West Middlesex University Hospital

Date: 22 January 2018
Sources: Medline, Embase, CINAHL, PsycINFO.

Postnatal Validated QOL Tools

See full search strategy

1. Prediction of escape red blood cell transfusion in expectantly managed women with acute anaemia after postpartum haemorrhage.

Author(s): Prick, B W; Schuit, E; Mignini, L; Jansen, A J G; van Rhenen, D J; Steegers, E A P; Mol, B W; Duvekot, J J; EBM Connect Collaboration

Source: BJOG : an international journal of obstetrics and gynaecology; Dec 2015; vol. 122 (no. 13); p. 1789-1797

Publication Date: Dec 2015

Publication Type(s): Research Support, Non-u.s. Gov't Randomized Controlled Trial Multicenter Study Journal Article

PubMedID: 25600160

Available at BJOG : an international journal of obstetrics and gynaecology - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract:OBJECTIVETo determine clinical predictors of escape red blood cell (RBC) transfusion in postpartum anaemic women, initially managed expectantly, and the additional predictive value of health-related quality of life (HRQoL) measures.DESIGN Secondary analysis of women after postpartum haemorrhage, either randomly allocated to, or opting for expectant management.SETTINGThirty-seven hospitals in the Netherlands.POPULATIONA total of 261 randomised and 362 nonrandomised women.METHODSWe developed prediction models to assess the need for RBC transfusion: one using clinical variables (model 1), and one extended with scores on the HRQoL-measures Multidimensional Fatigue Inventory (MFI) and EuroQol-5D (model 2). Model performance was assessed by discrimination and calibration. Models were internally validated with bootstrapping techniques to correct for overfitting.MAIN OUTCOME MEASURESEscape RBC transfusion.RESULTSSeventy-five women (12%) received escape RBC transfusion. Independent predictors of escape RBC transfusion (model 1) were primiparity, multiple pregnancy, total blood loss during delivery and haemoglobin concentration postpartum. Maternal age, body mass index, ethnicity, education, medical indication of pregnancy, mode of delivery, preterm delivery, placental removal, perineal laceration, Apgar score and breastfeeding intention had no predictive value. Addition of HRQoL-scores (model 2), significantly improved the model's discriminative ability: c-statistics of model 1 and 2 were 0.65 (95% CI 0.58-0.72) and 0.72 (95% CI 0.65-0.79), respectively. The calibration of both models was good.CONCLUSIONSIn postpartum anaemic women, several clinical variables predict the need for escape RBC transfusion. Adding HRQoL-scores improves model performance. After external validation, the extended model may be an important tool for counselling and decision making in clinical practice.

Database: Medline

2. A systematic review of quality of life measures in pregnant and postpartum mothers

Author(s): Mogos, Mulubrhan F.; August, Euna M.; Salinas-Miranda, Abraham A.; Sultan, Dawood H.; Salihu, Hamisu M.

Source: Applied Research in Quality of Life; Jun 2013; vol. 8 (no. 2); p. 219-250

Publication Date: Jun 2013

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 23734167

Available at Applied Research in Quality of Life - from SpringerLink

Available at Applied Research in Quality of Life - from nih.gov

Abstract: Quality of life has emerged as an essential health component that broadens the traditionally narrow concerns focused on only morbidity and life expectancy. Although a growing number of tools to measure quality of life are in circulation, there is a lack of guidelines as well as rigorous assessment for their use with pregnant and postpartum populations. It is also unclear whether these instruments could validly be employed to measure patient-reported outcomes in comparative effectiveness research of maternal care interventions. This paper reviews articles cited in CINAHL, COCHRANE, EMBASE, PSYCINFO, and PUBMED that addressed quality of life in pregnant and postpartum populations. Instruments used to measure quality of life in selected articles were assessed for their adherence to international guidelines for health outcomes instrument development and validation. The authors identified 129 articles that addressed quality of life in pregnant and/or postpartum women. Out of these, only 64 quality (generic and specific) scales were judged relevant to be included in this study. Analysis of measurement scales used in the pregnant and/or postpartum populations revealed important validity, reliability and psychometric inadequacies that negate their use in comparative effectiveness analysis in pregnant and post-partum populations. Valid, reliable, and responsive instruments to measure patient-reported outcomes in pregnant and postpartum populations are lacking. To demonstrate the effectiveness of various treatment and prevention programs, future research to develop and validate a robust and responsive quality of life measurement scale in pregnant and postpartum populations is needed. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Database: PsycINFO

3. Factors Associated with Postpartum Maternal Functioning in Women with Positive Screens for Depression.

Author(s): Barkin, Jennifer L.; Wisner, Katherine L.; Bromberger, Joyce T.; Beach, Scott R.; Wisniewski, Stephen R.

