

The Influence of Maternal Characteristics on the Quality of Life of Postpartum Mothers

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Abstract

Purpose: To determine the influence of postpartum maternal characteristics on the quality of life.

Methodology: This study is a correlational, quantitative study using a cross-sectional approach. This research instrument uses a questionnaire with a questionnaire compiled by Hill called Maternal Postpartum Quality of Life. 61 respondents were involved in the study.

Results: The study's results with the Pearson Product Moment correlation test showed a weak relationship between the mother's age, the week of pregnancy, the number of maternal pregnancies, the number of maternal births, the number of live children, and birth weight. Based on the ANOVA test, the results showed an influence between living together, working, and profession with the mother's quality of life.

Applications/Originality/Value: The difference between this research and previous research lies in the research respondents, research time, measuring instruments, literature used, theories used, and results from research. Further research can be carried out on more diverse targets.

Introduction Section

The Maternal Mortality Rate (MMR) is a measure of a country's progress and a factor in determining how well women are living. In 2018, there were 76% of deliveries and postpartum deaths among women in Indonesia. Several events brought this high mortality rate before and after childbirth (RI, 2021). Indonesia's maternal mortality rate in 2021 was 7,389 instances (Indonesia, 2022). Maternal mortality rate (MMR) is a standard metric used to evaluate the efficacy of health development. The maternal mortality rate of 57.08/100,000 KH in the Sukoharjo Regency (Sukoharjo, 2021).

The puerperium period ranges from 4-6 weeks after calving (Sakineh et al., 2022). Currently, the mother's body is returning to its physiological state as it was before, associated with numerous psychosocial changes and new roles, making it difficult for the mother to prioritize and adjust to this condition. (Rahmani et al., 2022). The quality of life of puerperal moms is impacted by physiological changes, new life adaptations, and sleep difficulties, resulting in complications and a lower life rate for puerperal mothers. Clinical and environmental factors like pain, fatigue, urinary incontinence, pregnancy complications, delivery method, depressive status, sexual dysfunction, insufficient social support, a heavy workload, not sharing tasks with the husband, and depression can hurt one's quality of life. (Mokhtaryan-Gilani et al., 2022).

There are many issues with the world that might lead to a reduction in quality of life, such as a study done in Norway that found that most postpartum women have sleep issues and exhibit symptoms of melancholy and low well-being. (Valla et al., 2022). In the United States, one in eight women experiences depressive symptoms 14% of postpartum mothers in Saudi Arabia have similar symptoms (Badr et al., 2021). Based on the results of interviews with ten postpartum mothers who were in the working area of the Kartasura health center on day 3, they said that as housewives who do not have a fixed income, cranky babies and unplanned pregnancies add to the burden on the mother's mind. Mom feels like she does not have time alone; she does not have time with

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friends. A vital step to improve the quality of life of puerperal mothers begins with an assessment of the quality of life of puerperal mothers today. The purpose of this study was to determine the influence of maternal characteristics on the quality of life of puerperal mothers. Quality of life is closely related to the incidence of morbidity in the mother (Hirshberg & Srinivas, 2017). Research on the quality of life in Indonesia is still small, so it is still challenging to know the quality of life of postpartum mother. For this reason, I am interested in researching the influence of maternal characteristics on the quality of life of puerperal mothers

Method

This research method was carried out in the working area of the Kartasura Health Center. The study population was puerperal mothers who gave birth on August 28, 2022, to October 15, 2022, in the Kartasura health center work area; the inclusion criteria of the respondents were not having physiological disorders, willing to be respondents, not having visual and hearing impairments. The respondents involved in this study were 61. Samples were taken by purposive sampling technique. This research is a correlational, quantitative study using a cross-sectional approach study. This study aims to determine maternal characteristics' influence on puerperal mothers' quality of life. The free variables of this study are maternal characteristics, namely the age of the mother, the week of pregnancy, the number of maternal pregnancies, the number of maternal births, the number of live children, the weight of the baby born, the village, the last education, marital status, ethnicity, living together, type of work, profession, intention to conceive, desire to conceive, pregnancy complications, how to give birth and nutrition of the baby while the bound variable is quality of life.

