preterm	3	3.7
IUGR	2	2.4
Hypothyroidism	23	28
Multiple pregnancy	5	6.1

Number of high risk complications		75.6
1	62	22
2	18	2.4
3	2	

Haemoglobin

Anaemic	23	28.1
Non-anaemic	59	71.9

Table 1 shows that most of the participants were in the age group of 26-30(46.3%), 43(52.4%) participants had degree qualification, majority (47.6%) of them were homemakers, 58.5% were in APL category and 47 of them were residing in rural area. Most (87.8%) of them were in third trimester, 51.2% were multigravida, 33(40.2%) of them were having only one child. 59 of the participants were having minor discomforts of pregnancy, out of which, 35(42.7%) of them were experiencing more than one minor discomfort. 24.4% (20) of participants were diagnosed to have more than one high risk complications of pregnancy and 28.1% (23) were anaemic.



Assessment of Quality of Life

The description of Quality of Life and frequency distribution of the participants are summarized in **Table 2**.

N=82

Quality of Life	Frequency	Percentage
Not very good	6	7.4
Good	53	64.6
Very good	23	28
Excellent	0	0

Table 2 reveals that, none of the participants had excellent Quality of Life, 7.4% of participant's Quality of life was not very good.

1

The QOL-GRAV is a 9 item questionnaire where 3 items out of nine (item 7,8,9) are reverse coded and are presented in a 5-point Likert format. The Likert range of 1 represents the best and 5 the worst state of QoL. Lower mean scores reflect high QoL and vice versa. According to the developers, QoL is measured as excellent [mean score of 9–18], very good [mean score of 19–27 points], good [mean score of 28–36 points], and not very good [mean score of 37–45 points] (9). Table 3 presents the QoL of the study respondents.

Table 3: Quality of Life of study respondents.

N=82

Items in questionnaire	1 N (%)	2 N (%)	3 N (%)	4 N (%)	5 N (%)
To what extent do you feel that your physical changes associated with this pregnancy do not allow you to do what you need?	11(13.4)	17(20.7)	31(37.5)	20(24.4)	3(3.7)
To what extent do you feel that your psychological changes associated with this pregnancy do not allow you to do what you need?	15(18.3)	18(22)	28(34.1)	18(22)	3(3.7)
How worried are you about not being able to handle household chores?	15(18.3)	17(20.7)	26(31.7)	22(26.8)	2(2.4)
How worried are you about carrying out the pregnancy successfully?	9(11)	21(25.6)	20(24.4)	22(26.8)	10(12.2)
How worried are you about not being able to handle labor and delivery?	22(26.8)	15(18.3)	25(30.5)	19(23.2)	1(1.2)
Have you been forced to cut down your physical activity during this pregnancy?	14(17.1)	12(14.6)	24(29.3)	27(32.9)	5(6.1)
How satisfied are you with your partner now?	-	-	-	6(7.3)	76(92.7)
How satisfied are you with your social life now?	-	4(4.9)	10(12.2)	14(17.1)	54(65.9)
How satisfied are you with how you manage to adapt to this pregnancy?	-	3(3.7)	15(18.3)	24(29.5)	40(48.8)

Table 3 shows the Quality of life of the study participants. Mean Quality of Life score of participants in the current study is 30.43 ± 4.461 .

Analysis between quality of life with baseline and obstetric variables

Table 4: Analysis between QoL with baseline and obstetric variables.

N=82

Characteristics	Quality of life			P Value	R value
	Not very good	Good	Very good		
Age					
21-25	-	14	9		
26-30	2	27	9	0.092	0.171
31-35	4	8	4		
36-40	-	4	1		



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Educational status

Primary	-	-	1	
Secondary	-	1	-	
Higher secondary	-	12	1	0.252
Degree	4	26	13	
PG and above	2	14	8	

Occupational status

Professional	4	23	11	
Skilled worker	1	2	2	
Home maker	1	28	10	

Economic status

BPL	4	22	9	0.461
APL	2	31	14	

Residence

Urban	2	24	9	0.785
Rural	4	29	14	

Trimester

First	-	2	1	
Second	-	4	3	0.699
Third	6	47	19	0.1

Gravida

Prim	3	25	12	
Second	1	19	9	
Third	1	8	2	0.565
Fourth	1	1	0	

Number of children

No children	3	25	12	
1	1	22	10	0.261
2	1	6	1	
3	1	-	-	

Minor discomforts of pregnancy

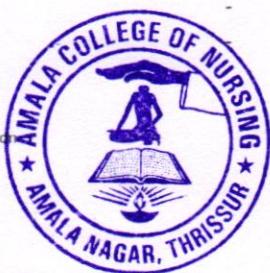
Vomiting	2	8	5	0.515
Fatigue	2	7	2	0.359
Back pain	2	23	6	0.597
Heart burn	3	16	6	0.546
Ankle edema	1	8	4	0.968
Muscle cramps	3	4	3	0.042

Number of minor discomforts of pregnancy

1	1	14	9	
2	3	17	4	0.322
3	2	4	3	
4	-	2	-	

High risk complications

Gestational diabetes	3	24	13	0.665
Pregnancy induced hypertension	-	9	2	0.251
Anemia	1	20	2	0.008
Polyhydramnios	-	2	-	0.412
Oligohydramnios	-	1	-	0.644
Placenta Previa	-	2	-	0.571
RH negative	-	-	1	0.276
Urinary tract infection	-	1	-	0.644



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Preterm	-	3	-	0.262	
Intrauterine growth restriction	-	2	-	0.412	
Hypothyroidism	2	12	9	0.334	
Multiple pregnancy	2	3	-	0.031	
Number of high risk complications					
1	5	36	21	0.178	0.172
2	1	15	2		
3	-	2	-		
Hemoglobin					
Non-anemic	5	33	21	0.008	- 0.232
Anemic	1	20	2		

Table 4 Fisher's exact analysis reported significant association between Quality of Life with pregnancy discomfort leg cramps, high risk complications multiple pregnancy and anaemia. The Spearman's coefficient analysis reveals positive correlation between Quality of Life with age, number of children, number of minor discomforts and number of high risk complications. As the age, number of children, number of minor discomforts and number of high risk complications increased, QoL mean score increased and QoL of antenatal women decreased. Analysis also presents a negative correlation between Quality of Life with level of haemoglobin. As the level of haemoglobin decreased, QoL mean score increased and QoL decreased.

Discussion

1 The present study involved a cohort of 82 high risk antenatal women. The mean QoL scores of the current study respondents were 30.43 ± 4.461 which indicated good QoL. None of the participants had excellent Quality of Life, 53(64.6%) of them were having good QoL life, whereas 7.4% of participant's Quality of Life was not very good. These findings are contradicted by a cross-sectional analysis conducted in Pakistan; the mean QoL scores of the participants were 19.85 ± 4.89 that showed very good QoL.

Conclusion

2 Improving the QoL of high risk antenatal women requires better identification. The general quality and the specific quality of a pregnant woman's life vary. The specific QOL-GRAV scale is more sensitive to the specific experiences during pregnancy that significantly affect a pregnant woman's quality of life. Not many research studies assessed the Quality of life of antenatal women with various high risk complications. In this context, the present study yields valuable data regarding those certain high risk complications such as anaemia and multiple pregnancy that affect the Quality of life of antenatal women. The recognition of affected areas positively and negatively under the perception of the women themselves can guide the creation of strategies in order to improve their QoL.



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