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Original Article

Quality of life in the puerperal period: importance and satisfaction

Qualidade de vida no período puerperal: importância e satisfação

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Objective: to measure the quality of life of women who are experiencing the puerperium. **Methods:** cross-sectional study performed with 103 postpartum women, based on the application of the Ferrans and Powers Quality of Life Index. **Results:** the average overall quality of life index was 24.77 points. Among the domains, the highest score was obtained in the family domain, and the most affected was the socioeconomic. Presence of pain and socioeconomic conditions were the main reasons for postpartum dissatisfaction, while the most important and most satisfying item was Health of the child and of the family. **Conclusion:** the mothers had high quality of life scores. However, the socioeconomic domain was the most compromised and the family domain presented the best scores, indicating the importance and satisfaction linked to birth and family configuration.
Descriptors: Quality of Life; Postpartum Period; Women's Health; Obstetric Nursing.

Objetivo: mensurar a qualidade de vida de mulheres que estão vivenciando o puerpério. **Métodos:** estudo transversal, realizado com 103 puérperas, a partir da aplicação do instrumento "Índice de Qualidade de Vida", de Ferrans e Powers. **Resultados:** a média do índice de qualidade de vida geral foi de 24,77 pontos. Dentre os domínios, o que teve a maior pontuação foi o família e o mais afetado foi o socioeconômico. Presença de dor e condições socioeconômicas foram os principais motivos de insatisfação das puérperas, enquanto que a saúde dos filhos e da família foi sinalizada como o item mais importante e de maior satisfação. **Conclusão:** as puérperas apresentaram altos escores de qualidade de vida. Contudo, o domínio socioeconômico foi o mais comprometido e o domínio família o que apresentou melhores escores, indicando importância e satisfação diante do nascimento e da configuração familiar.
Descritores: Qualidade de Vida; Período Pós-Parto; Saúde da Mulher; Enfermagem Obstétrica.

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Introduction

According to the World Health Organization, health is not simply the absence of disease, but it is a complex concept that comprises a state of complete physical, mental and social well-being affected by many factors, including working conditions, gender issues, lifestyle, social exclusion, violence and human rights violations[1-2]. This organization[2] defined the term as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. This concept covers physical and psychological aspects of health, as well as independence, belief, social relations and environmental factors[1]. Quality of life encompasses a comprehensive perspective of the individual in its various domains, and changes in health may directly influence it.

The puerperal or postpartum period is a chronologically and individually variable period and begins with the expulsion of the placenta, ending approximately six weeks after delivery. However, the repercussions of pregnancy on the mother's body may persist for up to one year after birth[3].

During this period, women undergo a series of physical, psychological and social transformations, which may lead to diseases[4]. These changes are also directly affected by the stress caused by childbirth, the responsibility of caring for a newborn, and the changes in the daily routine[5].

Thus, it is logical to think that changes in the health of mothers may have consequences on their quality of life. A study conducted in the Netherlands with women in the sixth postpartum week showed that the physical and mental domains were the most compromised during this period[6]. Still, a study conducted in the countryside of the state of São Paulo pointed out that, in the immediate postpartum period (up to two hours after delivery), women had low quality of life scores, with impairment in the functional capacity, physical appearance, and pain domains[7].

Given the results that indicate important changes in the quality of life during the puerperal period and considering the improvement and expansion of women's health care in its prenatal, parturition and postpartum components recommended by the Stork Network[8], it is necessary to know women in all dimensions, considering their sociodemographic characteristics, obstetric history, health conditions and life habits, so that nurses and other health professionals may provide quality care based on the uniqueness of individuals and on the principle of humanization[7-9].

This study is justified by the need to know the dimensions of quality of life affected in these women who are experiencing a complex period and transformations in their lives, and to promote actions for health promotion, protection and recovery in the puerperal period.

This study aimed to measure the quality of life of women who are experiencing the puerperium.

Methods

This is a cross-sectional study conducted with women in the puerperal period. Data were collected from March to December 2017 at a teaching hospital in the city of Uberaba, Minas Gerais State, Brazil.

The sample consisted of women who were experiencing the puerperium (in the first week or up to 90 days after delivery), who returned for postpartum consultation and/or consultation for follow-up of the neonate scheduled at the institution; who could read and write; who were able to answer the questionnaire regardless of age (puerperal women under the age of 18 had the Informed Consent Form signed by their parents and/or legal guardians and gave their consent).

The exclusion criteria were: puerperal women whose outcome of pregnancy was abortion, fetal death, stillbirth or neonatal death, as well as puerperal women counter-referred for puerperal care at the Pri-

mary Health Care or Family Health Strategy Unit where they had prenatal consultations, and women who had given birth in other institutions. Thus, 103 postpartum women met these criteria and were included in the sample; they also represented the population of this study, meeting the inclusion and exclusion criteria.