This research instrument uses a questionnaire compiled by Hill called Maternal Postpartum Quality of Life (PQOL) which consists of 54 questions about psychology/infants, socioeconomics, relational/mate, relational/family friend, health, and physical functioning (Hill et al., 2006). Before being used in data collection, translated questionnaires and questionnaires in Indonesian were tested for validity and reliability on 30 subjects with similar characteristics to research respondents in the Kartasura area. The trial results showed 47 valid questions, 7 invalids, and a Cronbach's Alpha reliability value of 0,949. Questionnaire questions are questions with a Likert scale of 1-6. The maximum score is 282, and the minimum score is 1. The higher the score, the higher the quality of life of the puerperal mother.

Ethical Considerations

This research was conducted after obtaining approval from RS dr. Moewardi kept the confidentiality of our respondents in this study. Participation in the study is voluntary. Participants are granted the right to participate in or refuse to engage in this research. The study was without adverse consequences and was given a complete description of the nature of the study..

Data Analysis

The data is entered into an Excel spreadsheet and then exported into SPSS. Normality tests were carried out using Kolmogorov-Smirnov data to determine whether the data were normally distributed. Normality tests are carried out as a condition for conducting correlation tests, regression and so on. The normality test that has been carried out obtained the results of normally distributed data. Pearson Product Moment correlation test between numerical data on respondents' characteristics and the quality of life of puerperal mothers. One-way ANOVA test between categorical data and the quality of between categorical data and the quality of life of puerperal mothers to determine the influence of maternal characteristics on the quality of life of puerperal mothers.

Result

Table 1. Distribution of characteristics of puerperal mothers

| Variable | Mean Median | SD | SE | Min-Mak |
|-------------------------|-------------------|---------|--------|-------------|
| Maternal age | 28,89 28,88 | 5,135 | 0,657 | 20 – 41 |
| Weeks of pregnancy | 38,97 38,96 | 1,224 | 0,157 | 36 – 42 |
| Pregnancy to | 2,00 2 | 0,931 | 0,119 | 1 – 5 |
| Birth to | 1,95 2 | 0,902 | 0,116 | 1 – 5 |
| Number of live children | 1,92 2 | 0,881 | 0,113 | 1 – 5 |
| Birth weight | 361,13 3161,13 | 443,944 | 56,841 | 2200 - 4740 |

Based on table 1, the total respondents of 61 analysis results obtained, the average age of mothers is 29 years, the youngest age of mothers giving birth is 20 years, and the oldest age is 41 years. The average puerperal mother's pregnancy week of childbirth at week 38.97. During the week of pregnancy of baby is born between 36-42 weeks with an average of 39 weeks of gestation. The week of pregnancy of the youngest baby at 36 weeks of age and the week of gestation of the oldest baby at 42 weeks. The average puerperal maternal pregnancy is the second pregnancy. The youngest pregnancy of puerperal mothers is found in 1 pregnancy, and most pregnancies are in the fifth pregnancy. The average number of births in a puerperal mother is two, with a maximum of five births. The average number of live cubs is two. There are at least one live child and a maximum of five. The average number of births in a puerperal mother is two, with a maximum of five births. The average number of live cubs is two. There are at least one live child and a maximum of five. The average birth weight of 361,3 grams of the baby's body is the lowest at 2200 grams; the highest is 4740 grams.

