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### Assessment of Quality of Life in Pregnant Women with Comorbid Conditions

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#### Abstract:

**Background:** Pregnancy represents a significant physiological stage in a woman's life characterised by numerous physical, psychological, and social transformations. However, the existence of coexisting conditions such as gestational diabetes mellitus (GDM), hypertension, thyroid disorders, anaemia, urinary tract infections (UTIs), hyperemesis gravidarum, and eclampsia can adversely affect maternal health and overall quality of life. These complications may lead to physical discomfort, emotional strain, and a need for frequent medical attention, which can impact the well-being of pregnant women. Consequently, evaluating the quality of life among pregnant women experiencing comorbid conditions is crucial for enhancing maternal healthcare and pregnancy outcomes.

**Aim:** This study aimed to assess the quality of life in pregnant women experiencing comorbid conditions and to evaluate the impact of these conditions on different domains of life.

**Methodology:** A cross-sectional observational study was carried out over six months in the Department of Obstetrics and Gynaecology in Guntur. The study included pregnant women who had comorbid conditions like gestational diabetes mellitus, hypertension, thyroid disorders, anaemia, urinary tract infections, hyperemesis gravidarum, and eclampsia. Information was gathered through patient interviews and an examination of medical records. To assess quality of life across physical, psychological, social, and environmental domains, standardised assessment tools such as the WHOQOL-BREF and PregQOL questionnaires were utilised. The gathered data were input into Microsoft Excel and analysed using descriptive statistics.

**Results:** The study findings indicated that the presence of comorbid conditions during pregnancy has a considerable impact on the quality of life of pregnant women. Physical discomfort, fatigue, emotional stress, and limitations in daily activities were commonly observed among the participants. These complications were found to influence different domains of quality of life, particularly the physical and psychological aspects.

**Conclusion:** Comorbid conditions during pregnancy can significantly affect the overall quality of life of pregnant women. Early diagnosis, regular antenatal care, proper management of complications, and psychological support are essential to improve maternal health and ensure better pregnancy outcomes.

**Keywords:** Pregnant Women, Comorbid Conditions, Quality of Life, Gestational Diabetes Mellitus, Hypertension, WHOQOL-BREF, PregQOL.

## **INTRODUCTION:**

### **PREGNANCY DEFINITION:**

Pregnancy, which usually lasts 40 weeks from the start of the last menstrual period (LMP) until delivery, is the time a woman carries a growing fetus inside her uterus. It starts when a sperm fertilises an egg, which is then implanted in the uterine lining.

### **QUALITY OF LIFE:**

The individual's perception of their life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (WHOQoL Group 1994. This definition portrays QoL as spanning a set of valued states of existence.

### **QUALITY OF LIFE IN PREGNANT WOMEN:**

Pregnancy-related physiological and emotional changes have an impact on pregnant women's quality of life (QoL), which is a multifaceted notion that includes physical, psychological, and social well-being. According to research, while the physical aspect of quality of life frequently deteriorates during pregnancy—particularly as a result of symptoms like back pain, nausea, and exhaustion—the mental and emotional aspects may stay constant or even improve for some women, especially if they have strong social support and positive feelings about pregnancy.<sup>1</sup>

While complications, a lack of support, poor income, and signs of anxiety or depression are negative predictors of better quality of life, more education, supportive connections, good economic standing, and physical exercise are positive predictors.<sup>1,2,3</sup> Tools like the PregQOL and WHOQOL-BREF help assess these aspects specifically in pregnant populations.<sup>4</sup> In order to provide focused assistance, enhance maternal and baby health outcomes, and guarantee a good pregnancy experience, healthcare providers must comprehend and address the elements influencing QoL during pregnancy.<sup>5,6</sup>

### **ABOUT PREGNANCY:**

A woman's pregnancy is a complicated process that involves significant changes in her biology, psychology, and society. Almost every organ system is impacted by hormonal changes during pregnancy, which can result in changes to immunological, thyroid, cardiovascular, and renal function, as well as typical symptoms like heartburn and nausea. To protect the health of both the mother and the foetus, specialist medical treatment is necessary.<sup>7</sup>

Emotional ambivalence, mood swings, and heightened susceptibility to stress are psychological symptoms of pregnancy that can affect the growing child as well as the mother.<sup>8</sup> Although the underlying mechanisms are still being studied, cognitive changes, popularly known as the "pregnancy brain," may include slight decreases in memory and attention that may last after childbirth.<sup>9,10</sup>

Additionally, pregnancy causes long-term alterations to the structure of the brain, especially in areas linked to maternal bonding and social cognition, with some effects lasting up to seven years. Pregnancy is commonly seen as both a dream come true and a time of profound change, and socially, women frequently feel more responsible, see changes in family responsibilities, and feel a mixture of excitement and dread.<sup>11</sup>

Due to both physical and emotional changes, sexual desire usually varies, rising in the second trimester and decreasing in the first and third.<sup>12</sup> Although the quality of Internet material varies, pregnant women actively seek out information on pregnancy, and the Internet is a valuable resource alongside medical experts.<sup>13</sup>

Despite fertility issues, women have a high level of confidence in their capacity to conceive, which is influenced by both personal beliefs and social forces.<sup>14</sup> Health education is essential for raising awareness of high-risk pregnancy factors and encouraging early detection, which eventually improves outcomes for expectant mothers and their unborn children.<sup>15</sup> Because pregnant women have special immune responses that, when disturbed, raise the risk of preterm labour and harmful fetal effects, viral infections during pregnancy can have more severe consequences than for non-pregnant women.<sup>16</sup>

## **METHODOLOGY:**

### **STUDY DESIGN: A prospective, cross-sectional study.**

**STUDY SITE:** Tertiary care hospital, Guntur.

**SAMPLE SIZE:** 300 pregnant women with selected comorbidities.

**STUDY PERIOD:** 6 months

**ELIGIBILITY CRITERIA:**

**INCLUSION CRITERIA:**

1. Pregnant women aged 18–37 years attending the Obstetrics and Gynaecology Department during the study period.
2. Pregnant women diagnosed with gestational diabetes mellitus (GDM), hypertension, thyroid disorders, anaemia, urinary tract infections (UTIs), hyperemesis gravidarum, or eclampsia.
3. Women in any trimester of pregnancy (first, second, or third trimester).
4. Pregnant women receiving antenatal care or treatment in the Obstetrics and Gynaecology Department during the study period.
5. Pregnant women with complete medical records and clinical data available for analysis.

