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The relationship between Quality of life with pregnancy cycle

Hosna Faridi[1]*, Mozhgan Javadnoori[2], Nishtman Alidost[3]

[1] Department of Midwifery, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran
[2] Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran
[3] Department of Midwifery, Mahabad Branch, Islamic Azad University, Mahabad, Iran

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ABSTRACT

Pregnancy cycle, including before, during and after childbirth in each of those periods factors and indicators that can be associated with quality of life. The aim of this study was to investigate the relationship between quality of life and life expectancy, pain of childbirth and postpartum depression in women. Methods: This cross-sectional study Between July and December 2016, when newly delivered on 291 women referred to the health network in Bukan. Sample cluster random sampling was chosen and collects the required information through standard questionnaires 1- Postnatal Depression Scale 2- SCL-90-R, Inventory life expectancy Schneider 3- Inventory labor pain from McGill pain questionnaire, 4- Short Form SF-36 quality of life questionnaire was used. In order to estimate the intensity of the relationship between Pearson correlation coefficient to assess the impact of the independent variable and dependent on multivariate linear regression was used to test and finally using independent t test items educated and non-educated groups were evaluated. Results: The quality of life was seen with postpartum depression positive relationship (p=0.05≥ 0.009 and r=0.153). Quality of life and significant relationship between pain and negative (p= 0.05≥ 0.022 and r=-0.135) was observed. But there was no significant relationship between quality of life and life expectancy (p=0.05> 0.433 and r=0.046). Conclusion: The quality of life is directly related with postpartum depression positive and negative correlation with perceived severity of labor pain.

Keywords: Quality of life, labor, life expectancy, depression, pregnancy

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Corresponding author: Hosna Faridi
e-mail✉Hosnafaridi@gmail.com
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INTRODUCTION

Pregnancy, although for most women is a joyous period; however, often a stressful period with physiological and psychological changes considered [1]. Many changes during pregnancy on the health aspects of physical, mental, social and overall quality of life in pregnant women pregnancy occurs at different ages [2]. Pregnancy, a woman's cycle can be divided into three parts, prenatal, childbirth and postpartum [3]. In between each section have its own risks. Each of which alone all three together could have a significant impact on a woman's quality of life or by the quality of one's life is changed [4, 5] and is measurable. Given that one of the most important life cycles of a woman is pregnant that the mental health and quality of life is affected he throughout his life but less attention has no comprehensive study to assess the risks this cycle did not and mostly superficial and transient topics are examined. The study focused on quality of life as a variable affecting the pregnancy cycle [6,5,7,8], their impact on the most important risks to this cycle of prenatal, delivery and postpartum will be measured. Different aspects of quality of life, health and physical comfort, emotional and social encompass people. Each of the two aspects of subjective and objective quality of life is measured. Although the objective in describing aspects of a person's health is important, but expect and receive individual's mind which shows the real quality of life experienced by him [9]. Quality is the life of one of the important factors that affect health [10]. According to the relation between psychosocial factors and their impact on quality of life and pregnancy has been shown [11]. Quality of life during pregnancy has long-term effects on the health of mothers and children [4].

Three factors: physical, personal and social factors are associated with quality of life, including physical factors can be pain in pregnant women, between social factors also include the participation in social activities and factors such as life expectancy and finally personal factors such as depression [12]. According to what was mentioned recognition of the quality of life for pregnant women and the impact that it can have on pregnancy cycle [life expectancy variables and pain and depression] there is a woman of great importance. The primary objective of this study was to investigate the quality of life for women in three stages, before, during and after pregnancy and its impact on risk variables and designed most of the time and in the form of four hypotheses examined.

First hypothesis

The risks of prenatal influences on quality of life

Life expectancy at birth including variables that is associated with the life of people. But the risks and sensitive situations highlighted the role of finds [13]. Childbirth and pregnancy than during a woman's life is important and risky.

Women prenatal many problems such as mental stress and psychological that can have an impact on their life expectancy [12]. One of the fundamental factors in planning for action in health care is life expectancy for it. In addition to mortality rates, life expectancy indices and represents the cultural, social, economic and health of each community that could be useful in the evaluation of services rendered.