Table 2. Distribution of characteristics of puerperal mothers

| Variable | | Sum | Percentage |
|-----------------|-------------------|-----|------------|
| Village | Wirogunan | 3 | 0,3 |
| | Singopuran | 2 | 0,2 |
| | Ngabeyan | 5 | 0,5 |
| | Kartasura | 7 | 0,7 |
| | Ngadirejo | 4 | 0,4 |
| | Ngemplak | 5 | 0,5 |
| | Pucangan | 8 | 0,8 |
| | Gumpang | 9 | 0,9 |
| | Makamhaji | 9 | 0,9 |
| | Gonilan | 5 | 0,5 |
| | Kertonatan | 3 | 0,3 |
| | Pabelan | 1 | 0,1 |
| Final education | SMP | 5 | 0,5 |
| | SMA | 34 | 3,4 |
| | Bachelor | 22 | 2,2 |
| Marital status | Divorce | 15 | 1,5 |
| | Marry | 46 | 4,6 |
| Tribe | Outside Java | 1 | 0,1 |
| | Javanese Javanese | 60 | 6,0 |
| Living together | Javanese | | |
| | Native family | 8 | 0,8 |
| Types of work | Husband | 53 | 5,3 |
| | Work | 25 | 2,5 |
| Work | Not working | 36 | 3,6 |
| | Not working | 30 | 3,0 |

| | | | |
|-------------------------|-------------------------|----|------|
| | Private | 28 | 2,8 |
| | Country | 3 | 0,3 |
| Profession | Laborer | 4 | 6,6 |
| | Merchant | 6 | 9,9 |
| | Private | 7 | 11,5 |
| | Teacher | 5 | 8,2 |
| | Housewives | 37 | 60,7 |
| | Health workers | 2 | 3,3 |
| Pregnant intentions | Don't plan | 25 | 2,5 |
| | Plan | 36 | 3,6 |
| Desire to conceive | Unwanted | 12 | 1,2 |
| | Ambivalent | 3 | 0,3 |
| | Desired | 46 | 4,6 |
| Pregnancy complications | Exist | 6 | 0,6 |
| | None | 55 | 5,5 |
| How to give birth | Section caesarea | 27 | 27 |
| | Usual | 34 | 34 |
| Baby nutrition | Formula | 2 | 0,2 |
| | Breast milk and formula | 13 | 1,2 |
| | Breast milk | 46 | 4,6 |

Based on table 2, consisting of 12 villages located in the Kartasura area, the distribution of respondents based on the most villages is in Gumpang and Makamhaji villages 9 (0.9 %) at least come from Pabelan 1 village (0.1 %). Based on the last level of education of the respondents, as many as 0.5% had the last education in junior high school; the last was high school, 3.4%, and bachelor's education was 2.2%. It can be concluded that the last education of the majority of respondents was in high school

The marital status of 1.5% of respondents was divorced, and 4,6% were married.

Based on tribal origin, as many as 0,1% came from outside Java, and 6% came from Javanese. Respondents who lived with their original family were 0,8%, and 5,3% lived with their husbands. The respondents' work type was 2,5% of postpartum mothers working, and respondents who were not working as much as 3,6%. Based on the working category, 3% are not working, 2,8% are working in private agencies, and 0,3% are working in public agencies. Respondents dominated by profession as housewives 60,7% and at least worked as health workers as much as 3,.%.

Regarding the intention to conceive, most respondents said they did not plan to get pregnant by 25%, and 36% planned to get pregnant. Respondents who desired to conceive were 4,6% unintended by 1,2% and ambivalent by 0,3%. Regarding pregnancy complications, most had no pregnancy complications 5,5% and those with complications by 0,6%

2,7% of respondents gave birth to Sectio Caesarea 3,4% gave birth typically. Nutrition to infants as much as 4,6% were given exclusive breastfeeding, breast milk, and formula milk by 1,3% and formula milk by 0,2%.