Source: Journal of Women's Health (15409996); Jul 2016; vol. 25 (no. 7); p. 707-713

Publication Date: Jul 2016

Publication Type(s): Academic Journal

Abstract: Background: Functional assessment may represent a valuable addition to postpartum depression screening, providing a more thorough characterization of the mother's health and quality of life. To the authors' knowledge, this analysis represents the first examination of postpartum maternal functioning, as measured by a patient-centered validated tool aimed at ascertainment of functional status explicitly, and its clinical and sociodemographic correlates. Materials and Methods: A total of 189 women recruited from a large, urban women's hospital in the northeastern United States who both (1) screened positive for depression between 4 and 6 weeks postpartum and (2) completed a subsequent home (baseline) visit between October 1, 2008, and September 4, 2009, were included in this analysis. Multiple linear regression was conducted to ascertain which clinical and sociodemographic variables were independently associated with maternal functioning. Results: The multivariate analysis revealed independent associations between bipolar status, atypical depression, depression score (17-item Hamilton Rating Scale for Depression), and insurance type with postpartum maternal functioning. The beta coefficient for bipolar status indicates that on average we would expect those with bipolar disorder to have maternal functioning scores that are 5.6 points less than those without bipolar disorder. Conclusions: Healthcare providers treating postpartum women with complicating mental health conditions should be cognizant of the potential ramifications on maternal functioning. Impaired functioning in the maternal role is likely to impact child development, although the precise nature of this relationship is yet to be elucidated.

Database: CINAHL

4. The feasibility and acceptability of using the Mother-Generated Index (MGI) as a Patient Reported Outcome Measure in a randomised controlled trial of maternity care

Author(s): Symon A.; Downe S.; Finlayson K.W.; Knapp R.; Diggle P.

Source: BMC medical research methodology; Nov 2015; vol. 15 ; p. 100

Publication Date: Nov 2015

Publication Type(s): Article

PubMedID: 26582386

Available at BMC medical research methodology - from BioMed Central

Available at BMC medical research methodology - from Europe PubMed Central - Open Access

Abstract:BACKGROUND: Using patient-reported outcome measures (PROMs) to assess Quality of Life (QoL) is well established, but commonly-used PROM item-sets do not necessarily capture what all respondents consider important. Measuring complex constructs is particularly difficult in randomised controlled trials (RCTs). The Mother-Generated Index (MGI) is a validated antenatal and postnatal QoL instrument in which the variables and scores are completely respondent-driven. This paper reports on the feasibility and acceptability of the MGI in an RCT, and compares the resulting variables and QoL scores with more commonly used instruments.METHODS: The single-page MGI was included at the end of a ten page questionnaire pack and posted to the RCT participants at baseline (28-32 weeks' gestation) and follow-up (six weeks postnatal). Feasibility and acceptability were assessed by ease of administration, data entry and completion rates. Variables cited by women were analysed thematically. MGI QoL scores were compared with outcomes from the EQ-5D-3 L; Edinburgh Postnatal Depression Scale; Satisfaction With Life Scale; and State Trait Anxiety Inventory.RESULTS: Six hundred and seventy eight pregnant women returned the pack at baseline; 668 completed the MGI (98.5%); 383/400 returns at follow up included a completed MGI (95.7%). Quantitative data were scanned into SPSS using a standard data scanning system, and were largely error-free; qualitative data were entered manually. The variables recorded by participants on the MGI forms incorporated many of those in the comparison instruments, and other outcomes commonly used in intrapartum trials, but they also revealed a wider range of issues affecting their quality of life. These included financial and work-related worries; moving house; and concerns over family illness and pets. The MGI scores demonstrated low-to-moderate correlation with other tools (all r values p<.01).CONCLUSIONS: Without face-to-face explanation and at the end of a long questionnaire, the MGI was feasible to use, and acceptable to RCT participants. It allowed individual participants to include issues that were important to them, but which are not well captured by existing tools. The MGI unites the explanatory power of qualitative research with the comparative power of quantitative designs, is inexpensive to administer, and requires minimal linguistic and conceptual translation.TRIAL REGISTRATION: ISRCTN27575146 (date assigned 23 March 2011).

Database: EMBASE

5. Obstetric bleeding and transfusion

Author(s): Jansen A.J.G.; Prick B.W.; Duvekot J.J.