**EXCLUSION CRITERIA:**

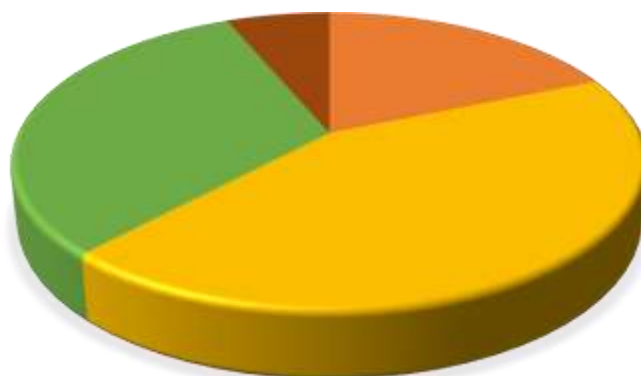
1. Postpartum women.
2. Pregnancies ending in miscarriage or abortion.
3. Pregnant women below 18 years or above 37 years of age.
4. Pregnant women without any diagnosed comorbid condition.
5. Pregnant women with incomplete clinical records or insufficient data for quality-of-life assessment.
6. Women with poor or incomplete responses to the quality-of-life assessment tools.
7. A prospective, cross-sectional, observational study was carried out over 6 months in Guntur. Pregnant women visiting the obstetrics and gynecology department were approached for

**STUDY PROCEDURE:**

**RESULTS:**

**AGE INTERVAL DISTRIBUTION:**

| S.NO | AGE INTERVAL | FREQUENCY | PERCENTAGE |
|------|--------------|-----------|------------|
| 1    | 18–22        | 56        | 18.7%      |
| 2    | 23–27        | 130       | 43.3%      |
| 3    | 28–32        | 95        | 31.7%      |
| 4    | 33–37        | 19        | 6.3%       |



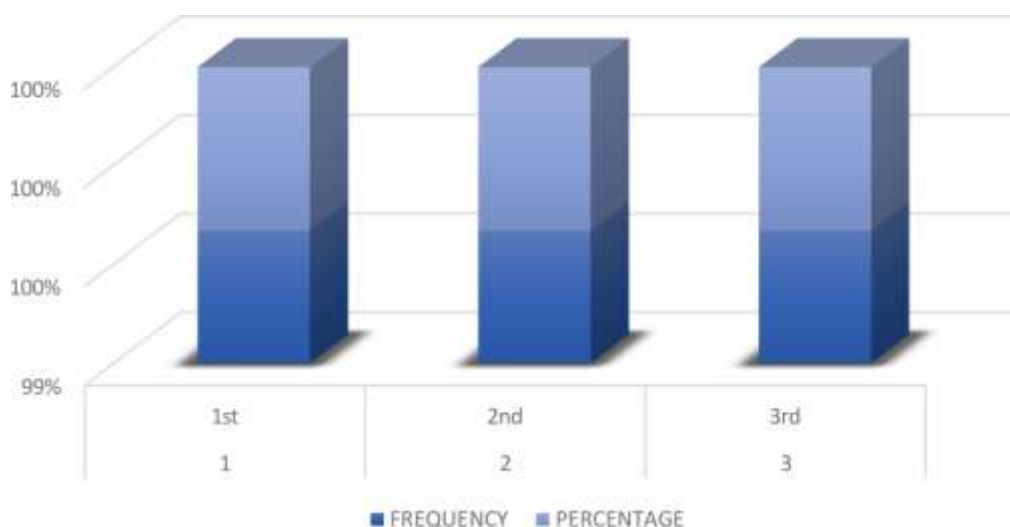
**INTERPRETATION:**

The majority of patients (43.3%) were in the 23–27 years age group, indicating that most pregnancies occurred during the optimal reproductive period. This age range is biologically favourable and is generally associated with better maternal and fetal outcomes. A substantial proportion was also observed in the 28–32 years group, showing that most women conceived within the safer reproductive window. In contrast,

only 6.3% of patients were in the 33–37 years category, which is considered advanced maternal age and is linked to increased obstetric risks. The lower percentage in this group suggests a relatively smaller contribution of age-related high-risk pregnancies in the study population.

#### TRIMESTER DISTRIBUTION:

| S.NO | TRIMESTER | FREQUENCY | PERCENTAGE |
|------|-----------|-----------|------------|
| 1    | 1st       | 105       | 35%        |
| 2    | 2nd       | 81        | 27%        |
| 3    | 3rd       | 114       | 38%        |

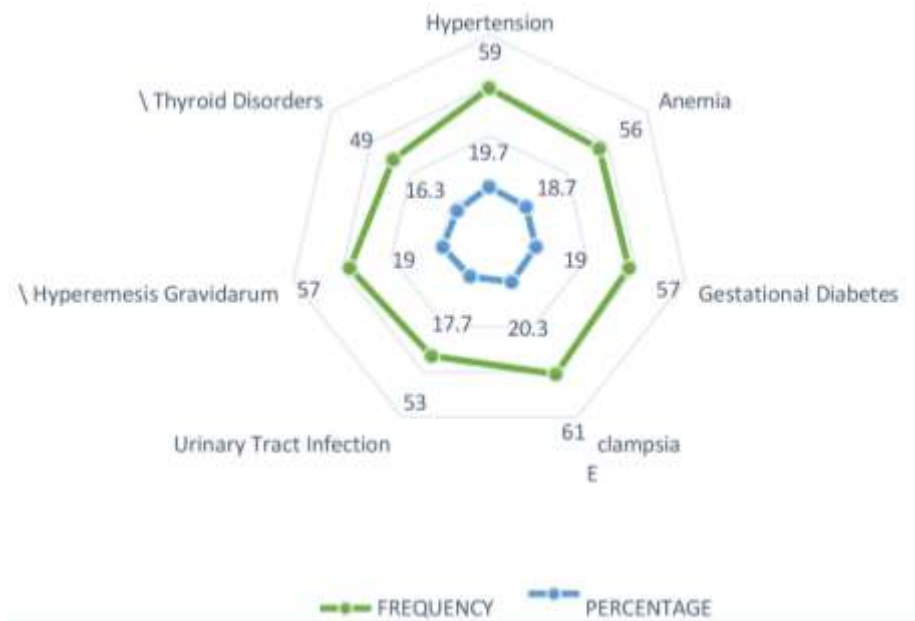


#### INTERPRETATION:

The majority of patients (38%) were in the 3rd trimester, followed by 35% in the 1st trimester and 27% in the 2nd trimester. The higher proportion in the third trimester suggests increased hospital visits and monitoring as pregnancy advances. The relatively lower percentage in the second trimester may reflect its comparatively stable phase. Overall, patients were distributed across all stages of pregnancy.

