Abstract

Introduction: The women are mass likely to experience depression in her lifetime. Women experienced at least one mistreatment type during childbirth. Verbal abuse increased the likelihood of having postpartum depression among mothers. There are also significant socio-economic inequalities in access to postpartum care even for those accessing facility-based care. Less attention paid to postpartum mothers by health care provider after delivery. Family members and relatives’ disrespect, abuse or neglectful treat to mothers following childbirth leads to postpartum depression. Aim of the study was to examine the mother’s quality of life that is essential to explore predictor affecting the quality of life of mothers.

Objectives: The objectives of the study were to assess the maternal perceived quality of life among postnatal mothers following childbirth and to determine the association between selected demographic variables and quality of life among the post-natal mothers by using maternal postpartum quality of life questionnaire (MAPP-QOL).

Method: The research design used was descriptive research design. The sample was 30 postnatal mothers from Daga Memorial Hospital at Nagpur city. Non-probability convenience sampling technique were used. The data was collected by using Maternal Postpartum Quality of life questionnaires (MAPP-QOL) by WHO. The data collected tool was validated by 7 experts. The data collected were tabulated, analyzed and interpreted by researchers.

Result: The main study to assess maternal perceived quality of life following childbirth among postnatal mothers. The data was calculated by using Chi square test and the mean percentage of maternal perception of quality of life is 110.36 and standard deviation for quality of life is 17.33826. The finding of the study revealed that there was significant association between demographic variables and maternal perceived quality of life following childbirth among the postnatal mothers at the level of significance 0.05.

Conclusion: The study shows that maternal perceived quality of life following childbirth among postnatal mothers, 0% postnatal mothers having very dissatisfied quality of life, 6.666% postnatal mothers having dissatisfied quality of life, 13.33% postnatal mothers having neither satisfied nor dissatisfied quality of life, 66.66% postnatal mothers having satisfied quality of life, 13.33% of postnatal mothers having very satisfied quality of life.

Keywords: Quality of life, post-natal mothers, perception

Introduction

Postnatal period care is very important because women regain their strength and maintain their health as they adjust to life with their new baby. Because both mother and baby are emotionally and physically vulnerable. Mother will to follow certain guidelines. A long period of postpartum nurturing is essential it’s no secret that motherhood brings many life changes both wonderful and overwhelming. The risk of a major depressive disorder may also increase during the postnatal period. These risks will change the quality of life of the mother.

Childbirth is crucial experience in woman’s life as it has a substantial psychological, emotional, and physical impact. A positive experience in childbirth is important to the woman, infant’s health and well-being, and mother infant relationship. The memories and experiences of childbirth remain with the woman throughout her life. Clearly, the support and care they receive during this period is critical.

The women are mass likely to experience depression in her lifetime. Women experienced at least one mistreatment type during childbirth. Verbal abuse increased the likelihood of having postpartum depression among mothers. There are also significant socio-economic inequalities in access to postpartum care even for those accessing facility-based care. Less attention paid to postpartum mothers by health care provider after delivery. Family members and relatives’ disrespect, abuse or neglectful treat to mothers following childbirth leads to postpartum depression. Aim of the study was to examine the mother’s quality of life that is essential to explore predictor affecting the quality of life of mothers.

Problem statement

"A study to assess the maternal perceived quality of life following child birth among postnatal mothers in selected hospital at Nagpur city"
Objective of the study
The objectives of the study were to assess the maternal perceived quality of life among postnatal mothers following childbirth and to determine the association between selected demographic variables and quality of life among the postnatal mothers by using maternal postpartum quality of life questionnaire (MAPP-QOL).

Assumption
1. Maternal perception of quality of life following childbirth among postnatal mothers.
2. Maternal perception of quality of life following childbirth among postnatal mothers may vary based on demographical variable.
3. Maternal perception of quality of life can be measured using maternal postpartum quality of life scale.

Material and Method
The conceptual framework was based on Roy’s adaptation model (1976).

Research design
The research design used was descriptive research design.

Sample size
The sample was 30 postnatal mothers from Daga Memorial Hospital at Nagpur city.

Sample technique
Non-probability convenience sampling technique were used.

Validation
The data was collected by using Maternal Postpartum Quality of life questionnaires (MAPP-QOL) by WHO. The data collected tool was validated by 7 experts. The data collected were tabulated, analyzed and interpreted by using inferential statistics in terms of frequency, mean, mean percentage, standard deviation and chi square test was used.

Reliability
The Maternal Postpartum Quality of life questionnaires (MAPP-QOL) is the standardized scale the reliability rating of this scale is 0.81.