Data were obtained through interviews with the mothers and/or extracted from their medical records. All women were approached in the waiting room moments before the consultation for puerperal and/or neonatal care at the teaching hospital's outpatient clinics and interviewed before or after the consultation, during the period for data collection.

The mothers were asked to answer a questionnaire that addressed data on sociodemographic aspects, health conditions, obstetric history, birth, and data about the newborn. The questionnaire was prepared by the researchers based on the information contained in institutional records and tested through a pilot study, proving to be adequate to respond to the variables of interest of the study.

To measure Quality of Life scores, we used the generic version of the Quality of Life Index developed by researchers Carol Estwing Ferrans and Marjorie Powers, from the University of Chicago and Illinois - USA. The instrument has two parts: the first is associated with satisfaction, and the score of each question varies on a scale from one (very dissatisfied) to six (very satisfied); the second part reflects the importance attached to its items, also in a scoring scale ranging from one (unimportant) to six (very important)[10-11]. The Quality of Life Index is a validated instrument, translated into Brazilian Portuguese and available for free use, as well as its syntax.

The instrument measures overall quality of life and subdivides its items into four domains for which it generates the respective scores. They are: health and functioning; psychological and spiritual; family; and socioeconomic. The score ranges from 0-30 for all versions, and the higher the final score, the better the quality of life[10-11].

After collection, data were coded and double entered, validated, and stored in Excel® spreadsheets. Then, they were transported to the Statistical Package for the Social Sciences (version 23) and analyzed through descriptive statistics: frequency, measures of central tendency (mean) and dispersion (standard deviation, minimum and maximum).

All participants were informed about the study. The study was approved by the Research Ethics Committee of the Federal University of Triângulo Mineiro under Opinion nº 1,774,885.

Results

The characterization of the 103 mothers interviewed showed an average age of 25.81 (± 6.51) years, ranging from 14 to 42 years. Of these women, 43 (41.7%) declared themselves to be brown, 43 (41.7%) had no paid activity, 50 (48.5%) were Catholic, 40 (38.8%) had completed high school, and 51 (49.5%) had a family income of one to two minimum wages. Most were married 67 (65.0%), owned their own home 58 (57.3%) and resided in the municipality of the institution 70 (68.0%).

Regarding health conditions and habits, nine (8.7%) reported alcoholism, six (5.7%) smoking, and one reported using illicit drugs; 31 (30.1%) had diseases before pregnancy, with hypertension, eight (25.8%), and hypothyroidism, six (22.6%), being the most frequent. However, in 73 (70.9%) cases, pregnancy caused diseases, the most common being hypothyroidism 19 (26.0%); hypertensive syndromes 15 (20.5%); gestational diabetes, eight (10.9%); anemia and syphilis (four, 5.5% each); and depression, two (2.7%). Regarding obstetric history, the data are presented in Table 1.

Table 1 – Obstetric history of the 103 postpartum women interviewed

Variables	Mean	Standard deviation	Minimum	Maximum
Number of pregnancies	2.46	1.54	1	9
Number of deliveries	2.23	1.41	1	9
Number of abortions	0.24	0.47	0	2
Number of prenatal consultations	8.14	2.45	0	14
Gestational age (in weeks)	38.54	1.53	33	42
Birth weight (in grams)	3090.58	636.85	1260	4495
Apgar at 1st minute of life	8.40	1.31	2	10
Apgar at 5th minute of life	8.86	0.68	6	10
First consultation for postpartum care (in days)	36.10	18.69	8	125

Regarding the type of delivery, 49 (47.6%) women had cesarean sections and, of these, 20 (40.8%) were indicated due to changes in fetal vitality; 11 (2.4%) due to maternal pathological decompensation; and 11 (22.4%) due to iterativity. Normal delivery with episiotomy happened in 29 (28.2%) cases and normal delivery without interventions in 25 (24.3%), which together accounted for the majority of the delivery routes 54 (52.5%). In the sample, there were no postpartum women who underwent forceps delivery.

At the time of the interview, 93 (90.3%) reported being breastfeeding, 73 (70.9%) were on exclusive breastfeeding, and 20 (19.4%) on mixed breastfeeding; 66 (64.1%) considered breastfeeding as excellent; 26 (24.2%) reported nipple trauma, being abrasion 16 (15.5%) and cleft nine (8.7%) the most frequent. The return of the woman to the institution ranged from eight to 90 days, with a mean of 36.1 (± 18.7) days after delivery.

The total average quality of life score was 24.77 (± 3.21) and the domain of the Quality of Life Index that presented the highest score was the family, and the most affected was the socioeconomic. The psychological/spiritual domain showed the highest variation (Table 2).

