Relationship between quality of life and sociodemographic and nutritional data in pregnant and postpartum women

Relação da qualidade de vida com dados sociodemográficos e nutricionais de gestantes e puérperas

Relación entre la calidad de vida y datos sociodemográficos y nutricionales de embarazadas y puérperas

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ABSTRACT

Objective: To assess pregnant and postpartum women's perception regarding quality of life and its relationship to sociodemographic and nutritional data. **Methods**: This quantitative descriptive cross-sectional study was carried out in a Family Health Strategy center in the city of Lajeado - Rio Grande do Sul, from June to September 2019 with 57 pregnant and postpartum women who answered a structured questionnaire used to collect sociodemographic and clinical data and the WHOQOL-BREF questionnaire. Pregestational nutritional status and weight gain for gestational age were assessed, and the results were considered significant at a significance level of 5% ($p \leq 0.05$). **Results**: 41 pregnant and postpartum women rated their quality of life as good (72%), 43 were either satisfied or very satisfied with their health (75.4%) and were 32 were at normal weight (56.1%). There was an inverse correlation between self-rated quality of life and age ($p \leq 0.01$) and pregestational BMI was inversely related to satisfaction with health ($p \leq 0.01$) in pregnant and postpartum women. Normal weight was significantly associated with being "very satisfied" with health, and overweight was associated with being "dissatisfied" with health ($p \leq 0.01$). **Conclusion**: Self-rated quality of life was inversely associated with age, and satisfaction with health was inversely associated with pregestational body mass index in the pregnant and postpartum women analyzed.

Descriptors: Quality of Life; Pregnancy; Postpartum Period.

RESUMO

Objetivo: Investigar a percepção da qualidade de vida de gestantes e puérperas e sua relação com dados sociodemográficos e nutricionais. Métodos: Estudo descritivo e transversal, de abordagem quantitativa, realizado em uma Estratégia de Saúde da Família do município de Lajeado, Rio Grande do Sul, no período de junho a setembro de 2019, com 57 gestantes e puérperas, submetidas a um questionário estruturado contendo dados sociodemográficos e clínicos e ao questionário WHOQOL-BREF. Avaliou-se o estado nutricional pré-gestacional e o ganho de peso para a idade gestacional, sendo os resultados considerados significativos a um nível de significância de 5% (p≤0,05). Resultados: 41 gestantes e puérperas consideraram sua qualidade de vida "boa" (72%), 43 estavam "satisfeitas" ou "muito satisfeitas" com a sua saúde (75,4%) e 32 apresentavam-se eutróficas (56,1%). Verificou-se correlação inversa da avaliação da qualidade de vida com a idade (p≤0,01) e o índice de massa corporal pré-gestacional esteve inversamente relacionado com a satisfação com a saúde (p≤0,01) das gestantes e puérperas. As mulheres eutróficas apresentaram-se significativamente associadas à percepção de "muito satisfeita" em relação a sua saúde e aquelas com sobrepeso, à percepção de "insatisfeita" com a sua saúde (p≤0,01). Conclusão: A avaliação da percepção da qualidade

de vida associou-se inversamente à idade, assim como a percepção da satisfação com a saúde associou-se inversamente ao índice de massa corporal prégestacional das gestantes e puérperas investigadas.

Descritores: *Qualidade de Vida; Gravidez; Período Pós-Parto.*

RESUMEN

Objetivo: *Investigar la percepción de calidad de vida de embarazadas y puérperas y su relación con datos sociodemográficos y nutricionales.* ***Métodos:*** *Estudio descriptivo y transversal de abordaje cuantitativo realizado en una Estrategia de Salud de la Familia del municipio de Lajeado, Río Grande de Sur Sul, en el período entre junio y septiembre de 2019 con 57 embarazadas y puérperas que contestaron una encuesta estructurada con datos sociodemográficos y clínicos y el cuestionario WHOQOL-BREF. Se evaluó el estado nutricional antes del embarazo y la ganancia de peso para la edad gestacional y los resultados han sido considerados significativos con un nivel de significancia del 5% (p≤0,05).* ***Resultados:*** *41 embarazadas y puérperas han considerado su calidad de vida "buena" (72%), 43 estaban "satisfechas" o "muy satisfechas" con su salud (75,4%) y 32 eran eutróficas (56,1%). Se verificó una correlación inversa de la evaluación de la calidad de vida con la edad (p≤0,01) y el índice de masa corporal antes del embarazo estuvo inversamente relacionado con la satisfacción con la salud (p≤0,01) de las embarazadas y puérperas. Las mujeres eutróficas se presentaron significativamente asociadas con la percepción de "muy satisfecha" respecto su salud y aquellas con sobrepeso se asociaron con la percepción de "insatisfecha" con su salud (p≤0,01).* ***Conclusión:*** *La evaluación de la percepción de calidad de vida se asoció de manera inversa con la edad así como la percepción de la satisfacción con la salud se asoció inversamente con el índice de masa corporal antes del embarazo y con las puérperas investigadas.*

Descriptores: *Calidad de Vida; Embarazo; Periodo Posparto.*

INTRODUCTION

Pregnancy is a physiological phenomenon that involves several changes and must be seen as part of a healthy life experience[1]. It develops in a social and cultural context that influences and determines its evolution and trajectory, and it is very important to consider factors such as personal history and sociodemographic and economic aspects of the pregnant woman[2] in addition to the physiological, psychological and sexual factors encompassed in women's lives in this period and which can influence their quality of life (QoL)[3].