Snyder (2006), based on a sense of hope is a positive motivational state is seeking corrugated officers and the interaction of the individual with the environment; in other words, hope is the capacity to imagine the ability to generate directions to the desired objectives and perceived incentives to move in this direction [14,15].

Detection of pregnancy complications in pregnant women and high-risk cases, to prevent such cases, to minimize the anxiety and fear associated labor, a reduction in morbidity and mortality among children and mothers, teach principles of caring, feeding, personal hygiene and the improvement of the environment for the mother, the individual components are increased life expectancy [16]. Research shows that pregnancy and the postpartum period with significant changes in both mental health and physical health in addition, social function and vitality of [life expectancy] in normal pregnant women is lower than the rest of society [7]. Since the life expectancy associated with attitudes and structures associated with life, anyone who hopes to life must be sensitive to the quality of living and quality and to improve their quality of life. Promoting quality of life depend on promotion of health. As well as the development of community-based health promotion listed according to the World Health Organization and policies ultimate goal of all governments [17]. The basic premise is that the life expectancy and quality of life in pregnant women are affected by each other and women can expect to live more hope of a favorable quality of life and their health and their baby.

Second hypothesis

The risks and complications of childbirth can affect quality of life.

The most important and spectacular complication of childbirth pain is a woman [18]. Pain is inevitable part that the intensity of the labor process under different physiological Factors such as contractions of the uterine wall, dilatation and psychological factors such as stress, anxiety, fear of loss monitored [19]. Partum anxiety, leading to increased levels of epinephrine and adrenaline and endorphins and oxytocin reduction and increased labor and delivery is prolonged [20]. Causative agent of labor, uterine muscle contraction is that, unlike physiological muscle contractions painful. In the second stage of labor, vaginal and tension and pressure on the pelvic floor muscles are effective on pain [8]. For many women in labor pain as the most painful experience remains throughout life. Unlike other types of pain, labor pain is perceived by the individual alone and purely personal experience. Non-pharmacological methods of pain relief have many advantages such as side effects on mother and embryos of non-interference in the labor process, even fun for mother and fetus. These methods include relaxation techniques - breathing, acupressure, water therapy, music therapy, therapeutic touch and massage therapy that focus on the importance of choosing lives [21]. It can be compatible with your pain and non-pharmacological methods of pain relief benefit. Since each person has a unique understanding of themselves and about their experiences knows more than most people understand the phenomenon of labor is no exception [22]. The impact on quality of life, pain during labor is evaluated positively correlated default.

Third hypothesis

The risk of postpartum affect quality of life. Subsequent depression and anxiety during pregnancy or in the first 12 months after birth occurs and is among the most common risks for pregnant women [23, 24]. These conditions are increasing preterm delivery, low birth weight, impaired mother-child relationship, alongside cognitive development in infants, and child neglect [25]. Mental health is one of the axes assess the health of communities and play an important role in ensuring the dynamism and efficiency of any society [26]. In the meantime, one of the sensitive groups in society, women are pregnant. Bio chemical changes during pregnancy, a lot of physiological occurs in a woman's body. These changes beyond their control and that it is the first changes both physically and mentally, vulnerable. Pregnancy with significant changes in mental health and physical health of women and social function in pregnant women than other members of society is at a lower level [27]. Most pregnant women have a lot of fear and anxiety of how to adapt the conditions and this will lead to risks of its kind, so that the incidence of fetal asphyxia at birth between women anxious mode there as well as abnormal fetal heart rate patterns, low Apgar scores, increased mortality at birth, low birth weight and other pregnancy risks associated anxiety [28]. In addition, anxiety, causing the mother to the fetus during pregnancy inappropriate responses and reduce the attachment of mothers to their newborns. As a result, mothers have lower attachment to their babies, anxiety and depression, which can lead to adverse pregnancy problems [29].

For example: Depression in pregnant women can stillbirth, low birth weight increased risk of suicide and more likely to be mobile [30]. In addition, maternal mental health problems prevented her perfect care of herself and her fetus, so all the factors mentioned, it can impair a woman's ability to carry out daily living and quality of life and affect his mental health. On the other hand, seems to be, pregnancy, in addition to noticeable changes in the status of women's physical and mental health, social functioning and vitality of them can decrease as well, for this reason, it is expected that the quality of life and mental health in pregnant women than non-pregnant women, are at a lower level [28].