Source: Vox Sanguinis; Jun 2015; vol. 109 ; p. 53-54

Publication Date: Jun 2015

Publication Type(s): Conference Abstract

Abstract: Postpartum haemorrhage (PPH) is one of the top 5 causes of maternal mortality both in developed and developing countries. PPH is commonly defined as blood loss of <=500 ml within 24 h after birth and severe PPH as blood loss of <=1000 ml. The incidence is increasing over the last decade, with reports varying from 4% to 8% in the developed world up to 19% in developing countries. In the Netherlands we reported an incidence of severe PPH (defined as <=1000 ml blood loss) of 4.5% in the period 2000.2008. The causes of PPH can be classified into: (i) uterine atony, (ii) placental problems including retained placenta and abnormal placental implantation, (iii) genital tract trauma and (iv) systemic medical disorders (including inherited and acquired coagulation defects). As the majority of women who experience PPH complications have no identifiable clinical or historical risk factors, all women must be considered at risk and active third stage management is recommended in all women to prevent PPH. Risk factors associated with PPH can be divided into maternal and pregnancy characteristics, medical interventions and health care setting. Maternal symptoms of PPH vary between none to death, but in general PPH leads to lower physical health related quality of life (HRQoL) scores, especially physical fatigue. Treatment of PPH involves medical, mechanical- and surgical methods or combinations of these methods. Despite several techniques to reduce blood loss during delivery, red blood cell (RBC) transfusion is often necessary in the treatment of women who suffered from PPH. Apart from the life-saving restoration of the initial hemodynamic instability, RBC transfusion is also prescribed to treat the side-effects of acute anaemia, including HRQoL, especially fatigue. To determine the effect of RBC transfusion on HRQoL in patients with acute postpartum anaemia we performed a randomized non-inferiority clinical trial. Women with acute anaemia (Hb 4.8-7.9 g/dl; 12-24 h postpartum and without severe anaemic symptoms) were allocated to RBC transfusion or a restrictive transfusion policy. With only small differences in physical fatigue scores and no differences in secondary outcomes we recommend implementation of a restrictive transfusion policy for this specific patient group. Additionally, this restrictive transfusion policy saves 438 per woman compared to a liberal transfusion policy. To determine clinical predictors for receiving RBC transfusion in women initially managed with a restrictive transfusion policy, we performed a secondary analysis. Independent predictors found were primiparity, multiple pregnancy, total blood loss during delivery and haemoglobin concentration postpartum. Adding HRQoL scores based on the Multidimensional Fatigue Inventory and EuroQoL-5D questionnaires improved our model significantly. After external validation, the extended model may be an important tool for counselling and decision making in clinical practice. Postpartum haemorrhage is an obstetrical emergency requiring an immediate response and a multidisciplinary approach. In this presentation we recommend: 1. an increased awareness of, and focus on prevention of postpartum haemorrhage; 2. implementation of a restrictive transfusion policy in women with acute PPH without severe anaemic complaints, and 3. implementation of HRQoL scores for counselling and decision making in clinical practice regarding transfusion policy after PPH.

Database: EMBASE

6. Reimagining the General Health Questionnaire as a measure of emotional wellbeing: a study of postpartum women in Malta.

Author(s): Spiteri, M C; Jomeen, J; Martin, C R

Source: Women and birth : journal of the Australian College of Midwives; Dec 2013; vol. 26 (no. 4); p. e105

Publication Date: Dec 2013

Publication Type(s): Journal Article

PubMedID: 23886580

Abstract:BACKGROUNDPostpartum health has been subject to a focus on psychological morbidity, despite positive associations between postpartum recovery and maternal emotional wellbeing. There are currently many validated tools to measure wellbeing and related concepts, including non-psychiatric morbidity. The General Health Questionnaire, 12 items (GHQ-12) is one such instrument, widely used and validated in several languages. Its use in postpartum settings has been documented with disagreement about the instrument's utility in this population, particularly in relation to scoring method and threshold. The GHQ-12 has never been translated into Maltese. This study explored the psychometric properties of the GHQ-12 in a Maltese postpartum population to consider if the use of a different scoring method (visual analogue scale) in the GHQ-12 can determine postpartum wellbeing.METHODSOne hundred and twenty-four postpartum women recruited from one hospital in Malta completed the translated and adapted GHQ-12 as a wellbeing measure (GHQ-12(WB)) at four postpartum time points. The psychometric properties of the GHQ-12(WB) were explored using confirmatory factor analysis, discriminant and divergent validity and reliability analysis.RESULTSThe GHQ-12(WB) demonstrated good divergent and known-groups validity and internal consistency. No models offered a good fit to the data. The overall consistent best-fit to the data was an eight item, two factor model (GHQ-8). Model fit improved across all models in terms of CFI at 13 weeks.CONCLUSIONFindings generally support the reliability and validity of the Maltese version of the GHQ-12(WB). Model fit changes over time reflect the dynamic nature of postpartum recovery. Further evaluation of the GHQ-8(WB) is recommended.

Database: Medline

7. Assessment of QOL indicators in the postpartum period

Author(s): Baghirzada L.; Downey K.; Macarthur A.

Source: Canadian Journal of Anesthesia; Jun 2012; vol. 59

Publication Date: Jun 2012

Publication Type(s): Conference Abstract

Available at Canadian Journal of Anesthesia - from SpringerLink

Available at Canadian Journal of Anesthesia - from ProQuest (Hospital Premium Collection) - NHS Version