Method of data collection
The data collection procedure will be carried for 1 week, after obtaining formal permission for selected hospital. The data collection will start with the written consent that will be taken from the study participants. A total of 30 postnatal mothers will select by convenience sampling technique. Data will be collected by using questionnaire to identify the maternal perceived quality of life following childbirth.

Result and Discussion
Frequency and percentage distribution of quality of life following childbirth among mother (N=30).

Table 1: Frequency and percentage score of maternal perceived quality of life following childbirth

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Maternal perceived quality of life following childbirth</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very dissatisfied</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Dissatisfied</td>
<td>2</td>
<td>6.666%</td>
</tr>
<tr>
<td>3</td>
<td>Neither satisfied nor dissatisfied</td>
<td>4</td>
<td>13.33%</td>
</tr>
<tr>
<td>4</td>
<td>Satisfied</td>
<td>20</td>
<td>66.66%</td>
</tr>
<tr>
<td>5</td>
<td>Very satisfied</td>
<td>4</td>
<td>13.33%</td>
</tr>
</tbody>
</table>

The above table explained maternal perceived quality of life following childbirth among postnatal mothers, 0% postnatal mothers having very dissatisfied quality of life, 6.666% postnatal mothers having dissatisfied quality of life, 13.33% postnatal mothers having neither satisfied nor dissatisfied quality of life, 66.66% postnatal mothers having satisfied quality of life, 13.33% of postnatal mothers having very satisfied quality of life.

The above table revealed that 0(0%) of postnatal mothers having very dissatisfied QOL and mean score for this 0, 2(6.666) of postnatal mothers having dissatisfied QOL for this 72, 4(13.33%) of postnatal mothers having neither satisfied nor dissatisfied QOL and the mean score for this 95.25, 20(66.66) of postnatal mothers having satisfied QOL and mean score for this 111.6, 4(13.33) of postnatal mothers having very satisfied QOL and mean score for this 128.25.

Table 2: Description on frequency, mean and percentage of maternal perceived quality of life following childbirth among postnatal mothers

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Maternal perceived quality of life following childbirth</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Mean</th>
<th>Mean Percent-age</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very dissatisfied</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>110.36</td>
<td>17.33826</td>
</tr>
<tr>
<td>2</td>
<td>Dissatisfied</td>
<td>2</td>
<td>6.666%</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Neither satisfied nor dissatisfied</td>
<td>4</td>
<td>13.33%</td>
<td>95.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Satisfied</td>
<td>20</td>
<td>66.66%</td>
<td>111.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Very satisfied</td>
<td>4</td>
<td>13.33%</td>
<td>128.25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above table reveals that 0(0%) of postnatal mothers having very dissatisfied QOL and mean score for this 0, 2(6.666) of postnatal mothers having dissatisfied QOL for this 72, 4(13.33%) of postnatal mothers having neither satisfied nor dissatisfied QOL and the mean score for this 95.25, 20(66.66) of postnatal mothers having satisfied QOL and mean score for this 111.6, 4(13.33) of postnatal mothers having very satisfied QOL and mean score for this 128.25.
The mean percentage of perception of quality of life is 110.36 and t-15.09 standard deviation for quality of life 17.33826. The Association between demographic variables and maternal perceived quality of life following childbirth by Chi square test. The calculated value is more than table value, so there is significance association between demographic variables i.e. age, religion, type of family at 0.05 level of maternal perceived quality of life.

**Recommendations**

On the basis of the study the following recommendations shall have been made:

1. A comparative study can be done among postnatal mothers of normal delivery and caesarean section maternal perceived quality of life following child birth.
2. A comparative study can be to assess the maternal perceived quality of life following child birth among urban and rural postnatal mothers.
3. A similar study can be replicated on large sample size, in different setting with different population as longitudinal study.

**Acknowledgement**

It is the matter of great privilege for us to express our sincere thanks to all those who helped us through their expert guidance, active cooperation and good will in completion of our study even at the cost inconvenience. We are thankful to Mrs. Mercy Anjore, Principal and our guide, Suretech College of Nursing, Nagpur for her kind permission to conduct this study and for giving guidance. Above all we express our deep sense of gratitude to the God and to those who have contributed to successful completion of endeavour.

**Bibliography**


**References**

   https://www.hindawi.com/journals/scientifica/2016/8542147/
   https://www.bibliomed.org/fulltextpdf.php?mno=233524
5. https://www.ijcm.org.in/article.asp?issn=0970-0218;year=2018;volume=43;issue=3;spage=224;epage=228;aulast=Vora