Available online at www.sciencedirect.com
ScienceDirect
journal homepage: http://www.elsevier.com/locate/kontakt

Original research article

Measuring women's quality of life during pregnancy

Lucia Mazúchová *, *Simona Kelčíková*, *Zuzana Dubovická*

Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Institute of Midwifery, Martin, Slovak Republic

ARTICLE INFO

Article history:
Received 12 June 2017
Received in revised form
12 October 2017
Accepted 15 November 2017
Available online xxx

Keywords:
Quality of life
Pregnant women
Risk areas of quality of life
Health promotion

ABSTRACT

The aim of this study was to find out the quality of life of women during pregnancy, which areas of quality of life are the most risky, and to determine the impact of age, parity and period of pregnancy on the quality of life of pregnant women.

The work is a quantitative cross-sectional study. The QOL-GRAV standardized questionnaire was used to assess the quality of life of women during pregnancy. The study consisted of 304 pregnant women (mean age of 27 ± 4.95 years) with a physiological pregnancy. Data were analyzed using descriptive statistics, Pearson's correlation coefficient ($p < 0.005$) and variance analysis (ANOVA) ($p < 0.05$).

The quality of life during pregnancy has proven to be very good and excellent. The most risky areas of quality of life have been expressed in the partner life satisfaction, physical changes causing limitations, physical activity limitations, and the fears of managing labor. There were no statistically significant differences in the quality of life in relation to age, parity and period of pregnancy.

Assessing quality of life is important in terms of timely preventive measures during pregnancy and should lead to an increase in the quality of care for pregnant women and their well-being, with emphasis on the health of pregnant women.

Introduction

Pregnancy puts great demands on the body of a woman that pose psychic, somatic and often also social burden. A woman's experience is individual and depends on a number of factors and circumstances that affect the health and quality of life of mothers to various degrees. Evaluation of quality of life is currently becoming a relatively separate interdisciplinary area [1]. Quality of life includes various aspects such as health, physical comfort, and mental and social dimension [2]. As the main indicators of quality of life, Sováriová Soósová [3] mentions the demographic predictors such as age and sex; the socio-economic characteristics such as education and social status; cultural influences and values; health factors such as functional status; health care services and personality traits. Quality of life in pregnancy is of great importance. Abbaszadeh et al. [2] report that women's vitality is reduced

* *Author for correspondence:* Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Institute of Midwifery, Malá Hora 5, 036 52 Martin, Slovak Republic.
E-mail address: mazuchova@jfmed.uniba.sk (L. Mazúchová).
https://doi.org/10.1016/j.kontakt.2017.11.004

during pregnancy, leading to a decrease in quality of life even during normal pregnancy. According to Mogos et al. [4], women's health should be assessed based on the improvement of the quality of life. In recent decades, the concept of quality of life has been used more and more by researchers, particularly in the area of healthcare. At present, the evaluation and measurement of quality of life provides important information on the health status of different populations [5]. Assessing quality of life is important in terms of prevention and treatment programs used during pregnancy [6].

The aim of this study was to find out the quality of life of women during pregnancy, which areas of quality of life are the most risky, and to determine the influence of age, parity and the period of pregnancy on the quality of life of pregnant women.

Materials and methods

For this research, the design of a cross-sectional quantitative study was chosen and carried out on the basis of a questionnaire survey. The standardized QOL-GRAV questionnaire, focused on assessment of quality of life of pregnant women, was used to gather relevant data and to achieve the goals set. Based on the consent given by the author of the questionnaire, Vachková [7], this questionnaire, specified for the use in pregnancy and of a screening character, was used. The original Czech version of the questionnaire was translated into the Slovak language. The questionnaire has not been validated in the Slovak language, but has been validated in the Czech language. The cultural specification in translating a questionnaire from Czech into Slovak was achieved by the method of backward translation in cooperation with several Slovak language experts. Subsequently, a backward translation into the source Czech language was created in cooperation with several Czech language experts, where the translators did not know the original version of the questionnaire in the Czech language. We have produced several versions of the translation (mutually independent) that were mostly the same.