Available at Canadian Journal of Anesthesia - from Free Medical Journals . com

Abstract: Introduction: Although specific maternal morbidity in the postpartum period has been well documented in the literature, this 6 week period has generally been largely ignored by health care delivery systems. QOL tools have not been commonly used in obstetric anesthesia studies, moreover there are currently few instruments available for measuring the mothers' health-related quality of life. The short form of World Health Organization Quality of Life assessment (WHOQOL-Bref) tool has been recently validated in a sample of postpartum women and shown to be reliable measure of quality of life 1. The Nottingham Health Profile (NHP) was devised in the 1980's to provide information about health services. NHP is shorter and easier to implement, which also makes it fairly inexpensive. The aim of this study was to assess the usefulness of NHP in postpartum period and to evaluate psychometric characteristics of this quality of life instrument. Methods: Following REB approval, a random sample of 133 English speaking women was entered into the study prior to discharge and women completed the scale in-hospital between 24-48 hours of delivery. Participants were then mailed/emailed the NHP questionnaire at 7 days postpartum and a sample of women was randomized to complete it by phone. WHOQOL-Bref was sent by mail/email along with NHP at the 7 day questionnaire point. Results: We approached 398 women. 181 patients consented to participate in the study and filled out NHP at 24-48 hrs after delivery. 133 patients responded to the follow up postpartum contact, giving a 74% response rate. The mean age of the women was 34 with the median parity of 2. 50% had vaginal delivery. The NHP tool indicated that in the acute setting physical ability, energy level and pain were the most affected components of quality of life. At 1-2 week follow up women were describing greatest difficulties with energy level and pain domains. The scores for physical ability, pain, sleep, energy level significantly improved compared to baseline, whereas the scores for social isolation and emotional reactions remained similar to baseline values. Energy level and Emotional reaction domains of NHP showed moderate correlations with physical and psychological health dimensions of WHOQOL BREF tool. NHP scores at 1-2 week follow up were significantly lower in physical ability, pain and energy level domains for women who had caesarean delivery compared to vaginal delivery group. Discussion: NHP scale was found to be suitable for evaluation of quality of life in the population of postpartum women and showed reasonable feasibility, reliability, and validity of the measures in a clinical obstetric setting. NHP did not demonstrate significant impairment in the domains of emotional reaction and social isolation at 1-2 week follow up, therefore it may not be the best tool to screen for postpartum depression. To our knowledge this is the first study evaluating the usefulness of NHP in postpartum population as well as the first study evaluating quality of life in the postpartum period of Canadian women.

Database: EMBASE

8. Perinatal quality of life: is it important for childbearing women?

Author(s): Jomeen, Julie; Martin, Colin

Source: The practising midwife; Apr 2012; vol. 15 (no. 4); p. 30-34

Publication Date: Apr 2012

Publication Type(s): Journal Article Review

PubMedID: 22662538

Abstract: Acknowledgement of and support for women's psychological and social health and wellbeing across the childbearing spectrum is a core aspect of contemporary maternity care provision. These broader definitions of health and wellbeing have stimulated a growing interest in and acknowledgement of the concept of quality of life as important in pregnant and postnatal women. Accruing evidence would suggest that a number of aspects of the childbearing experience, linked to physiological change, physical demand, clinical events, outcomes and complications and emotional transition across the perinatal period, are relevant to a woman's perceived quality of life. In addition, those perceptions of quality of life may have further implications for both physical and psychological wellbeing. It could be argued that accurate assessment of quality of life, however, requires reliable tools that have been either designed for or validated in childbearing populations. This paper briefly presents some of the issues related to quality of life in pregnancy and the postnatal periods and discusses some of the available measures to assess quality of life in childbearing women.

Database: Medline

9. Health-related quality of life after induction of labor versus expectant monitoring in gestational hypertension or preeclampsia at term.

Author(s): Bijlenga, Denise; Koopmans, Corine M; Birnie, Erwin; Mol, Ben-Willem J; van der Post, Joris A; Bloemenkamp, Kitty W; Scheepers, Hubertina C; Willekes, Christine; Kwee, Anneke; Heres, Marion H; Van Beek, Erik; Van Meir, Claudia A; Van Huizen, Marloes E; Van Pampus, Maria G; Bonsel, Gouke J

Source: Hypertension in pregnancy; 2011; vol. 30 (no. 3); p. 260-274

Publication Date: 2011

Publication Type(s): Research Support, Non-u.s. Gov't Randomized Controlled Trial Multicenter Study Journal Article

PubMedID: 21740249

Abstract:OBJECTIVEGestational hypertension (GH) and preeclampsia (PE) are major contributors to maternal and neonatal morbidity and mortality. In GH or PE, labor may be either induced or monitored expectantly. We studied maternal health-related quality of life (HR-QoL) after induction of labor versus expectant monitoring in GH or PE at term. We performed the HR-QoL study alongside a multicenter randomized controlled trial comparing induction of labor to expectant monitoring in women with GH or PE after 36 weeks.METHODSWe used written questionnaires, covering background characteristics, condition-specific issues, and validated measures: the Short-Form (SF-36), European Quality of Life (EuroQoL 6D3L), Hospital Anxiety and Depression Scale (HADS), and Symptom Checklist (SCL-90). Measurements were at the following time points: baseline, 6 weeks postpartum, and 6 months postpartum. A multivariate mixed model with repeated measures was defined to assess the effect of the treatments on the physical component score (PCS) and mental component score (MCS) of the SF-36. Analysis was by intention to treat.RESULTSWe analyzed the data of 491 randomized and 220 nonrandomized women. We did not find treatment effect on long-term HR-QoL (PCS: $p = 0.09$; MCS: $p = 0.82$). The PCS improved over time ($p < 0.001$) and was better

in nonrandomized patients (p = 0.02).CONCLUSIONDespite a clinical benefit of induction of labor, long-term HR-QoL is equal after the induction of labor and expectant management in women with GH or PE beyond 36 weeks of gestation.