Table 3. Pearson Product Moment Analysis of maternal characteristics and quality of life

| Variable | R | R | P value |
|-------------------------|-------|-------|---------|
| Maternal age | 0,088 | 0,008 | 0,502 |
| Weeks of pregnancy | 0,085 | 0,007 | 0,517 |
| Pregnancy to Birth to | 0,030 | 0,001 | 0,816 |
| Number of live children | 0,008 | 0,000 | -0,061 |
| Birth weight | 0,010 | 0,000 | 0,938 |
| | 0,106 | 0,011 | 0,415 |

Based on table 3 of the relationship between quality of life and age, having a weak relationship ($r = 0,088$) and having a positive pattern means that the older the mother's age, the greater the quality of life of the postpartum mother ($p = 0,517$). The relationship between the weeks of pregnancy of the baby has a weak relationship ($r =$

0,085). It has a positive pattern, meaning that the older the gestational week the baby is born, the greater the quality of life of the puerperium ($p = 0,517$). The relationship between maternal pregnancy and the puerperal mother's quality of life is weak ($r = 0,030$). It has a positive pattern, meaning that the more pregnancies the mother has, the greater the quality of life of the puerperal mother. ($p = 0,816$). The relationship between maternal birth and postpartum mothers' quality of life is weak ($r = 0,008$). It is negatively patterned, meaning that the more mothers die, the smaller the quality of life of postpartum mothers ($p = -0,061$). The relationship between the number of children alive and the number of children living the mother's quality of life has a weak relationship ($r = 0,010$). It is positively patterned, meaning that the more children are alive, the same.

Table 4. Results of the Anova test of maternal characteristics on the quality of life of puerperal mothers

| Variable | | Mean | SD | 95 % CI | P value |
|-----------------|-----------------|---------|--------|---------------|---------|
| Desa | Wirogunan | 221,33 | 37,448 | 128,31-314,36 | 0,151 |
| | Singopuran | 226,00 | 32,527 | -66,24-518,24 | |
| | Ngabeyan | 201,80 | 9,741 | 190,04-213,56 | |
| | Kartasura | 241,43 | 16,940 | 225,76-257,10 | |
| | Ngadirejo | 219,25 | 61,218 | 121,84-316,66 | |
| | Ngemplak | 245,40 | 14,910 | 226,89-263,91 | |
| | Pucangan | 242,40 | 27,055 | 219,76-264,99 | |
| | Gumpang | 221,22 | 29,533 | 198,52-243,92 | |
| | Makamhaji | 233,44 | 22,339 | 216,27-250,62 | |
| | Gonilan | 197,33 | 21,673 | 194,29-248,11 | |
| | Kertonatan | 254,00 | 21,572 | 147,73-250,92 | |
| | Final education | Pabelan | 228 | - | |
| SMP | | 233,40 | 24,735 | 202,69-264,11 | |
| SMA | | 223,79 | 30,673 | 213,09-234,50 | |
| Work | Work | 233,00 | 28,779 | 221,49-244,81 | 0,084 |
| | Divorce | 239,07 | 24,297 | 225,61-252,52 | |
| Marital status | Marry | 224,26 | 29,413 | 215,52-233,00 | 0,601 |
| | Outside Java | 243,00 | | 225,61-252,52 | |
| Tribe | Javanese | 227,65 | 28,778 | 220,17-235,13 | 0,002 |
| | Native family | 199,38 | 31,632 | 172,93-225,82 | |
| Living together | Husband | 232,21 | 26,017 | 225,04-239,38 | 0,284 |
| | Work | 232,68 | 27,702 | 221,25-244,11 | |