Pesavento et al (2005) in a study in Italy to evaluate the possible association between quality of life and depression and they did in normal and complicated pregnancy, found that the average quality of life score less than the mean score of quality of life in women with high risk pregnancies in mothers with normal and 7% of mothers with normal pregnancies and 12 percent had mild depression and 12 percent of all pregnancies in high risk pregnancy group were moderate depression [31]. The t-test between quality of life and depression in both groups showed a significant difference between high risk and normal pregnancies. Given that postpartum depression can be devastating impact on physical and mental health of mothers and babies have [32]. The previous preparation and to enjoy a good quality of life can reduce these damaging effects. Therefore, recognition of the quality of life is of great importance.

Fourth hypothesis:

The impact of hazards on the quality of life before, during and after delivery in women with academic and non-academic education is different. Gomez (2014), personal and demographic factors on the quality of life of pregnant women are effective. Education is one of the most important personality factors [12]. Better-educated people have a greater understanding of quality of life [33]. Takehara (2016) on the importance of education refers to the perception of quality of life in pregnant women [34]. The findings Liu (2013) indicate that education, as a positive rating in the enjoyment of a healthy lifestyle during pregnancy may also help and this feeling leads to better health and satisfaction during pregnancy [30]. The results, as the effects of socioeconomic status on health status evaluated using the short form questionnaire SF-36 was designed by Hemingway and colleagues showed in 1998 in the UK that low educational level is associated with poor health performance. This can be done with the assumption that the quality of life in positivistic and non-educated women can be different fourth hypothesis will be examined. Finally, with regard to what was mentioned the most important factors of quality of life before, during and after pregnancy can have an enormous impact that knowledge about the effects on mothers planning to increase public awareness Quality of Life and operation of its effects in the healthy pregnant ones and low risk newborns will be important and necessary research.

MATERIALS AND METHODS

Population and sample

According to the authors' choice of society, including all women referred to health centers in Buchanan delivered within 4 to 8 weeks were past. In the period from summer and fall of 2016 in the city of Bukan, a number of them reportedly from health network above 1200 people were selected. Inclusion criteria for the study included women during the past 4 to 8 weeks pregnant and have been referred to health centers as well as awareness of the characteristics of the samples before and during childbirth. In this study, women who have certain chronic diseases were excluded from the research process. According to the study seeks to compare two groups of women with a college education and university education is the women's number two women's team calculated that 325 people with a college education graduate and women's and without a college education (or high school diploma) against 875 people. Selected samples on three different periods before, during and after delivery were examined. The sample size is calculated using Morgan table, 291 were selected. Sampling combined cluster and proportional random, thus, 78 of the women's education and 213 women with no education delivered Bokan just a cluster of seventeen health centers to fit any 17 and in some 18 centers were randomly sampled.

The data was collected through five standard questionnaires. The first part of the first demographic characteristics such as age and maternal education has been assessed and then search for the women's mental health SCL-90-R questionnaire was used. The questionnaire included 90 items on a Likert scale of 5 degrees (0 = no, 1 = low, 2 = somewhat 3 = High, 4 = extremely) and no later mental disorders include somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, animosity and hostility, phobic anxiety, paranoid ideation and psychotic.

In these tests, seven additional materials are referred to as the other. Data required by trained personnel and awareness of questionnaires and interviews were collected in centers providing health services in Bukan city.

Phobic and more paranoid than 0.8 and construct validity and obtained recognition represents all that can be used as a screening test and diagnosis of mental illness used in Iran. The average score of respondents in all questions related to a later psychiatric symptom severity index it is considered later. In order to evaluate the life expectancy of the questionnaire this questionnaire has 12 questions were used life expectancy Schneider and to evaluate the life expectancy of people. Reliability and validity of the questionnaire and pilot study Mashhad University professor of management and teacher training has been reviewed and approved (1).

Bryant and Vingo's (2001) 0.791 to 0.711 have obtained internal consistency of the test. To assess pain severity rate of McGill pain questionnaire, including 11 cases of sensory components of pain (pulsating pain, radiating - a dagger - sharp - torsional - cut or abrasion - feeling hot and burns - the pain of having - heavy- critical detachment) and emotional components of pain) including four component fatigue - illness - Horror - the cruel and punisher of labor) as well as criteria for grading ocular pain and selecting one of six severity of pain (no pain to torture), who has studied the question of the units was completed in the second stage of labor. The verbal rating scale, numeric, analgesia with a score of zero, and the most severe pain score was 5 states. In the first stage of labor based on verbal rating scale pain of mild pain, moderate pain and the pain is severe.

