
Quality of life as a fabric in childbearing women and the threads of social support

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QOL as a fabric: but what happens when
gaps occur?

Slide Title

- **Objective:** to explore social support and demographic predictors of health-related quality of life (HRQoL) (mental and physical)

Background

Use this slide as a divider, to highlight key points, to present quotes etc. This slide should consist of no more than a few short sentences.

Background

- Increased demands and challenges placed on childbearing women due to changes in society
 - Mothers experiencing increased levels of distress in perinatal period
 - This may impact on role development and infant development
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- Social support important when mothers are in distress

 - Known as good mediator for maternal distress
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- Maternal wellbeing therefore is important
 - One way of measuring this is by Quality of Life
 - QoL measure provides a multi-dimensional perspective; moves away from ill health as focus is on functioning
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Review of the literature

- HRQoL in childbearing women not widely studied
 - Only one study looked at changes across pregnancy and following childbirth but looked at women with HIV
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Design

- Longitudinal
 - **Sample:** Three public hospitals in metropolitan Brisbane, Australia
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- **Participants:** 473 women recruited at 36 weeks of pregnancy, and 6 and 12 weeks following childbirth
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Methods

- The Short Form-12 (SF-12) Version 2 Health Survey was used to measure the mental and physical domains of HRQoL
 - Social support was measured using the Maternal Social Support Scale (MSSS)
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Results

- Mean scores of HRQoL for both the mental and physical domains were lower than population norms
 - Social support was found to be a significant and consistent predictor of higher HRQoL scores, particularly in the physical domain at 12 weeks following child birth, and mental domain during the perinatal period.
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Characteristic		n(%)
Maternal Age	18-24 years	172(28.40)
	25-29years	197(32.4)
	30-45 year	236(38.8)
Length of	Up to 2 years	85(13.10)
Relationship	3-5 years	179(29.6)
	6-10 years	185(30.6)
	>10 years	94(15.5)
	No responses	62 (10.2)
Partner	With partner	504(83.30)
	Without partner	101(16.7)
First Antenatal Visit	< 20 weeks of pregnancy	521(86.1)
	21-30 weeks of pregnancy	64(10.6)
	31-40 weeks of pregnancy	20(3.3)
Parity	Primigravid	250(41.3)
	Multigravid	355(58.7)
Childbirth	Yes	200(33.1)
Education Classes	No	405(66.9)

Predictors of Physical Domain of Health Related Quality of Life (HRQoL)

Variable	Time 1 β (95% CI)	Time 2 β (95% CI)	Time 3 β (95% CI)
Social support	0.21(-0.04-0.47)	0.28(0.01-0.55)	0.44(0.19-0.68)***

Predictors of Mental Domain of Health Related Quality of Life (HRQoL)

Variable	Time 1 β (95% CI)	Time 2 β (95% CI)	Time 3 β (95% CI)
Social support	0.32(0.02-0.58)*	0.74(0.46-1.02)***	0.89(0.60-1.18)***

- The relationship between social support and HRQoL was found to be independent of other factors including education, length of relationship with partner, age, parity and antenatal visit
 - The only other significant predictor was length of relationship with partner in the mental domain at 36 weeks of pregnancy
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Discussion

- HRQoL dimensions were lower than the Australian norm
 - Similar results reflected in Australian, Canadian and Taiwanese studies
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Discussion

- Mothers with and without partners did not differ significantly re HRQoL. Inconsistent with the literature
 - Mothers without partners had less social support. Could be due to limitation of weighting of scale items
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Implications to practice

- Social support is a significant and consistent thread in the fabric of a mother's HRQoL during the perinatal period
 - Mental health nurses and midwives need to assess social support
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