Prenatal Fatigue and Quality of Life of Pregnant Women over 26 Weeks of Gestation

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Background

- Pregnant women have high rate of experiencing tiredness or fatigue (87.2% to 96.5%), which is related to preterm birth and impact women’s quality of life.
- Mothers perceive significantly higher level of fatigue in the evening than in the morning.
- Severity of perceived fatigue increases from the 7th to 9th month of gestation.
- Increase of fatigue level starts as early as 11 to 12 weeks of gestation.
Research Purpose

• To examine relationship between fatigue and QoL (general, physical, mental, and social health) of women in the third trimester.
Study Design

• The study was a cross-sectional design with snowball sampling.
Participants

- 128 pregnant women without pregnancy-related physical/mental complications
- Mean gestational age was 32.66 (SD=3.76)
- Mean age was 29.41 (SD=4.30, 18.95-40.51)
- 55% were primiparous
- 57% were employed
- 59% had an educational level higher than high school
- 51% planned for the pregnancy
Instruments

• 16-item Multidimensional Assessment of Fatigue (MAFS)
  – Scores 1-50
  – Score ≥ 28 indicates fatigue
  – Cronbach’s alpha was .96

• 17-item Duke Health Profile (DHP)
  – Scores 0-100 on each dimension of health (general, physical, mental, and social)
  – Higher score indicates healthier
  – Cronbach’s alpha was .80
Data Analysis

• Descriptive statistics, ANOVA, Pearson correlation, and regression were used.

• Participants were grouped by gestational age for comparison purposes.
  – <32 weeks: n=56
  – 32-36 weeks: n=46
  – >36 weeks: n=26
Results

• Fatigue
  – Mean score was not very high (M=20.56, SD=10.52)
  – 26.6% of participants experienced fatigue; 10 (17.9%) <32 weeks, 18 (39.1%) at 32-36 weeks, 6 (23.1%) >36 weeks of gestation

• Quality of life
  – Was not high on physical health (M=52.97, SD=20.17)
  – Was not high on mental health (M=64.61, SD=18.48)
  – Was not high on social health (M=63.71, SD=18.30)
  – Was not high on general health (M=60.43, SD=15.20)
Results

• Fatigue and quality of life
  – Fatigue was negatively correlated with
    • Physical health ($r=-.68$)
    • Mental health ($r=-.53$)
    • Social health ($r=-.45$)
    • General health ($r=-.70$)

• Prediction relationship
  – Fatigue could explain
    • 47% of the variance of physical health
    • 28% of the variance of mental health
    • 20% of the variance of social health
    • 49% of the variance of general health
Results

• Comparison by demographic
  – Health did not differ by gestational age groups
  – More participants at 32-36 weeks experienced fatigue
  – Both did not differ by educational level (college and higher, n=75; lower than college, n=52)
  – Both did not differ by happy about pregnancy (happy, n=104; unhappy, n=11; uncertain, n=13)
  – Fatigue did not differ by employment status
  – Employed pregnant women had better mental (t=2.14, p=0.04) and social (t=2.81, p=0.01) health than unemployed women
Summary

- 26.6% of participants experienced fatigue.
- Did not perceive good health (all dimensions).
- Fatigue had prediction effects on health, especially physical and general health.
- More participants at 32-36 gestational weeks experienced fatigue.
- Employed participants perceived better social and mental health.
Discussion

- Strategies such as time management to manage fatigue may improve maternal QoL, especially for those who were pregnant 32-36 weeks.
- Helping pregnant women to be employed may increase their QoL.
- Longitudinal study can help to understand patterns of fatigue and QoL during pregnancy.
Thank you