And finally measuring the quality of life of the short form questionnaire SF-36 is a measure of health which can be a good measure of quality of life and the questionnaire consisted of 36 questions in eight dimensions that include aspects of physical performance, performance limitations due to physical problems, bodily pain, general health, fatigue, mental health, social functioning and performance is due to emotional issues. A total of eight dimensions of health questions, 0-100 scores awarded higher grades, better health. Validity and reliability of the Persian version of the short form questionnaire is as a standard questionnaire has been approved by the Research Institute for Health Sciences (SID) (31).

Analysis Method

To analyze the data from both descriptive and inferential statistics software SPSS and were used in 95% confidence level in order to describe the demographic characteristics of the study variables descriptive statistics such as mean, variance and was used charts and... And to determine normality or non-normality of the data used to determine the type of test (Para

metric or non-parametric) test was used skewness and kurtosis. The intensity of the relationship between the study variables using Pearson correlation coefficient (according to data normality) measured and also to assess the impact of the independent variable on the dependent multivariate linear regression was used to test and finally using independent t test items educated and non-educated groups were evaluated.

Findings

According to the results presented in Table 1, most of the research community women aged 25 to 35 years up. It also depression 3.3 index, life expectancy index 3.57, 2.9 pain intensity and quality of life index is 4.2.

Therefore, it can be concluded that in this study the quality of life is greatly desired as well as variable life expectancy at an acceptable level and show a high rate of depression variable and finally Stu reported lower pain intensity than the other results it can be concluded that because the skewness and kurtosis in range (2 and 2) and normal distribution of data and can be used parametric tests.

Hypotheses to investigate the correlation between the study variables according to data normality test, Pearson correlation coefficient was used. The results in Table 2, is visible.

According to the Pearson correlation coefficient test was carried out and the results are presented in Table 2, it is observed and between quality of life and depression ($p=0.05\geq 0.009$ and $r=0.153$) there is a positive and significant relationship between quality of life and pain ($p=0.05 \geq p=0.022$ and $r=-0.135$) statistically significant relationship was observed also there is no relationship between quality of life and life expectancy. So they can also have an impact on each other so they do not need to test regression. In order autocorrelation in the regression residuals from regressions with the aim of remaining independent of whether or not the Durbin-Watson test was used. If the Durbin-Watson test statistic is between 1.5 to 2.5 the null hypothesis (independence errors) will be accepted and otherwise null hypothesis is confirmed.

According to Table 3, the Durbin - Watson (1.541) states is located at a distance of 1.5 and 2.5, so the assumption of independence of errors is accepted. As shown in Table 4, we find out, Pearson correlation coefficients and coefficients of determination of quality of life increased rates of depression 0.153, the criteria% of the variance is explained by the predictor variables in this equation is equal to 0.023 percent. The variable quality of life variable 0.023 percent of pregnant women prenatal depression increase Buchanan predicts. The regression equation with the F=6.881 and significance level 0.009 is smaller 0.05, is significant. According to Table 5, the Durbin - Watson (1.561) that are located 1.5 and 2.5, so the assumption of independence of errors is accepted.

As shown in Table 6, we find out, Pearson correlation coefficients and coefficients of determination of quality of life reducing the amount of labor 0.135, the criteria% of the variance is explained by the predictor variables in this equation is equal to 0.018 percent. The variable quality of life predicts variable 0.018 percent reduction in pain pregnant women Buchanan. The regression equation with the F= 5.327 and significance level 0.022 is smaller 0.05 is significant. To compare the relationship between independent variable and dependent variables in women with a university education and women without a college education first independent t-test for difference between groups and then Pearson correlation coefficient with respect to education mediator, the results in Tables 7 and 8, are visible.

According to the results of Table 7 shows that only the variable of pain in women with and without a college education are visible difference. In other variable there is relationship between women with and without education. Finally, it can be said that educational, can be a positive or negative impact on the perception of labor pain.