Identification items (age, trimester, parity, problems during pregnancy) needed for the characteristics of the research file were included in the introduction of the questionnaire. The questionnaire consisted of 9 questions rated on the 5-point Likert scale, with the individual answers corresponding to marks given at school. The best rating was 1 and the worst was 5. The results of the QOL-GRAV questionnaire are interpreted in such a way that the lower the score, the higher the quality of life and the absence of problems associated with specific changes in pregnancy. The questionnaire assessed 4 domains: physical health, experience, social relationships and the environment. Based on the total score, the quality of life was assessed as excellent, very good, good, or not good. This is a valid and reliable tool for evaluating the quality of life of women with physiological pregnancy (Cronbach's alpha coefficient $\alpha c = 0.87$).

Data were analyzed using descriptive statistics, the Pearson's (r) correlation coefficient ($p < 0.005$) and ANOVA (F) ($p < 0.05$).

The clarity of the questionnaire was verified by a pilot study of 5 pregnant women who were contacted based on personal contacts. Based on the pilot study, with the aim of modifying the unclear formulations of possible items, the text has been changed only in two questions, i.e. in terms of technical modifications (word order and punctuation). The consent for implementing the research was obtained from the Ethical Committee of the Žilina Self-Governing Region. A combined method of administering the questionnaires was chosen in three gynecological clinics. Pregnant women were contacted personally during their prenatal counseling at the clinics. They signed the informed consent to be included in the study and were subsequently instructed on how to complete the questionnaire. The questionnaire was filled in by hand on the printed form, or electronically (if the respondents voluntarily provided their e-mail address), and they were forwarded a link to the questionnaire. The printed questionnaires and those in electronic were identical. The return rate of the personally distributed questionnaires was 87.50% ($n = 70$) and the return rate of the electronically distributed questionnaires was 95.38% ($n = 248$). From the total of 318 questionnaires, 2 were excluded due to incorrect or incomplete completion. 12 were excluded due to exclusion criteria (more serious women's problems during pregnancy). As the questionnaire was aimed at women with a physiological pregnancy, respondents who reported more serious problems that assumed a pathological pregnancy were excluded from the study.

A total of 304 questionnaires were used for the study. Research data collection took place between November 2015 and January 2017.

The research file

The survey consisted of 304 respondents with a mean age of 27 years (SD ± 4.95). The choice of respondents was deliberate. Inclusion criteria were predetermined for the research file: current and physiological pregnancy and informed consent of the respondent to be included in the study. The exclusion criteria included problems during pregnancy that predict a pathological pregnancy. Serious problems were considered to be: imminent abortion, vaginal bleeding, premature birth, early cervical shortening, opening of the cervix, Rh incompatibility, preeclampsia, hypertension, gestational diabetes, multiple pregnancy, insufficient placental fetal nutrition, fetal defects, diseases of the mother affecting organs such as the heart, lungs, kidneys, liver, brain, genetic diseases, and infectious disease of the mother.

From the research file, 63.16% of the women were primiparas, 22.37% secundiparas and 14.47% were multiparas. In terms of trimesters, 14.14% of women were in the first trimester, 37.17% in the second trimester and 49.34% were in the third trimester. 62.50% of the respondents had a pregnancy with no problems and 37.50% with minor problems (frequent urination, headaches, back pain, morning sickness, lower limb cramps, etc.).

Results

Most women (55.60%) stated a very good quality of life, 33.89% stated excellent, 9.86% stated good, and 0.65% a not very good quality of life during pregnancy (Table 1).

Please cite this article in press as: Mazúchová, L., et al., Measuring women's quality of life during pregnancy. Kontakt (2017), https://doi.org/10.1016/j.kontakt.2017.11.004