#### COMPLICATION FREQUENCY:

| S.NO | COMPLICATION            | FREQUENCY | PERCENTAGE |
|------|-------------------------|-----------|------------|
| 1    | Hypertension            | 59        | 19.7       |
| 2    | anaemia                 | 56        | 18.7       |
| 3    | Gestational Diabetes    | 57        | 19.0       |
| 4    | Eclampsia               | 61        | 20.3       |
| 5    | Urinary Tract Infection | 53        | 17.7       |
| 6    | Hyperemesis Gravidarum  | 57        | 19.0       |
| 7    | Thyroid Disorders       | 49        | 16.3       |

**INTERPRETATION:**

Eclampsia (20.3%) was the most common complication, followed by Hypertension (19.7%). GDM and HG (19.0% each) were also frequently observed. Anaemia (18.7%) and UTI (17.7%) showed moderate prevalence, while Thyroid disorders (16.3%) were the least common. Overall, maternal complications were fairly evenly distributed, with metabolic and hypertensive conditions being slightly more predominant.

**HYPERTENSION:**

| S.NO | HTN STATUS | FREQUENCY | PERCENTAGE |
|------|------------|-----------|------------|
| 1    | Yes        | 59        | 19.7       |
| 2    | No         | 241       | 80.3       |

**INTERPRETATION:**

Hypertension was observed in 19.7% of participants, while 80.3% had no hypertension. This indicates that nearly one-fifth of the study population was affected, highlighting the importance of blood pressure monitoring during pregnancy.

**ANAEMIA:**

| S.NO | ANEMIA STATUS | FREQUENCY | PERCENTAGE |
|------|---------------|-----------|------------|
| 1    | Yes           | 56        | 18.7       |
| 2    | No            | 244       | 81.3       |

**INTERPRETATION:**

Anaemia was present in 18.7% of patients, whereas 81.3% were not affected. This reflects a moderate prevalence, emphasising the need for nutritional assessment and iron supplementation in antenatal care.

**THYROID:**

| S.NO | THYROID STATUS | FREQUENCY | PERCENTAGE |
|------|----------------|-----------|------------|
| 1    | Yes            | 49        | 16.3       |
| 2    | No             | 251       | 83.7       |

**INTERPRETATION:**

Thyroid disorders were found in 16.3% of cases, representing the least common complication in this study. However, its presence still warrants attention due to its impact on maternal and fetal outcomes.

**GESTATIONAL DIABETES MELLITUS:**

| S.NO | GDM STATUS | FREQUENCY | PERCENTAGE |
|------|------------|-----------|------------|
| 1    | Yes        | 57        | 19.0       |
| 2    | No         | 243       | 81.0       |

**INTERPRETATION:**

GDM was identified in 19.0% of participants. The presence of GDM in nearly one-fifth of the population suggests a significant metabolic risk during pregnancy requiring regular glucose monitoring.

**HYPEREMESIS GRAVIDARUM:**

| S.NO | HG STATUS | FREQUENCY | PERCENTAGE |
|------|-----------|-----------|------------|
| 1    | Yes       | 57        | 19.0       |
| 2    | No        | 243       | 81.0       |

**INTERPRETATION:**

HG was present in 19.0% of participants. This suggests that severe nausea and vomiting affected a notable portion of the study population, potentially impacting maternal nutrition.

**URINARY TRACT INFECTION:**

| S.NO | UTI STATUS | FREQUENCY | PERCENTAGE |
|------|------------|-----------|------------|
| 1    | Yes        | 53        | 17.7       |
| 2    | No         | 247       | 82.3       |

**INTERPRETATION:**

UTI was reported in 17.7% of patients, while the majority (82.3%) had no infection. This shows a moderate occurrence, underlining the need for routine screening during pregnancy.

**ECLAMPSIA:**

| S.NO | ECLAMPSIA STATUS | FREQUENCY | PERCENTAGE |
|------|------------------|-----------|------------|
| 1    | Yes              | 61        | 20.3       |
| 2    | No               | 239       | 79.7       |

**INTERPRETATION:**

Eclampsia was seen in 20.3% of cases, making it one of the more common complications. This indicates a considerable burden of hypertensive emergencies in the study group.

**HIGH RISK CONDITION GROUPING:**

| S.NO | RISK GROUP | FREQUENCY | PERCENTAGE |
|------|------------|-----------|------------|
| 1    | High Risk  | 251       | 83.7%      |
| 2    | Low Risk   | 49        | 16.3%      |

**INTERPRETATION:**

Most participants (83.7%) were classified as high risk, while only 16.3% were low risk. This indicates a high prevalence of maternal complications in the study population. The findings highlight the need for careful antenatal monitoring and timely management to prevent adverse outcomes.

**PREGNANCY STAGE EFFECTS:**

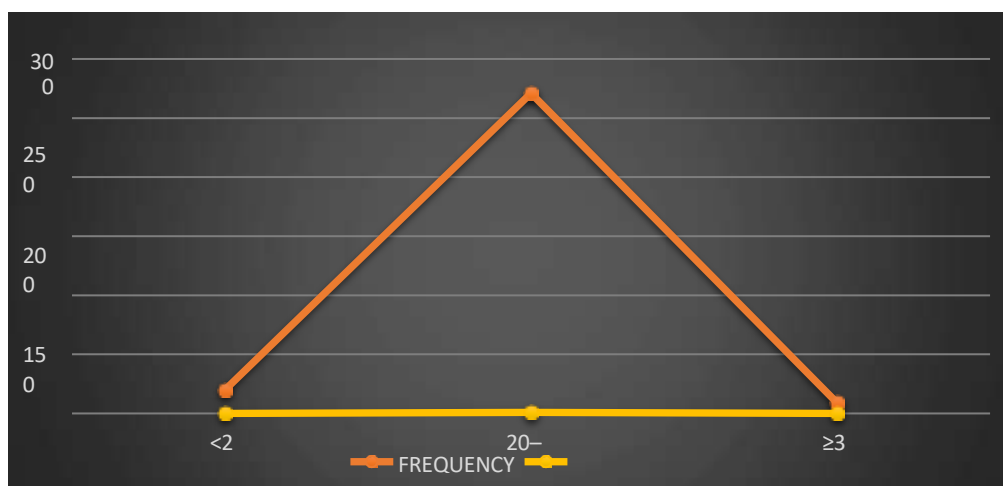
| S.NO | TRIMESTER | MEAN DISEASE BURDEN SCORE |
|------|-----------|---------------------------|
| 1    | 1st       | 93.21                     |
| 2    | 2nd       | 92.60                     |
| 3    | 3rd       | 93.15                     |

**INTERPRETATION:**

The mean disease burden scores were nearly similar across all trimesters, with only minimal variation. This indicates that the overall disease burden remained consistent throughout pregnancy. There was no significant difference in burden between the stages of pregnancy.