According to the results presented in Table 8, according to education mediator between quality of life and understand the pain of educated women in the group there was no significant relationship but the group of women without a college education to understand the severity of labor pain are negative significance. Also according to studies mediator between quality of life and life expectancy significant relationship was observed in both groups and ultimately the quality of life and depression in women educated and there is a significant positive relationship but in women without a college education is no significant relationship between quality of life and depression were observed.

Table 1: Descriptive characteristics of the distribution and skewness-kurtosis test

	N	Mean		Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Age	291	1.8351	.04132	.70487	.497	.244	.143	-.971	.285
adu	291	1.7320	.02601	.44370	.197	-1.053	.143	-.898	.285
SCL	291	3.3026	.06094	1.03956	1.081	.076	.143	-1.015	.285
Lif.expectancy	291	3.5741	.04304	.73417	.539	-.982	.143	.854	.285
Labor.pain	291	2.9844	.05694	.97137	.944	.286	.143	-.799	.285
SF.36	291	4.2144	.05745	.98004	.960	-.795	.143	-.696	.285
Valid N (listwise)	291								

Table 2: Correlation results of the study variables

		SF.36
SCL	Pearson Correlation	.153**
	Sig. (2-tailed)	.009
Lif.expectancy	Pearson Correlation	.046
	Sig. (2-tailed)	.433
Labor.pain	Pearson Correlation	-.135*
	Sig. (2-tailed)	.022

Table 3: Results Durbin Watson and the coefficient of determination between quality of life and depression

Model Summary[b]					
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Durbin-Watson**
1	.153[a]	.023	.020	.97025	1.541

a. Predictors: (Constant), SCL
b. Dependent Variable: SF.36

Table 4: Results of regression analysis between quality of life and depression

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	F	Sig.
		B	Std. Error	Beta				
1	(Constant)	3.740	.190		19.710	.000	6.881	.009[b]
	SCL	.144	.055	.153	2.623	.009		

Table 5: Results Durbin Watson and the coefficient of determination between quality of life and labor pain

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.135[a]	.018	.015	.97281	1.561

a. Predictors: (Constant), Labor.pain
b. Dependent Variable: SF.36

Table 6: Results of regression analysis between quality of life and depression

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	F	Sig.
		B	Std. Error	Beta				
1	(Constant)	4.619	.185		25.032	.000	5.327	.022[b]
	Labor.pain	-.136	.059	-.135	-2.308	.022		

Table 7: shows the variables in two groups of women with and without a college education

		Levene's Test for Equality of Variances		t -test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
SF.36	Equal variances assumed	1.504	.221	-1.209	289	.228	-.15662	.12960
	Equal variances not assumed			-1.152	125.658	.252	-.15662	.13596
Labor.pain	Equal variances assumed	.036	.850	3.594	289	.000	.45285	.12599
	Equal variances not assumed			3.655	141.590	.000	.45285	.12389
Lif.expectancy	Equal variances assumed	2.139	.145	-.643	289	.521	-.06257	.09726
	Equal variances not assumed			-.611	124.902	.542	-.06257	.10240
SCL	Equal variances assumed	.485	.487	1.280	289	.201	.17594	.13743
	Equal variances not assumed			1.246	130.396	.215	.17594	.14117

Table 8: The relationship between the study variables according to education mediator Correlations

	Adu		Labor.pain	SF.36
College education	Labor.pain	Pearson Correlation	1	.003
		Sig. (2-tailed)		.980
	SF.36	Pearson Correlation	.003	1
		Sig. (2-tailed)	.980	
Diploma and below	Labor.pain	Pearson Correlation	1	-.172*
		Sig. (2-tailed)		.012
	SF.36	Pearson Correlation	-.172*	1
		Sig. (2-tailed)	.012	
	Adu		SF.36	Lif.expectancy
College education	SF.36	Pearson Correlation	1	.127
		Sig. (2-tailed)		.269
	Lif.expectancy	Pearson Correlation	.127	1
		Sig. (2-tailed)	.269	
Diploma and below	SF.36	Pearson Correlation	1	.006
		Sig. (2-tailed)		.928
	Lif.expectancy	Pearson Correlation	.006	1
		Sig. (2-tailed)	.928	
	Adu		SF.36	SCL
College education	SF.36	Pearson Correlation	1	.385**
		Sig. (2-tailed)		.001
	SCL	Pearson Correlation	.385**	1
		Sig. (2-tailed)	.001	
Diploma and below	SF.36	Pearson Correlation	1	.062
		Sig. (2-tailed)		.366
	SCL	Pearson Correlation	.062	1
		Sig. (2-tailed)	.366	
		N	213	213