Database: Medline

10. Poor Health-related Quality of Life After Severe Preeclampsia.

Author(s): Hoedjes, Meeke; Berks, Durk; Vogel, Ineke; Franx, Arie; Duvekot, Johannes J.; Steegers, Eric A. P.; Raat, Hein

Source: Birth: Issues in Perinatal Care; Sep 2011; vol. 38 (no. 3); p. 246-255

Publication Date: Sep 2011

Publication Type(s): Academic Journal

PubMedID: 21884233

Abstract: Background: Preeclampsia is a major complication of pregnancy associated with increased maternal morbidity and mortality, and adverse birth outcomes. The objective of this study was to describe changes in all domains of health-related quality of life between 6 and 12 weeks postpartum after mild and severe preeclampsia; to assess the extent to which it differs after mild and severe preeclampsia; and to assess which factors contribute to such differences. Methods: We conducted a prospective multicenter cohort study of 174 postpartum women who experienced preeclampsia, and who gave birth between February 2007 and June 2009. Health-related quality of life was measured at 6 and 12 weeks postpartum by the RAND 36-item Short-Form Health Survey (SF-36). The population for analysis comprised women (74%) who obtained scores on the questionnaire at both time points. Results: Women who experienced severe preeclampsia had a lower postpartum health-related quality of life than those who had mild preeclampsia (all $p < 0.05$ at 6 wk postpartum). Quality of life improved on almost all SF-36 scales from 6 to 12 weeks postpartum ($p < 0.05$). Compared with women who had mild preeclampsia, those who experienced severe preeclampsia had a poorer mental quality of life at 12 weeks postpartum ($p < 0.05$). Neonatal intensive care unit admission and perinatal death were contributing factors to this poorer mental quality of life. Conclusions: Obstetric caregivers should be aware of poor health-related quality of life, particularly mental health quality of life in women who have experienced severe preeclampsia (especially those confronted with perinatal death or their child's admission to a neonatal intensive care unit), and should consider referral for postpartum psychological care. (BIRTH 38:3 September 2011)

Database: CINAHL

11. Maternal quality of life assessment: the feasibility of antenatal-postnatal follow-up using the Mother-Generated Index.

Author(s): Symon, Andrew; Dobb, Ben

Source: Journal of Reproductive & Infant Psychology; Apr 2011; vol. 29 (no. 2); p. 183-194

Publication Date: Apr 2011

Publication Type(s): Academic Journal

Available at Journal of Reproductive & Infant Psychology - from EBSCO (CINAHL with Full Text)

Abstract: Introduction. The Mother-Generated Index (MGI) is a quantitative/qualitative postnatal quality-of-life tool. This study examined the feasibility of assessing changes in quality of life from late pregnancy to the postnatal period. Design. Attempted 6-week postnatal follow-up of 35 women who had completed the MGI and General Health Questionnaire antenatally. Quality of life comments were assessed thematically. Quantitative data were analysed in Excel and SPSS. Stepwise regression assessed the feasibility of identifying factors predictive of postnatal MGI score. Findings. Nineteen participants responded postnatally (56%). Quality of life scores rose for some and fell for others. Whereas 38% of comments antenatally had been positive, this rose to 51% postnatally. During pregnancy, 'Tiredness', 'Looking forward to baby', 'Aches and pains' and 'Work' predominated; postnatally, this changed to 'Feelings about baby', 'Sense of self', 'Relationship with partner', and 'Adaptation to new role'. The regression analysis suggested that antenatal MGI, parity and degree of perineal trauma may be predictive of postnatal MGI score. Conclusions. This small exploratory study suggests that postnatal follow-up using the MGI is feasible. This approach contributes towards a more holistic understanding of the pregnant woman/mother and her unique and evolving situation.

Database: CINAHL

12. Validation of the WHOQOL-BREF among women following childbirth

Author(s): Webster J.; Nicholas C.; Velacott C.; Cridland N.; Fawcett L.

Source: Australian and New Zealand Journal of Obstetrics and Gynaecology; Apr 2010; vol. 50 (no. 2); p. 132-137