**AGE RISK GROUPING:**

| S.NO | AGE RISK GROUP | FREQUENCY | PERCENTAGE |
|------|----------------|-----------|------------|
| 1    | <20            | 20        | 6.7%       |
| 2    | 20–34          | 271       | 90.3%      |
| 3    | ≥35            | 9         | 3.0%       |

**INTERPRETATION:**

The majority of participants (90.3%) belongs to the 20–34 years age group, which is considered the optimal reproductive age. Only 6.7% were below 20 years and 3.0% were aged 35 years or above. This indicates that most pregnancies occurred within the safer reproductive age range. The smaller proportions in the extreme age groups suggest a relatively lower age-related obstetric risk in the study population.

**INTERPRETATION:**

Lifestyle modification therapy (22.3%) was the most commonly observed treatment among the study population. This was followed by anticonvulsants for eclampsia management (20.3%) and antihypertensive agents (19.7%). Other treatments such as supportive fluid therapy, antidiabetic therapy, antiemetics, supplements, and preventive obstetric care were also used in managing pregnancy-related complication

**5.2.2 TRIMESTER:**

| S.No                    | Q1          | Q2          | Q3          | Q4          | Q5          | Q6          | Q7          | Q8          | Q9          | Q10         | Q11         | Q12         | Q13         | Q14         | Q15         | Q16         | Q17         | Q18         | Q19         | Q20         | Q21         | Q22         | Q23         | Q24         | Q25         | Q26         |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Trimester 1 (Mean ± SD) | 3.42 ± 1.08 | 3.62 ± 0.99 | 3.77 ± 0.96 | 3.58 ± 1.08 | 3.65 ± 1.09 | 3.54 ± 1.04 | 3.77 ± 0.98 | 3.75 ± 0.90 | 3.73 ± 0.97 | 3.67 ± 0.90 | 3.65 ± 0.93 | 3.67 ± 0.90 | 3.66 ± 0.90 | 3.67 ± 0.91 | 3.65 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 | 3.63 ± 0.91 |



|     |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                   |
|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------|
| HTN | 4<br>3<br>±<br>1<br>.<br>0<br>7 | 5<br>9<br>±<br>1<br>.<br>0<br>4 | 6<br>8<br>±<br>0<br>.<br>9<br>9 | 6<br>0<br>±<br>1<br>.<br>0<br>4 | 5<br>1<br>±<br>1<br>.<br>1<br>2 | 6<br>1<br>±<br>0<br>.<br>9<br>9 | 5<br>9<br>±<br>1<br>.<br>0<br>2 | 6<br>9<br>±<br>1<br>.<br>0<br>1 | 7<br>9<br>±<br>1<br>.<br>0<br>7 | 6<br>1<br>±<br>1<br>.<br>0<br>2 | 5<br>6<br>±<br>1<br>.<br>0<br>9 | 5<br>9<br>±<br>1<br>.<br>0<br>0 | 6<br>5<br>±<br>1<br>.<br>1<br>0 | 7<br>0<br>±<br>1<br>.<br>0<br>4 | 5<br>5<br>±<br>1<br>.<br>0<br>5 | 3<br>6<br>±<br>1<br>.<br>0<br>5 | 4<br>6<br>±<br>1<br>.<br>1<br>1 | 6<br>1<br>±<br>1<br>.<br>0<br>2 | 6<br>4<br>±<br>1<br>.<br>1<br>1 | 5<br>7<br>±<br>1<br>.<br>1<br>5 | 6<br>7<br>±<br>1<br>.<br>0<br>6 | 5<br>1<br>±<br>1<br>.<br>1<br>2 | 5<br>9<br>±<br>1<br>.<br>0<br>0 | 2<br>±<br>1.<br>0 |
|-----|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------|

## INTERPRETATION

Comparison of WHOQOL scores between hypertensive and non-hypertensive pregnant women showed mild domain-wise variations. Women with hypertension demonstrated slightly lower mean scores in selected physical and psychological components. However, the differences were modest and not consistently observed across all domains. Most scores remained within a comparable range between both groups. These findings indicate that hypertension has a mild but measurable influence on quality of life during pregnancy.

## DISCUSSION

In the present study, hypertensive pregnant women demonstrated slightly lower WHOQOL scores in selected physical and psychological domains compared to non-hypertensive participants, although the overall differences were modest. Most domain scores remained comparable between both groups, suggesting a mild but measurable impact of hypertension on maternal well-being. These findings are consistent with Falcão et al., who reported lower quality of life scores across multiple domains among women with hypertensive disorders of pregnancy compared to those without complications. Both studies indicate that hypertension during pregnancy is associated with domain-specific reductions in health-related quality of life. This highlights the importance of monitoring hypertensive status when evaluating prenatal QoL outcomes.