| | | | | | |
|-------------------------|-------------------------|--------|---------|--------------------|-------|
| | Not working | 224,58 | 29,428 | 214,63- 234,54 | |
| Work | Not working | 224,30 | 28,415 | 213,69- 234,91 | 0,020 |
| | Private | 227,04 | 27,191 | 216,49- 287,11 | |
| | Country | 272,00 | 6,083 | 256,89- 287,11 | |
| Profession | Laborer | 242,75 | 17,347 | 214,65- 269,85 | 0,017 |
| | Merchant | 240,50 | 33,195 | 205,66- 275,34 | |
| | Private | 206,57 | 128,063 | 18247- 230,64 | |
| | Teacher | 258,00 | 17,123 | 236,73- 279,27 | |
| | Housewives | 23,41 | 27,444 | 214,26- 232,56 | |
| | Health workers | 244,00 | 12,728 | 129,64- 358,36 | |
| Pregnant intentions | Don't plan | 223,00 | 28,562 | 211,21- 234,79 | 0,271 |
| | Plan | 231,31 | 28,833 | 221,55- 241,06 | |
| Desire to conceive | Unwanted | 224,25 | 30,302 | 205,00- 243,50 | 0,600 |
| | Ambivalent | 214,33 | 54,040 | 80,09- 348,58 | |
| | Desired | 229,74 | 27,034 | 22,71- 237,77 | |
| Pregnancy complications | Exist | 247,83 | 21,132 | 225,66- 270,021 | 0,074 |
| | None | 225,73 | 28,809 | 217,94- 233,52 | |
| How to give birth | <i>Section caesarea</i> | 229,53 | 29,960 | 217,78- 241,48 | 0,680 |
| | Usual | 226,53 | 28,184 | 216,70- 236,36 | |
| Baby nutrition | Formula | 236,23 | 16,684 | 226,15- 246,31 | 0,400 |
| | Breast milk and formula | 239,50 | 31,547 | 215,68- 234,41 | |
| | Breast milk | 225,04 | 4,950 | 216,70- 234,36 | |

Table 4 shows that puerperal mothers who live in 11 villages in Kartasura get a P value of 0,151; it can be concluded that there is no difference in the villages where puerperal mothers live in the quality of life of puerperal mothers. The last education of puerperal mothers consisted of junior high school, high school, and undergraduate from the results of statistical tests obtained a P value of 0,456. This means that there is no difference in the level of education last to the quality of life of puerperal mothers. Based on marital status, the results of statistical tests obtained a P value of 0,084, and it can be concluded that there is no difference in the marital status of puerperal mothers to the quality of life of postpartum mothers with marital status. Based on the results of statistical tests, a value (p-value of 0,601) can be concluded that there is no difference in ethnicity where puerperal mothers come from the quality of life of puerperal mothers. Based on the results of statistical

tests, a value (p-value of 0,002) can be concluded that there are differences in living together with the quality of life of puerperal mothers.

Based on the results of statistical tests, the value (p-value 0,017) can be concluded that there are differences between professions and the quality of life of puerperal mothers. The statistical test results obtained a value (p-value of 0,271); it can be concluded that there is no difference in the quality of life of puerperal mothers with working pregnant intentions. The statistical test results obtained a value (p-value of 0,600); it can be concluded that there is no difference between the desire to get pregnant and the quality of life of puerperal mothers. The results of the statistical test obtained a value (p-value of 0,074); it can be concluded that there is no difference between pregnancy complications and the quality of life of postpartum mothers. The results of the statistical test obtained a value (p-value of 0,680); it can be concluded that there is no difference between the way of delivery and the quality of life of puerperal mothers. The results of the statistical test obtained a value (p-value of 0,400); it can be concluded that there is no difference between providing nutrition to babies to the quality of life of puerperal mothers.

Discussion

Quality of life refers to a person's perception of life based on existing cultures, values, attitudes, goals, and standards (Mokhtaryan-Gilani et al., 2022). Factors that can affect the quality of life are socio-demographic, inadequate social support, heavy workload, husband involvement, postpartum depression, sexual dysfunction, number of pregnancies, methods of childbirth, and Pregnancy complications (Mokhtaryan-Gilani, & Nasiri, 2022).