Publication Date: Apr 2010

Publication Type(s): Article

PubMedID: 20522068

Available at Australian and New Zealand Journal of Obstetrics and Gynaecology - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract: Background: There is increasing interest in measuring quality of life (QOL) in clinical settings and in clinical trials. None of the commonly used QOL instruments has been validated for use postnatally. Aim: To assess the psychometric properties of the 26-item WHOQOL-BREF (short version of the World Health Organization Quality of Life assessment) among women following childbirth. Methods: Using a prospective cohort design, we recruited 320 women within the first few days of childbirth. At six weeks postpartum, participants were asked to complete the WHOQOL-BREF, the Edinburgh Postnatal Depression Index and the Australian Unity Wellbeing Index. Validation of the WHOQOL-BREF included an analysis of internal consistency, discriminate validity, convergent validity and an examination of the domain structure. Results: In all, 221 (69.1%) women returned their six-week questionnaire. All domains of the WHOQOL-BREF met reliability standards (alpha coefficient exceeding 0.70). The questionnaire discriminated well between known groups (depressed women and non-depressed women. P <= 0.000) and demonstrated satisfactory correlations with the Australian Unity Wellbeing index (r >= 0.45). The domain structure of the WHOQOL-BREF was also valid in this population of new mothers, with moderate-to-high correlation between individual items

and the domain structure to which the items were originally assigned. Conclusion: The WHOQOL-BRF is a well-accepted and valid instrument in this population and may be used in postnatal clinical settings or for assessing intervention effects in research studies.

Database: EMBASE

13. An exploratory study to assess the acceptability of an antenatal quality-of-life instrument (the Mother-generated Index).

Author(s): Symon, Andrew G; Dobb, Benjamin R

Source: Midwifery; Dec 2008; vol. 24 (no. 4); p. 442-450

Publication Date: Dec 2008

Publication Type(s): Journal Article Validation Studies

PubMedID: 17850937

Abstract:OBJECTIVEto assess whether the Mother-generated Index (MGI), a validated postnatal tool, was acceptable during late pregnancy; minor modifications to the wording of the existing tool were made. The MGI allows for qualitative and quantitative assessment.DESIGNface-to-face interviews were conducted by a single researcher using the modified MGI and the General Health Questionnaire (GHQ-30). The women wrote up to eight comments describing the most important areas of their lives, indicated whether these were positive, negative or neither, and then scored and ranked them.SETTINGtwo health centres in East Scotland, during a scheduled antenatal clinic visit.PARTICIPANTS35 women (20 nulliparous and 15 parous) in the third trimester of pregnancy.FINDINGSinterviews lasted for 15-25 mins and none of the women found the MGI difficult to complete. The mean number of comments was 4.9 (standard deviation 1.1); most were directly related to the pregnancy and some were life issues that remained pertinent during the pregnancy. Face validity was good; criterion validity could not be assessed formally, but the MGI scores and the GHQ-30 scores were well correlated (Pearson r=-0.62; p<0.001). While some comment categories were universally positive ('looking forward to baby', 'relationship with partner') and others were universally negative ('tiredness', 'aches and pains'), other categories were mixed (e.g. 'social life', 'work'). Women who expected their birth partner to be 'very helpful' had significantly higher MGI scores than women without such expectations (t=2.5, degrees of freedom=33; p=0.018).KEY CONCLUSIONSin this comparatively small study, the MGI was acceptable to pregnant women as an assessment tool during late pregnancy. While the sample size precluded definitive statistical evaluation, the apparently logical associations between overall MGI scores and particular comments, and the good correlation between MGI and GHQ-30 scores suggest that the MGI is a feasible tool for use in late pregnancy.IMPLICATIONS FOR PRACTICEholistic care is advocated; this subjective tool allows pregnant women to state what is most important to them, thus avoiding a 'top-down' pathological approach. The MGI can help to uncover important quality-of-life issues that may not appear obvious to the midwife, and which may otherwise be missed. A larger study is required for formal evaluation of the quantitative potential of the antenatal MGI.

Database: Medline

14. The impact of fecal and urinary incontinence on quality of life 6 months after childbirth.

Author(s): Handa VL; Zyczynski HM; Burgio KL; Fitzgerald MP; Borello-France D; Janz NK; Fine PM; Whitehead W; Brown MB; Weber AM; Handa, Victoria L; Zyczynski, Halina M; Burgio, Kathryn L; Fitzgerald, Mary Pat; Borello-France, Diane; Janz, Nancy K; Fine, Paul M; Whitehead, William; Brown, Morton B; Weber, Anne M

Source: American Journal of Obstetrics & Gynecology; Dec 2007; vol. 197 (no. 6); p. 636.e1

Publication Date: Dec 2007

Publication Type(s): Academic Journal

PubMedID: 18060960

Abstract: Objective: The objective of the study was to investigate the impact of postpartum fecal incontinence (FI) and urinary incontinence (UI) on quality of life (QOL).Study Design: Seven hundred fifty-nine primiparous women in the Childbirth and Pelvic Symptoms study were interviewed 6 months postpartum. FI and UI were assessed with validated questionnaires. We measured QOL with SF-12 summary scores, health utility index score (a measure of self-rated overall health), and the modified Manchester Health Questionnaire.Results: Women with FI had worse self-rated health utility index scores (85.1 +/- 9.8 vs 88.0 +/- 11.6, P = .02) and Medical Outcomes Study Short Form Health Survey (SF-12) mental summary scores (46.8 +/- 9.2 vs 51.1 +/- 8.7, P < .0001) than women without FI or flatal incontinence. Women with UI had worse SF-12 mental summary scores (48.3 +/- 9.8 vs 51.6 +/- 7.8, P < .01) and self-rated health utility index scores (84.1 +/- 12.5 vs 88.7 +/- 10.1, P < .01) than women without UI. Women with both FI and UI had the lowest SF-12 mental summary scores (44.5 +/- 9.0).Conclusion: Six months after delivery, women experiencing FI or UI reported negative effects on health-related QOL. FI and UI together have a greater impact than either condition alone.