## Anemia

| S.No                  | Q<br>1                                    | Q<br>2                                    | Q<br>3                                    | Q<br>4                                    | Q<br>5                                    | Q<br>6                                    | Q<br>7                                    | Q<br>8                                    | Q<br>9                                    | Q<br>10                                   | Q<br>11                                   | Q<br>12                                   | Q<br>13                                   | Q<br>14                                   | Q<br>15                                   | Q<br>16                                   | Q<br>17                                   | Q<br>18                                   | Q<br>19                                   | Q<br>20                                   | Q<br>21                                   | Q<br>22                                   | Q<br>23                                   | Q<br>24                                   | Q<br>25                           | Q<br>26 |
|-----------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|---------|
| WITH<br>ANEMIA        | 3<br>.<br>3<br>4<br>±<br>1<br>.<br>0<br>8 | 3<br>.<br>4<br>8<br>±<br>0<br>.<br>9<br>1 | 3<br>.<br>4<br>1<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>5<br>±<br>1<br>.<br>0<br>9      | 3<br>.<br>4<br>5<br>±<br>1<br>.<br>1<br>8 | 3<br>.<br>5<br>2<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>3<br>9<br>±<br>1<br>.<br>1<br>4 | 3<br>.<br>8<br>7<br>±<br>1<br>.<br>0<br>8 | 3<br>.<br>8<br>0<br>±<br>1<br>.<br>2<br>0 | 3<br>.<br>5<br>9<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>4<br>6<br>±<br>1<br>.<br>0<br>4 | 3<br>.<br>4<br>8<br>±<br>1<br>.<br>0<br>2 | 3<br>.<br>3<br>5<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>7<br>9<br>±<br>1<br>.<br>0<br>2 | 3<br>.<br>3<br>9<br>±<br>1<br>.<br>1<br>3 | 3<br>.<br>6<br>1<br>±<br>1<br>.<br>0<br>1 | 3<br>.<br>4<br>1<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>3<br>9<br>±<br>1<br>.<br>1<br>7 | 3<br>.<br>6<br>7<br>±<br>1<br>.<br>0<br>4 | 3<br>.<br>3<br>5<br>±<br>1<br>.<br>1<br>9 | 3<br>.<br>3<br>5<br>±<br>1<br>.<br>1<br>6 | 3<br>.<br>3<br>7<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>3<br>0<br>±<br>1<br>.<br>1<br>2 | 3<br>.<br>3<br>7<br>±<br>1<br>.<br>0<br>6 | 3.<br>6<br>6<br>±<br>1.<br>1<br>0 |         |
| WITH<br>OUT<br>ANEMIA | 3<br>.<br>4<br>5<br>±<br>1<br>.<br>1<br>0 | 3<br>.<br>5<br>9<br>±<br>1<br>.<br>0<br>6 | 3<br>.<br>6<br>7<br>±<br>1<br>.<br>0<br>4 | 3<br>.<br>5<br>9<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>5<br>2<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>6<br>1<br>±<br>1<br>.<br>0<br>0 | 3<br>.<br>5<br>7<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>6<br>5<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>6<br>8<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>5<br>9<br>±<br>1<br>.<br>1<br>0 | 3<br>.<br>4<br>1<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>6<br>0<br>±<br>1<br>.<br>0<br>8 | 3<br>.<br>6<br>0<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>7<br>8<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>5<br>2<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>3<br>4<br>±<br>1<br>.<br>0<br>8 | 3<br>.<br>4<br>7<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>6<br>7<br>±<br>1<br>.<br>1<br>2 | 3<br>.<br>6<br>8<br>±<br>1<br>.<br>1<br>1 | 3<br>.<br>5<br>6<br>±<br>1<br>.<br>1<br>2 | 3<br>.<br>5<br>3<br>±<br>1<br>.<br>1<br>4 | 3<br>.<br>6<br>3<br>±<br>1<br>.<br>1<br>0 | 3<br>.<br>4<br>7<br>±<br>1<br>.<br>1<br>5 | 3.<br>6<br>1<br>±<br>1.<br>0<br>1         |                                   |         |

## INTERPRETATION

Comparison of WHOQOL domain scores between anaemic and non-anaemic pregnant women showed mild domain-wise differences. Participants with anaemia demonstrated slightly lower mean scores in selected physical and vitality-related domains, while some psychological and social components remained

comparable. The variations observed were modest and not consistently distributed across all WHOQOL items. Several domains showed minimal differences between the two groups, indicating relative stability in perceived well-being. These findings suggest that anaemia may exert a mild but domain-specific influence on quality of life during pregnancy.

## DISCUSSION

In the present study, pregnant women with thyroid disorders demonstrated mild and domain-specific variations in WHOQOL scores compared to those without thyroid conditions, with slightly lower scores observed in selected physical and functional domains. However, overall differences were modest and not consistently distributed across all domains. These findings are consistent with Panahi et al., who reported significantly lower physical and mental quality of life scores among pregnant women with subclinical hypothyroidism compared to euthyroid controls. Both studies suggest that thyroid dysfunction during pregnancy may contribute to measurable but limited reductions in maternal well-being. This emphasizes the importance of thyroid monitoring when evaluating prenatal quality of life outcomes.

### 5.2.3.3 GESTATIONAL DIABETES MELLITUS

| S.No        | Q 1       | Q 2       | Q 3       | Q 4       | Q 5       | Q 6       | Q 7       | Q 8       | Q 9       | Q 10      | Q 11      | Q 12      | Q 13      | Q 14      | Q 15      | Q 16      | Q 17      | Q 18      | Q 19      | Q 20      | Q 21      | Q 22      | Q 23      | Q 24      | Q 25      | Q 26      |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| With GDM    | 3.3<br>±1 | 3.4<br>±0 | 3.5<br>±0 | 3.5<br>±1 | 3.7<br>±1 | 3.6<br>±0 | 3.5<br>±1 | 3.8<br>±0 | 3.7<br>±0 | 3.2<br>±1 | 3.8<br>±1 | 3.7<br>±0 | 3.7<br>±1 | 3.8<br>±1 | 3.4<br>±1 | 3.5<br>±1 | 3.3<br>±1 | 3.7<br>±1 | 3.5<br>±1 | 3.5<br>±1 | 3.4<br>±1 | 3.6<br>±1 | 3.6<br>±1 | 3.7<br>±1 | 3.7<br>±1 | 3.6<br>±1 |
| Without GDM | 3.4<br>±1 | 3.5<br>±1 | 3.6<br>±1 | 3.5<br>±0 | 3.4<br>±1 | 3.5<br>±1 | 3.5<br>±1 | 3.6<br>±1 | 3.6<br>±1 | 3.6<br>±1 | 3.4<br>±1 | 3.5<br>±1 | 3.6<br>±1 | 3.6<br>±1 | 3.6<br>±1 | 3.5<br>±1 | 3.3<br>±1 | 3.5<br>±1 | 3.6<br>±1 | 3.5<br>±1 | 3.5<br>±1 | 3.6<br>±1 | 3.7<br>±1 | 3.8<br>±1 | 3.9<br>±1 | 3.3<br>±1 |
|             | 0.9<br>0  | 0.9<br>0  | 0.9<br>0  | 0.2<br>9  | 0.2<br>4  | 0.9<br>7  | 0.1<br>0  | 0.9<br>6  | 0.9<br>7  | 0.0<br>7  | 0.0<br>5  | 0.8<br>8  | 0.0<br>8  | 0.0<br>8  | 0.0<br>5  | 0.1<br>2  | 0.1<br>6  | 0.1<br>4  | 0.1<br>0  | 0.2<br>3  | 0.1<br>0  | 0.1<br>8  | 0.0<br>5  | 0.2<br>2  | 0.0<br>1  | 0.6       |
|             | 1.0<br>0  | 1.0<br>0  | 1.0<br>0  | 0.9<br>9  | 0.0<br>9  | 0.0<br>3  | 0.0<br>6  | 0.0<br>2  | 0.0<br>1  | 0.3<br>3  | 0.1<br>0  | 0.0<br>3  | 0.0<br>8  | 0.0<br>3  | 0.0<br>6  | 0.0<br>7  | 0.0<br>5  | 0.1<br>8  | 0.1<br>2  | 0.0<br>9  | 0.1<br>4  | 0.0<br>9  | 0.1<br>0  | 0.1<br>0  | 0.0<br>2  | 0.2       |