Table 2 – Overall quality of life index and according to domain of the 103 postpartum women interviewed

Quality of life Index	Mean	Standard-deviation	Minimum	Maximum
Total	24.77	3.21	13.89	30
Health and functioning	24.51	4.00	12.79	30
Socioeconomic	22.33	4.46	10.38	30
Psychological/spiritual	25.80	4.25	4.64	30
Family	27.55	2.40	20.4	30

As for the aspects of quality of life addressed in the instrument, the items that had the lowest score in terms of satisfaction of the mothers were: satisfaction with the home (3.27); with the support received (4.22); with social conditions (4.30); with neighbors (4.34); and pain (4.50). The following items had the highest satisfaction scores: satisfaction with the child (children) (5.92); with faith in God (5.89); with the happiness of the family (5.83); with the possibility of living as wished (5.82); and envisioning the possibility of a happy future (5.81).

Regarding the importance attributed to the aspects of quality of life, the items that had lower scores were: it is important not to have concerns (4.73); the relationship with neighbors (4.92); the relationship with friends (5.25); having a job (5.36); and being oneself (5.48). Greater importance was attached to the following aspects: health of the family (5.89) and of the children (5.89); happiness of the family (5.85); the own health (5.85); absence of pain (5.82); and care with own health (5.81).

Discussion

The limitations of the study were related to the method used, because it was a cross-sectional study, and regarding external validity, since the data cannot be generalized to other realities and no causal relationships can be established.

This study contributed by revealing aspects affected in the quality of life of women who were undergoing a complex period characterized by changes,

and had the objective of, through the understanding of these factors, providing qualified and humanized attention, respecting the singularities of this period and of each woman, and also providing support to individual and collective health actions aimed at this public.

The mean score obtained in the overall quality of life was similar to the one found in another study conducted in Ceará with women who were experiencing the puerperium[12].

Similarly, in other studies conducted in Brazil[10] and in other countries[13-14], which used different instruments for data collection, high overall quality of life scores were observed. However, studies conducted in the Netherlands[6], Canada[15], and Sweden[16] showed greater impairment in quality of life scores, especially in the physical and mental domains. However, it is noteworthy that such studies were conducted with mothers who had diseases during pregnancy and/or the postpartum period, which may have negatively influenced the quality of life scores[6,15-16].

In this study, the domain of quality of life that obtained the highest average, and the lowest average score was the family, the social and economic domains, respectively, corroborating another research with puerperal women conducted in Brazil[10]. These results are strengthened in a survey conducted in the Center-North Nigeria of 550 postpartum women between the sixth and eighth weeks postpartum, on quality of life and depression, which showed that the social relationship domain was the highest scored, showing the importance of social networking for these women. In this same study, the domain that obtained the lowest score was the environmental one[17].

The importance of family support for postpartum woman at this time of life is noteworthy. This association is evident from the results of a study conducted in South Korea, which showed a negative correlation between satisfaction with support from the partner and signs of depression; health conditions and postpartum symptoms[5]. Similarly, a study conducted in southern India with 274 postpartum women between the sixth and eighth weeks after delivery showed an association between higher quality of life scores and postpartum social support, including support from husband, family, friends and parents. Regarding the socioeconomic domain, this study from southern India showed that socioeconomic status was positively correlated with the highest scores[18].

A study that evaluated the quality of life in adolescent mothers showed similar results to those of the present study: the psychological/spiritual domain had the largest variation in the scores. There was greater satisfaction with the following aspects of quality of life: "faith in God", "happiness of the family" and "children". This study showed that, among the questions with lowest scores, the fact of not having a job stood out both in satisfaction and importance, contributing to the lower scores in the socioeconomic domain. It is noteworthy that unemployment in the postpartum period may become a limitation for the independence of the women[10].

In contrast, a study conducted in South Korea with 148 postpartum women showed that women who returned to work had worse self-care performance, demonstrating the influence of overload of activities on women's health[5].

An intervention study conducted with 168 puerperal women, in which the intervention consisted of five nursing consultations, showed a higher rate of exclusive breastfeeding; greater adherence to colpocytological examination; and use of ferrous sulfate and improvements in maternal vaccination coverage[19], indicating the importance of puerperal follow-up and its benefits to maternal health.

We emphasize the importance of family and social support in the puerperal period, as well as the need to evaluate women in their uniqueness during this period. Understanding aspects and intervening in the face of needs can prevent diseases and problems. It is, therefore, up to nurses and other health professionals to detect changes that compromise the health of these women in order to ensure better conditions for them, their children and their families.

Conclusion

The women had high quality of life scores. However, the socioeconomic domain was the most compromised in this period and the family domain was the one with the best scores, indicating the importance and satisfaction with birth and family configuration. The presence of pain and socioeconomic conditions were the main reasons for dissatisfaction among the women, while the health of the children and the family was pointed as the most important and most satisfying item for them.

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Collaborations

Condeles PC, Silva SGF and Ruiz MT contributed to the design of the project, analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, and final approval of the version to be published. Fernandes DB, Parreira BDM and Paschoini MC contributed with the final approval of the version to be published.

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