Database: CINAHL

15. Maternal Postpartum Quality of Life Questionnaire.

Author(s): Hill PD; Aldag JC; Hekel B; Riner G; Bloomfield P

Source: Journal of Nursing Measurement; Dec 2006; vol. 14 (no. 3); p. 205-220

Publication Date: Dec 2006

Publication Type(s): Academic Journal

PubMedID: 17278340

Available at Journal of Nursing Measurement - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: This article summarizes the development and psychometric properties of the first self-administered, paper-and-pencil instrument that measures maternal quality of life during the early postpartum period. The definition, domains, and conceptual model by Ferrans and Powers (QLI) were used to develop the Maternal Postpartum Quality of Life (MAPPQOL) tool. A convenience sample of 184 mothers completed the MAPP-QOL at week 1 and 3 postpartum. Component analysis revealed five domains: psychological/baby; socioeconomic; relational/spouse-partner; relational/family-friends; and health & functioning. Internal consistency reliability for the five subscales resulted in Cronbach's alpha coefficients ranging from .82 to .96. Stability reliability ranged from .66 to .76. The MAPP-QOL and a single-item measure of life satisfaction correlated (r = .69), suggesting convergent validity; discriminant validity was supported by negative correlations with the three negative mood states of the Multiple Affect Adjective Check List-Revised (MAACL-R) as well as poor sleep and fatigue scores. Acceptable reliability and construct validity suggest that the MAPP-QOL may be used in research. Further testing with larger and more diverse samples is recommended.

Database: CINAHL

16. Postnatal quality of life assessment: validation of the Mother-Generated Index.

Author(s): Symon, Andrew; McGreavey, Jacqui; Picken, Carol

Source: BJOG : an international journal of obstetrics and gynaecology; Sep 2003; vol. 110 (no. 9); p. 865-868

Publication Date: Sep 2003

Publication Type(s): Journal Article Validation Studies

PubMedID: 14511971

Available at BJOG : an international journal of obstetrics and gynaecology - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract: Quality of life is multifactorial, but may not be adequately assessed using existing validated health measures. The Mother-Generated Index, a subjective tool to measure postnatal quality of life, was assessed in a study of 102 women in Tayside, Scotland. They specified the most important areas of their lives having had a baby, and scored these. The Index showed good correlation with established measures of physical and psychological wellbeing, and accurately tracked attitudes towards the baby and the partner. Face, criterion and construct validity were all demonstrated. As both content and scoring are subjectively determined, the Index encourages a holistic assessment.

Database: Medline

17. Postnatal quality of life: a pilot study using the Mother-Generated Index.

Author(s): Symon A; MacKay A; Ruta D

Source: Journal of Advanced Nursing; Apr 2003; vol. 42 (no. 1); p. 21-29

Publication Date: Apr 2003

Publication Type(s): Academic Journal

PubMedID: 12641808

Abstract: Background. Although postnatal morbidity has been well documented in recent years, postnatal quality of life has not been addressed. A newly derived subjective measurement of postnatal quality of life (the Mother-Generated Index) combines a quantitative and qualitative evaluation. Aims. This part of our pilot study aimed to compare the aspects of their lives nominated by women with low and high quality of life (Primary Index) scores, and to examine the respective importance of these areas. Methods. The Mother-Generated Index was tested using the Edinburgh Postnatal Depression Scale, Short Form 12, and an established maternal and neonatal physical morbidity index as validators. Four health visitors administered these at 6-8 weeks and 8 months postpartum to 103 women by structured face-to-face interviews between June 2000 and March 2001. Data were entered into Epi-Info, and exported to Microsoft Excel and SPSS for analysis. Results. A wide variety of quality of life aspects were reported, including emotional, social and financial concerns. Tiredness was prevalent in all groups, but other physical problems were rare at 8 months. Mothers with low quality of life (Primary Index) scores at 6-8 weeks and 8 months commonly reported having less personal time. Low scoring areas, which health professionals might consider in greatest need of attention, were often not the ones mothers deemed most important. Limitations. The study involved only 103 participants, and did not assess the degree of support experienced by the mothers. Conclusions. The Mother-Generated Index helps mothers to identify the areas of their lives which are of most concern to them. This pilot suggests that mothers with high and low quality of life scores have markedly divergent experiences.

Database: CINAHL

18. Postnatal quality of life assessment: Introducing the Mother-Generated Index

Author(s): Symon A.; Ruta D.; MacDonald A.