## INTERPRETATION

Comparison of WHOQOL domain scores between pregnant women with gestational diabetes mellitus and those without GDM demonstrated mild and domain-specific variations. Certain domains showed slightly lower mean scores among GDM participants, particularly in selected physical and functional components. However, several psychological and social domains remained comparable between both groups. The overall differences were modest and not consistently distributed across all WHOQOL items. These findings suggest that GDM may exert a limited but measurable influence on quality of life during pregnancy.

## DISCUSSION

In the present study, pregnant women with gestational diabetes mellitus demonstrated mild and domain-specific variations in WHOQOL scores compared to those without GDM, with slightly lower scores observed in selected physical and functional domains. However, overall differences were modest and not uniformly distributed across all domains. These findings are consistent with Marchetti et al., who reported reduced physical and psychological quality of life scores among women diagnosed with GDM

due to metabolic burden and treatment demands. Both studies indicate that GDM may influence specific aspects of maternal well-being without causing substantial overall impairment. This underscores the importance of monitoring glycemic status when assessing prenatal quality of life outcomes.

#### 5.2.3.4 THYROID:

| S.No         | Q1         | Q2         | Q3         | Q4         | Q5         | Q6         | Q7         | Q8         | Q9         | Q10        | Q11        | Q12        | Q13        | Q14        | Q15        | Q16        | Q17        | Q18        | Q19        | Q20        | Q21        | Q22        | Q23        | Q24        | Q25        | Q26        |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| With Thyroid | 33.5 ± 0.9 | 36.5 ± 0.9 | 35.9 ± 0.8 | 35.1 ± 0.3 | 37.7 ± 0.8 | 36.4 ± 0.6 | 37.5 ± 0.9 | 33.9 ± 0.1 | 34.9 ± 0.1 | 36.5 ± 0.7 | 33.4 ± 0.1 | 35.5 ± 0.9 | 35.3 ± 0.1 | 36.5 ± 0.1 | 35.1 ± 0.1 | 36.4 ± 0.1 | 33.9 ± 0.1 | 35.7 ± 0.1 | 34.9 ± 0.1 | 33.4 ± 0.1 | 36.5 ± 0.4 | 33.2 ± 0.6 | 37.6 ± 0.3 | 33.3 ± 0.1 | 36.3 ± 0.0 | 33.2 ± 0.8 |
| With Thyroid | 34.5 ± 1.1 | 35.5 ± 1.1 | 36.3 ± 1.1 | 36.2 ± 1.1 | 35.0 ± 1.1 | 37.5 ± 1.1 | 35.8 ± 1.1 | 37.5 ± 0.0 | 35.7 ± 1.1 | 35.5 ± 0.0 | 35.8 ± 0.8 | 36.3 ± 0.1 | 35.8 ± 0.1 | 38.4 ± 0.1 | 34.3 ± 0.1 | 35.3 ± 0.1 | 33.3 ± 0.1 | 36.6 ± 0.1 | 33.3 ± 0.1 | 36.5 ± 0.1 | 36.0 ± 1.1 | 35.9 ± 1.1 | 36.4 ± 1.1 | 36.9 ± 1.1 | 36.0 ± 1.1 | 36.8 ± 0.4 |

#### INTERPRETATION

Comparison of WHOQOL domain scores between pregnant women with thyroid disorders and those without thyroid conditions showed mild and domain-specific variations. Certain physical and functional domains demonstrated slightly lower mean scores among participants with thyroid disorders. However, several psychological and social components remained comparable between both groups. The overall differences were modest and not consistently observed across all WHOQOL items. These findings suggest that thyroid disorders may exert a limited but measurable influence on quality of life during pregnancy.

#### DISCUSSION:

In the present study, pregnant women with thyroid disorders demonstrated mild and domain-specific variations in WHOQOL scores compared to those without thyroid conditions, with slightly lower scores observed in selected physical and functional domains. However, overall differences were modest and not consistently distributed across all domains. These findings are consistent with Panahi et al., who reported significantly lower physical and mental quality of life scores among pregnant women with subclinical hypothyroidism compared to euthyroid controls. Both studies suggest that thyroid dysfunction during pregnancy may contribute to measurable but limited reductions in maternal well-being. This emphasizes the importance of thyroid monitoring when evaluating prenatal quality of life outcomes.

#### 5.2.3.5 GRAVIDARUM: :

| S.No | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 |
|------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