DISCUSSION AND CONCLUSION

According to the Pearson correlation coefficient test results to come can be seen that a positive and significant relationship between quality of life and depression and significant relationship between pain intensity and quality of life was observed. And draw a regression line impact of the independent variable on the dependent variable in this relationship confirmed. But there is no relationship between quality of life and life expectancy. Therefore, it can be interpreted that the increase in postpartum depression, and decreased perception of pain during childbirth have a direct relationship with quality of life and any size may be more desirable quality of life can be expected that rates of depression are higher oven and the result of the research literature Liu Jeong 2013 [32] and Liu [30], is non-aligned. The reason for this should result in outcomes associated with educational or cultural differences between the two groups surveyed cited research community with other communities. The quality of life is also reduced pain intensity and it is inconsistent with Hosseini [19] and Nilsson [21].

The results of the relation between studies show variable according to mediator and the only variable of pain in women with a college education is no visible difference. Regarding the education mediator between quality of life and understand the pain of educated women in the group there was no significant relationship but the group of women without a college education to understand the severity of labor pain are negative significance. What can be deduced is that women are educated or lower quality of life or other variables that are influential in the creation of these results. The results describe the quality of life in both groups is desirable. Therefore, other factors such as strong lack of confidence, lack of family support and what problems can be reduced understanding of the relationship between labor and affect quality of life. Because generally self-employed educated women are housewives and less stressful job environment as well as being far from warm family atmosphere and the feeling of uncertainty of the impact of having children on working life and his emotional delivery of pain relief and increasing the severity of such pain is unaffected. Of course the quality of life and depression in women educated there was a significant positive correlation but in women without a college education is no significant relationship between quality of life and depression were observed. High above description is an expression of depression in women educated that the results Lau et al (2017) has been reported in one direction [36]. The women in heavy conditions, environmental uncertainty, and because there were always kind of self-Apr child as a dependent he brings a lot of anxiety for better understanding and knowledge of the existence of a child and participate in meetings psychologist can help these people. Health means being physical, psychological and social it should be noted that all three components. Given the critical stages of

life and provide sufficient preventive interventions for mental health is important [37]. One of the most critical stages of a woman's life is during pregnancy and after childbirth and complications in pregnancy, postpartum blues. Postpartum blues reduce the attachment, stress and anxiety, followed by the mother's health [38]. Changes during pregnancy and the occurrence of a series of problems, during pregnancy, such as nausea and vomiting, fatigue, pain (back, leg, groin and thigh), Vanned dead leg cramps, etc. have considerable impact on their daily activities for pregnant women and their ability to perform their usual plan changed. Studies have shown that the protection provided to mothers during pregnancy and after childbirth, to help cope with their feelings is useful, important contribution to the improvement of compatibility with the emotional and plays the role of motherhood.

In this study, no significant relationship between age, education, income, gender, there was no severe postpartum blues. Ken nearly H, Gath (1998), state that postpartum blues with age, education, occupation, income and social support not related. In examining the relationship between educational levels, pregnant women with more education than the lower levels of education, had higher mean scores. Impact of Education on quality of life, pregnant at the time, has been proved and even many studies have shown the effect of age.

The findings of Asadian [39] indicate that education, as a positive rating in the enjoyment of a healthy lifestyle, during pregnancy may also help and this feeling leads to better health and satisfaction during pregnancy. According to what was mentioned in part with research results Asadian (2014) in line with the direction of research Ken nearly 1998. The dissimilar results because of differences of opinion are too much literature and cultural differences and sociological research. The study also noted the role of culture in society. The research community due to the lack of acceptance of women who work outside the home, women generally a lot of stress to prove him incur as a woman. The sons of the latest look as a barrier to progress. The superiority of their culture in the face of educated women educated women, children always women are housewives duty and falsely describing himself like a man. The reasons are for the cause of fear and anxiety when and after pregnancy as well as during labor reduce life expectancy.

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