Source: Birth; 2002; vol. 29 (no. 1); p. 40-46

Publication Date: 2002

Publication Type(s): Article

PubMedID: 11843788

Abstract: Background: The extent of postnatal morbidity has become increasingly apparent over the last 15 years, but currently no tool is available that measures postnatal quality of life. This pilot study introduces a subjective tool, the Mother-Generated Index, which assesses the woman's quality of life and identifies those aspects that are of most concern to her. Methods: The Mother-Generated Index was administered by structured interview to 60 participants at 6 to 8 weeks and to 43 participants at 8 months postpartum. Validation was sought through concurrent use of the Edinburgh Postnatal Depression Scale, the SF12, and two indexes related to maternal and neonatal physical morbidity. The Mother-Generated Index gives a primary index (quality of life) score, which is reported here, and a secondary index, which identifies the areas considered most important by the mother. Results: The primary index was more sensitive at 8 months. The highest and lowest quartile scores were compared. Statistically significant differences in were found in the mothers' Edinburgh Postnatal Depression scores at 6 to 8 weeks, and in their Edinburgh Postnatal Depression and SF12 mental component scores and their physical morbidity index at 8 months. Although physical problems were only a small feature at 8 months, social and psychological issues were prominent in both groups. Age, parity, and mode of delivery had no significant effect on the women's scores or the areas they identified as most important. Conclusion: Quality of life of is a complex and personal area, affected by many different aspects of health and well-being. From this pilot study the primary index appears to be a useful step in assessing a mother's quality of life. It identifies which areas of her life are most important to her, and allows her to indicate where she would like to see improvements.

Database: EMBASE

Strategy 355219

#	Database	Search term	Results
1	Medline	("quality of life" OR QOL).ti,ab	210903
2	Medline	exp "QUALITY OF LIFE"/	155900
3	Medline	(1 OR 2)	262778
4	Medline	(tool* OR instrument*1 OR scale*).ti,ab	1296551
5	Medline	(validated).ti,ab	198399
6	Medline	(postnatal OR postpartum).ti,ab	135216
7	Medline	exp "POSTPARTUM PERIOD"/	57434
8	Medline	(6 OR 7)	176783
9	Medline	(3 AND 4 AND 5 AND 8)	22
10	Medline	(instrument*1).ti,ab	161482
11	Medline	(3 AND 5 AND 8 AND 10)	7
12	Medline	((anemia OR anaemia) ADJ3 pregn*).ti,ab	2523
13	Medline	(3 AND 4 AND 5 AND 12)	0
14	Medline	(4 AND 5 AND 12)	1
15	Medline	(5 AND 10 AND 12)	0
16	EMBASE	("quality of life" OR QOL).ti,ab	342760
17	EMBASE	exp "QUALITY OF LIFE"/	402481
18	EMBASE	(16 OR 17)	471794
19	EMBASE	(tool*).ti,ab	754046

20	EMBASE	exp "CLINICAL ASSESSMENT TOOL"/	20899
21	EMBASE	(19 OR 20)	0
22	EMBASE	(validat*).ti,ab	568723
23	EMBASE	(19 OR 20)	768642
24	EMBASE	(postnatal OR postpartum).ti,ab	165658
25	EMBASE	exp PUERPERIUM/	55478
26	EMBASE	(24 OR 25)	199281
27	EMBASE	(18 AND 21 AND 22 AND 23 AND 26)	22
28	EMBASE	((anaemia OR anemia) ADJ3 pregn*).ti,ab	2728
29	EMBASE	(18 AND 21 AND 22 AND 28)	0
30	EMBASE	(21 AND 22 AND 28)	0
31	EMBASE	exp ANEMIA/	326524
32	EMBASE	(21 AND 22 AND 26 AND 31)	5
33	CINAHL	("quality of life" OR QOL).ti,ab	57569
34	CINAHL	exp "QUALITY OF LIFE"/	59545
35	CINAHL	(33 OR 34)	85083
36	CINAHL	(tool*).ti,ab	77901
37	CINAHL	exp "CLINICAL ASSESSMENT TOOLS"/	125795
38	CINAHL	(36 OR 37)	194846
39	CINAHL	(postnatal OR postpartum).ti,ab	17169
40	CINAHL	exp "POSTNATAL PERIOD"/	6631

41	CINAHL	(39 OR 40)	20324
42	CINAHL	(validat*).ti,ab	45497
43	CINAHL	(35 AND 38 AND 41 AND 42)	11
44	CINAHL	((anaemia OR anemia) ADJ3 pregn*).ti,ab	217
45	CINAHL	(38 AND 42 AND 44)	0
46	CINAHL	exp ANEMIA/	12093
47	CINAHL	(38 AND 41 AND 42 AND 46)	4
48	CINAHL	(35 AND 38 AND 41)	47
49	PsycINFO	("quality of life" OR QOL).ti,ab	56440
50	PsycINFO	exp "QUALITY OF LIFE"/	37573
51	PsycINFO	(49 OR 50)	61728
52	PsycINFO	(tool* OR instrument* OR scale*).ti,ab	527554
53	PsycINFO	(validat*).ti,ab	85653
54	PsycINFO	(postpartum OR postnatal).ti,ab	26600
55	PsycINFO	(51 AND 52 AND 53 AND 54)	11