|             |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                           |                                   |
|-------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|
| With HG     | 3<br>.<br>6<br>5<br>±<br>0<br>.<br>9<br>1 | 3<br>.<br>5<br>1<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>5<br>1<br>±<br>1<br>.<br>1<br>5 | 3<br>.<br>6<br>7<br>±<br>0<br>.<br>9<br>7 | 3<br>.<br>4<br>7<br>±<br>1<br>.<br>2<br>3 | 3<br>.<br>4<br>7<br>±<br>1<br>.<br>1<br>2 | 3<br>.<br>4<br>6<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>6<br>5<br>±<br>1<br>.<br>0<br>6 | 3<br>.<br>5<br>4<br>±<br>1<br>.<br>0<br>4 | 3<br>.<br>5<br>4<br>±<br>0<br>.<br>9<br>6 | 3<br>.<br>6<br>5<br>±<br>0<br>.<br>9<br>9 | 3<br>.<br>6<br>5<br>±<br>0<br>.<br>9<br>7 | 3<br>.<br>6<br>8<br>±<br>0<br>.<br>9<br>7 | 3<br>.<br>6<br>5<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>4<br>7<br>±<br>1<br>.<br>2<br>0 | 3<br>.<br>5<br>8<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>3<br>8<br>±<br>1<br>.<br>0<br>6 | 3<br>.<br>3<br>6<br>±<br>1<br>.<br>1<br>6 | 3<br>.<br>6<br>3<br>±<br>1<br>.<br>0<br>6 | 3<br>.<br>7<br>2<br>±<br>1<br>.<br>0<br>1 | 3<br>.<br>7<br>4<br>±<br>1<br>.<br>1<br>8 | 3<br>.<br>5<br>6<br>±<br>1<br>.<br>1<br>3 | 3<br>.<br>6<br>1<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>3<br>8<br>±<br>1<br>.<br>0<br>0 | 3<br>.<br>5<br>8<br>±<br>1<br>.<br>0<br>0 | 3.<br>6<br>8<br>±<br>1.<br>0<br>0 |
| With out HG | 3<br>.<br>3<br>8<br>±<br>1<br>.<br>1<br>3 | 3<br>.<br>5<br>8<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>6<br>5<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>5<br>5<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>5<br>2<br>±<br>1<br>.<br>1<br>1 | 3<br>.<br>6<br>2<br>±<br>0<br>.<br>9<br>9 | 3<br>.<br>3<br>8<br>±<br>1<br>.<br>1<br>3 | 3<br>.<br>7<br>0<br>±<br>1<br>.<br>0<br>0 | 3<br>.<br>3<br>8<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>6<br>0<br>±<br>1<br>.<br>1<br>7 | 3<br>.<br>5<br>3<br>±<br>1<br>.<br>0<br>2 | 3<br>.<br>5<br>6<br>±<br>1<br>.<br>1<br>0 | 3<br>.<br>6<br>4<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>5<br>3<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>3<br>0<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>6<br>5<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>4<br>5<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>3<br>6<br>±<br>1<br>.<br>1<br>3 | 3<br>.<br>6<br>8<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>5<br>0<br>±<br>1<br>.<br>1<br>1 | 3<br>.<br>5<br>3<br>±<br>1<br>.<br>1<br>4 | 3<br>.<br>6<br>8<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>3<br>8<br>±<br>1<br>.<br>1<br>3 | 3<br>.<br>5<br>8<br>±<br>1<br>.<br>0<br>3 | 3<br>.<br>6<br>7<br>±<br>1<br>.<br>1<br>3 | 3.<br>6<br>0<br>±<br>1.<br>1<br>3 |

#### INTERPRETATION:

Comparison of WHOQOL domain scores between pregnant women with hyperemesis gravidarum and those without HG demonstrated mild and domain-specific variations. Certain physical and vitality-related domains showed slight differences between the two groups. However, most psychological and social components remained comparable across participants. The overall differences were modest and not consistently distributed across all WHOQOL items. These findings suggest that hyperemesis gravidarum may have a limited but noticeable influence on quality of life during pregnancy.

#### URINARY TRACT INFECTION:

| S.No         | Q 1                                       | Q 2                                       | Q 3                                       | Q 4                                       | Q 5                                       | Q 6                                       | Q 7                                       | Q 8                                       | Q 9                                       | Q 10                                      | Q 11                                      | Q 12                                      | Q 13                                      | Q 14                                      | Q 15                                      | Q 16                                      | Q 17                                      | Q 18                                      | Q 19                                      | Q 20                                      | Q 21                                      | Q 22                                      | Q 23                                      | Q 24                                      | Q 25                                      | Q 26 |
|--------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|------|
| With UTI     | 3<br>.<br>5<br>5<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>6<br>4<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>7<br>2<br>±<br>0<br>.<br>9<br>5 | 3<br>.<br>5<br>1<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>5<br>7<br>±<br>0<br>.<br>9<br>8 | 3<br>.<br>6<br>8<br>±<br>0<br>.<br>9<br>9 | 3<br>.<br>5<br>7<br>±<br>1<br>.<br>9<br>7 | 3<br>.<br>8<br>9<br>±<br>0<br>.<br>9<br>9 | 3<br>.<br>5<br>5<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>5<br>8<br>±<br>1<br>.<br>0<br>6 | 3<br>.<br>3<br>0<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>6<br>6<br>±<br>0<br>.<br>9<br>9 | 3<br>.<br>8<br>7<br>±<br>1<br>.<br>0<br>4 | 3<br>.<br>5<br>8<br>±<br>0<br>.<br>5<br>1 | 3<br>.<br>7<br>1<br>±<br>0<br>.<br>8<br>5 | 3<br>.<br>3<br>3<br>±<br>0<br>.<br>9<br>8 | 3<br>.<br>7<br>2<br>±<br>0<br>.<br>9<br>7 | 3<br>.<br>6<br>6<br>±<br>0<br>.<br>9<br>2 | 3<br>.<br>5<br>3<br>±<br>1<br>.<br>0<br>7 | 3<br>.<br>5<br>5<br>±<br>1<br>.<br>0<br>5 | 3<br>.<br>8<br>5<br>±<br>0<br>.<br>9<br>9 | 3<br>.<br>5<br>5<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>8<br>7<br>±<br>0<br>.<br>8<br>1 | 3<br>.<br>8<br>1<br>±<br>0<br>.<br>9<br>2 | 3<br>.<br>8<br>0<br>±<br>0<br>.<br>9<br>1 |      |
| With out UTI | 3<br>.<br>4<br>0<br>±<br>1<br>.<br>1<br>0 | 3<br>.<br>5<br>5<br>±<br>1<br>.<br>1<br>2 | 3<br>.<br>6<br>0<br>±<br>1<br>.<br>1<br>8 | 3<br>.<br>5<br>9<br>±<br>1<br>.<br>1<br>4 | 3<br>.<br>5<br>0<br>±<br>1<br>.<br>1<br>2 | 3<br>.<br>5<br>7<br>±<br>1<br>.<br>1<br>5 | 3<br>.<br>5<br>3<br>±<br>1<br>.<br>1<br>1 | 3<br>.<br>6<br>5<br>±<br>1<br>.<br>0<br>9 | 3<br>.<br>7<br>2<br>±<br>±<br>.<br>0<br>5 | 3<br>.<br>5<br>9<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>6<br>7<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>5<br>4<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>6<br>8<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>5<br>8<br>±<br>±<br>.<br>1<br>6 | 3<br>.<br>4<br>9<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>3<br>2<br>±<br>±<br>.<br>1<br>0 | 3<br>.<br>4<br>0<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>6<br>0<br>±<br>±<br>.<br>1<br>1 | 3<br>.<br>6<br>1<br>±<br>±<br>.<br>1<br>2 | 3<br>.<br>5<br>8<br>±<br>±<br>.<br>1<br>2 | 3<br>.<br>5<br>5<br>±<br>±<br>.<br>1<br>4 | 3<br>.<br>8<br>3<br>±<br>±<br>.<br>1<br>9 | 3<br>.<br>5<br>3<br>±<br>±<br>.<br>1<br>7 | 3<br>.<br>6<br>4<br>±<br>±<br>.<br>1<br>0 | 3<br>.<br>5<br>2<br>±<br>±<br>.<br>1<br>3 |      |