Based on table 3. The results of this study demonstrate that puerperal mothers' quality of life is unaffected by their age. Because psychological resources like resilience, optimism, coping style, and social support are thought to affect a person's well-being differently depending on one's age, so there is a complicated quality of life (Brett et al., 2019). This is different from the research that has been done (Valla & Misvær, 2021) higher quality of life scores were correlated with decreased puerperal maternal age outcomes. Because it affects conditions during pregnancy, labor, and puerperium, as well as how to care for and milk the infant, the mother's age is crucial to her health. Mothers under the age of 20 are unprepared to become pregnant, give birth, and breastfeed their children since they are still developing physically and socially (Hasna et al., 2020).

There is no difference in the quality of life of postpartum moms during the weeks of pregnancy, according to the effects of pregnancy on the quality of life of puerperal mothers. The effects on a person's emotional, social, and physical health and well-being are reflected in their quality of life. Children who are born too soon or outside of the standard gestational week typically have a lower quality of life (Ni et al., 2022). According to data from respondents, maternal parity of at least one and up to 5 can impact a mother's psychological state, particularly for moms about to give birth. First, parity may be at risk because fetal growth restricts the uterine muscles. Due to prior delivery experience, a parity of more than one is more prepared for pregnancy. (Rahayuningsih et al., 2021).

According to a study, there is a correlation between maternal pregnancy, the number of births, and the number of children still alive (Murbiah, 2016) which declares that no relationship exists between the maternal quality of life and parity. This is feasible because primiparous women require much guidance, assistance, and support to manage puerperium. This is possible because motherhood serves as a stress-relieving buffer, making it crucial for parents to improve their children's health and well-being (Valla & Misvær, 2021).

The quality of life is unaffected by a baby's birth weight. Due to the factors that determine a child's health and survival through weight loss at birth, this is paradoxical. Low birth weight babies are more susceptible to various health issues, which can affect postpartum mothers (Tridiyawari et al., 2021). Pregnant women's nutritional condition is crucial for promoting maternal and child welfare since there is a possibility that their malnutrition would affect their unborn kid's nutrition and result in low birth weight (Dewi, 2018).

There is no effect on the puerperal mother's quality of life based on the characteristics of the village whereby she lives. The fact that the postpartum mother works in the same region as the puskesmas allows for the same services to be obtained. According to a study conducted by puerperal mothers living in metropolitan regions (Dikmen & Topuz, 2021), Access to care, education, and health services is made more accessible, which results

in a higher quality of life. The research (Arie & Putri, 2019) found that mothers who live in the country are often shorter than those who reside in cities. Children with short parents have the risk of stunting and low birth weight, and height is one of the factors that might be passed on to them.

The mother's academic background affects the postpartum mother's quality of life. According to studies (Wulandari & Muftulillah, 2020), education impacts the quality of life for puerperal mothers. Because every level of education can result in a low quality of life score, postpartum mothers' quality of life is likely unaffected by their amount of schooling. However, mothers with higher levels of education tend to have more knowledge and self-confidence, particularly about health.

There was no statistically significant relationship between marital status and the quality of life for puerperal moms, according to a study done on 272 Brazilian women in the postpartum period (Ribeiro et al., 2021). Contrary to what was shown in this study, marital status had no impact on the standard of living of perinatal moms. The husband's support has been shown in studies to be a motivating factor that enables a person to act. The husband's support may influence by lowering anxiety, lessening discomfort, and quickening labor (Satrianegara et al., 2021)

According to the mother's tribe of origin, there is no correlation between that tribe and the mother's quality of life. According to research (Wiyanto & Ambarwati, 2021), the Javanese people view the puerperium era as a time that women must pass through; hence they disregard mothers during the puerperium as though they do not provide support. The Madurese tribe is very obedient to parents culturally if they argue with parents, it is said to be lawless in research on support, family trust and the role of the husband in the decision to choose a maternity helper in the madurese tribal community, the result is that there is a relationship between family support and the selection of maternity assistance for shamans in deciding the problem of choosing a family delivery helper has an important role (Abrori, Mardjan, 2017)