**INTERPRETATION:**

Comparison of WHOQOL domain scores between pregnant women with urinary tract infection and those without UTI demonstrated mild and domain-specific variations. Certain physical and functional domains showed slight differences between the two groups, while most psychological and social components remained comparable. The overall differences were modest and not consistently distributed across all WHOQOL items. Several domains showed nearly similar mean scores in both groups, indicating relative stability in perceived well-being during pregnancy. These findings suggest that UTI may have a limited but measurable influence on quality of life.

**DISCUSSION:**

In the present study, quality of life scores showed only minor variations across different treatment modalities, with no substantial deterioration observed in overall WHOQOL domains. Participants receiving insulin therapy and intravenous fluid therapy demonstrated relatively stable or slightly higher scores in selected domains, suggesting effective clinical management. Similarly, the use of antihypertensive agents and anticonvulsants did not significantly compromise maternal well-being. These findings are consistent with Nichols et al., who emphasised that structured prenatal care and appropriate pharmacological management contribute to maintaining health-related quality of life in high-risk pregnancies. Both studies suggest that effective medical management may mitigate the potential negative impact of comorbid conditions on maternal quality of life.

**DISCUSSION:**

The present prospective cross-sectional study was conducted to assess the quality of life among pregnant women experiencing comorbid conditions using the WHOQOL-BREF assessment tool. Pregnancy is associated with several physiological and psychological changes, and the presence of medical complications may further influence maternal well-being and daily functioning. In the present study, the majority of participants belonged to the 23–27 years age group (43.3%), indicating that most pregnancies occurred within the optimal reproductive age. Only 6.3% of women were in the 33–37 years age group, suggesting that comparatively fewer pregnancies occurred in advanced maternal age. These findings indicate that the study population largely represented women within the safer reproductive age range.

Trimester distribution showed that 38% of women were in the third trimester, followed by 35% in the first trimester and 27% in the second trimester. The higher proportion of women in the third trimester may be attributed to increased antenatal visits and medical monitoring during the later stages of pregnancy. The second trimester showed a relatively smaller proportion of participants, which may reflect the comparatively stable phase of pregnancy.

A considerable proportion of the study population (83.7%) was categorised as high-risk pregnancy, indicating a substantial burden of maternal comorbidities. The most frequently observed complications included eclampsia (20.3%), hypertension (19.7%), gestational diabetes mellitus (19.0%), and hyperemesis gravidarum (19.0%). Other conditions, such as anaemia (18.7%), urinary tract infection (17.7%), and thyroid disorders (16.3%) were also observed with moderate prevalence. These findings demonstrate that multiple medical conditions contribute to the complexity of antenatal care. Quality of life assessment using WHOQOL-BREF revealed that QoL scores were generally consistent across different age groups, with only minor domain-specific variations. Women aged 33–37 years showed slightly higher mean scores in certain psychological and environmental domains, while some physical or emotional domains demonstrated mild reductions. Overall, maternal age showed only a limited influence on overall quality of life.

Trimester-wise comparison of QoL scores demonstrated mild variations across domains. Women in the second trimester showed relatively stable and slightly higher quality of life scores, particularly in psychological and emotional domains. In contrast, women in the first trimester showed slightly lower scores in physical comfort domains, which may be associated with early pregnancy symptoms such as nausea, fatigue, and hormonal changes. The third trimester showed mild fluctuations in QoL scores, likely due to increased physical discomfort, fatigue, and anxiety related to the approaching delivery. The presence of comorbid conditions such as hypertension, eclampsia, gestational diabetes mellitus, anaemia, and urinary tract infections may contribute to both physical discomfort and psychological stress. These conditions often require regular monitoring, medication, lifestyle modifications, and frequent hospital visits, which may affect daily activities and overall well-being.

The findings of the present study are consistent with previous research, which has reported that pregnancy-related complications significantly influence maternal quality of life, particularly in physical and psychological domains. Therefore, early identification and effective management of comorbid conditions are essential for improving maternal well-being and pregnancy outcomes.

## CONCLUSION:

The present study successfully achieved its aim of assessing the quality of life (QoL) among pregnant women experiencing prevailing gravid complications. The findings of the study demonstrate that comorbid conditions during pregnancy have a significant negative impact on maternal quality of life across multiple domains.

The majority of participants belonged to the optimal reproductive age group, with a considerable proportion observed in the third trimester. A high percentage of pregnancies (83.7%) were categorised as high-risk, indicating a substantial burden of maternal complications. The most commonly observed conditions included eclampsia (20.3%), hypertension (19.7%), gestational diabetes mellitus (19.0%), hyperemesis gravidarum (19.0%), anaemia (18.7%), urinary tract infections (17.7%), and thyroid disorders (16.3%).

The study successfully met its objective of evaluating trimester-wise variation in quality of life, revealing that the second trimester was associated with relatively better QoL scores, while the first and third trimesters showed reduced scores due to increased physical symptoms and discomfort.

Furthermore, the use of validated tools such as WHOQOL-BREF and PregQoL enabled a comprehensive assessment of QoL domains, fulfilling the objective of domain-wise analysis. The results indicate that pregnancy complications predominantly affect the physical and psychological domains, while also influencing social and environmental aspects of well-being.

The study also established a clear association between the type of complication and the extent of impact on quality of life, thereby achieving all the stated objectives.

Overall, it can be concluded that maternal comorbidities significantly compromise the quality of life of pregnant women. Early detection, effective antenatal care, appropriate medical management, and supportive interventions are essential to reduce complications and improve maternal well-being.

Thus, improving quality of life should be considered a crucial component of maternal healthcare, as it plays a vital role in ensuring healthier pregnancies and better maternal and fetal outcomes.

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