From the results of the study, it was found that there is an influence between living together on the quality of life of puerperal mothers; this is different from the research that has been carried out by (Wulandari & Muftulillah, 2020) says that the quality of life is low for puerperal women who live in more than one household, including one with a husband. This is connected to the assistance that puerperal mothers receive from their families. Support from the family in the form of things, feelings, and knowledge affects puerperal mothers because they will feel cherished, loved, and supported (Lindawati, 2019). Couples' support reduces the strain placed on pregnant women, which results in a decrease in the incidence of depression. (Adeoye et al., 2022).

The results of this study show that the type of work does not affect the quality of life of postpartum mothers because, in contrast to the research that has been carried out in Turkey, which was carried out on 120 mothers who visited health centers, the results of working mothers had a higher quality of life compared to homemakers (Dikmen & Topuz, 2021). A career woman and a housewife contribute to motherhood's success, and homemakers are particularly prone to stress because they control the family's economy. Homemakers experience stress as a result of saturation. Meanwhile, the amount of time for relaxation decreases since working mothers are stressed out because they do not have free time (Widya Ananda et al., 2021). In opposition to studies from 2015 to 2020 that claim that working moms experience fewer positive reactions than non-working mothers, resulting in non-working mothers' lives being of higher quality than those of working mothers (Herwanis, 2021).

Based on the characteristics of work and profession, it was concluded that there is a difference between the profession and the quality of life of puerperal mothers. As the research has been done (Wulandari & Muftulillah, 2020), there is an influence between income on the quality of life of postpartum mothers. According to research on breast cancer patients, working patients had a higher quality of life than non-working patients. Women who do not work risk developing depression, which lowers their quality of life (Dian Ayu, 2018). Work determines an individual's income, which impacts the accessibility of valuable information facilities to advance understanding (Imarina, 2016).

In contrast to research done by Dikmen & Topuz (2021) on postpartum moms in Turkey, this study reveals no relationship between the intention to become pregnant and the desire to become pregnant and that neither factor has an impact on quality of life. According to research (Qiftiyah, 2018), a planned pregnancy may cause a postpartum blues episode since the planned pregnancy will prepare the mother to face childbirth and motherhood so that she is prepared to handle the postpartum period.

Based on the results of research between pregnancy complications and quality of life, the results were found to have no effect because. Pregnancy complications are severe and require immediate treatment to avoid maternal and infant death. Pregnancy complications are caused by the mother's lack of knowledge about pregnancy; the mother's age is <20 atau >35 and has more than 3 (Komariah & Nugroho, 2020). Complications such as hypertension and gestational diabetes can affect the mother's quality of life. High-risk pregnancies have repercussions such as premature birth. Mothers who give birth prematurely are at risk of depression and a low quality of life (Fourianalisyawati, 2019).

A study conducted in India consisting of 178 women with expected labor delivery and 46 women giving birth by sectio caesarian found that women who gave normal labor well with episiotomy had a better quality of life than women who gave birth with sectio caesarea (Kohler et al., 2018). Mothers who give birth to sectio caesaria are at risk of physical and mental problems, especially in unplanned births (Amperaningsih & Siwi, 2018).

The findings indicated no relationship between the infant's nutrients and puerperal moms' quality of life-based on the parameters of nutrition administration. In contrast, research suggests that breastfeeding-related factors impact postpartum mothers' quality of life (Wulandari & Mufdlilah, 2020). Breast milk becomes the only food and beverage newborns require during the first six months following birth. Breast milk is easily digestible, packed with minerals, and contains calories.

Conclusion

The study's results with the Pearson Product Moment correlation test showed a weak influence between the mother's age, the week of pregnancy, the number of maternal pregnancies, the number of births, the number of live children, and birth weight. Based on the ANOVA test, the results showed an influence between living together, working, and profession on the mother's quality of life.

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