Knowing the profile of pregnant women and identifying the health determinants that can interfere in the healthy development of pregnancy is essential for health teams to develop health promotion actions to improve the quality of life of pregnant women[2].

Like pregnancy, the postpartum period is also characterized by big physical and emotional changes that can interfere with postpartum QoL[4]. Few women experiencing postpartum talk about their concerns and anxieties, such as doubts about their weight, prevention, fear of sexual intercourse, insecurity about contraception, physical ailments and emotional difficulties[5]. Many gaps need to be filled in order to provide postpartum women with better QoL in relation to selfcare and care for the newborn[6].

QoL is a broad, complex, subjective, and multidisciplinary concept that is related to several fields and is not attached to a single definition[7]. This concept has been shown to be necessary in providing care to different groups of people after the expansion of the concept of health, which has started to be seen as living in society with wellbeing in the most diverse senses and not just as the absence disease[8].

According to the World Health Organization (WHO), QoL is defined as individuals' perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, standards, expectations and concerns[9], a concept that has remained current over time and that encompasses physical and psychological health, the level of independence, social relationships, personal beliefs and the relationship with the environment[10].

The assessment of QoL has been an indicator used to guide care practices and assist in the definition of public policy strategies in the context of health promotion and disease prevention[11] based on the expanded concept of health for individuals and collectivities[12]. Health promotion consists of several strategies aimed at meeting the needs of the population and ensuring the improvement of QoL[13].

Health care team guidelines need to go beyond guidelines on hospital discharge and home visits. They need to be able to improve the way of life of women in this cycle[6]. It is important to highlight the relevance of health services and the establishment of a bond between women and health professionals in view of the fragile state in which women may find themselves at the time of the arrival of a child[14].

Within this context, the present study aimed to assess pregnant and postpartum women's perception regarding quality of life and its relationship to sociodemographic and nutritional data.

METHODS

This quantitative descriptive cross-sectional study was carried out from June to September 2019 in a Family Health Strategy (*Estratégia de Saúde da Família - ESF*) located in the municipality of Lajeado, in the state of Rio Grande do Sul, Brazil, with an estimated population of 84,014 inhabitants and a municipal Human Development Index of 0.778[15].

The study population consisted of pregnant women and postpartum women undergoing prenatal care in the ESF during the data collection period who consented to their participation by signing an Informed Consent Form (ICF). They were invited to participate in the research while waiting for consultations with physician, nurse, nutritionist, dentist, or some educational group at the center. The study excluded pregnant women and postpartum women who gave up participating in the study even though they had signed the informed consent form. Primary and secondary data were collected, and the interview took place in a private room of the ESF.

The pregestational nutritional status of pregnant women and postpartum women was determined by obtaining information on pregestational weight and height from the patient's medical chart followed by the calculation of the Body Mass Index (BMI) (weight/height²) and classification according to the World Health Organization (WHO) criteria for adults and adolescents[16,17]. Gestational weight gain was classified according to gestational age and pre-pregnancy BMI using the Institute of Medicine (IOM) criteria[18].

The WHOQOL-BREF questionnaire was also used to assess the QoL of pregnant and postpartum women. The questionnaire consists of 26 questions. The first two questions assess overall QoL and address perception of QoL and satisfaction with health, and the remaining 24 questions represent each of the 24 facets that make up the original instrument (WHOQOL-100) distributed across four domains: physical, psychological, social relations and environment. The responses are given on a Likert scale (from 1 to 5; the higher the score, the better the quality of life)[9].

In addition, a structured questionnaire was used. It contained questions about sociodemographic data (age, marital status, education, mother's occupation, income, number of people living in the house, type of housing) and clinical data associated with pregnancy and the postpartum period (pregestational weight, height, number of children, weight gain during pregnancy and gestational week of pregnant women and postpartum women).

The Statistical Package for the Social Sciences (SPSS) version 22.0 was used and the data were analyzed using descriptive statistical tables and statistical association tests, such as the Fischer's exact test, the Pearson's correlation analysis, the Spearman's correlation analysis and the Mann-Whitney nonparametric test with a maximum significance level of 5% ($p \leq 0.05$).

The study was approved by the Research Ethics Committee of the University of Vale do Taquari (*Universidade do Vale do Taquari*) under Opinion No. 3.336.144.

RESULTS

The mean age of the pregnant women and postpartum women was 28.3 (±6.6 years), and the mean number of people living in the same house was 2.9 (±0.9 people). The mean number of previous children was 0.7 (±0.9). The highest mean score in the assessment of the QoL of pregnant women and postpartum women was found in the psychological domain (77.6; ±10.0), followed by the social relations domain (75.1; ±17.1), environmental domain (63.5; ±10.5), and physical domain (62.6; ±12.1).

The study sample consisted of 75.4% (n=43) of pregnant women and 24.6% (n=14) of postpartum women. Most of the participants were aged between 18 and 34 years (78.9%; n=45), worked outside the home (71.9%; n=41) and lived in their own home (77.2%; n=44) – all of them had a partner. With regard to the pregestational nutritional status, 56.1% (n=32) of the participants were at a normal weight and 26.3% (n=15) were obese. A total of 43.8% (n=25) of the women exhibited weight gain above that recommended for gestational age. Most of the pregnant women and postpartum women rated their QoL as good (72%; n=41) and were "satisfied" or "very satisfied" with their health (75.4%; n=43), as shown in Table I.

Table II shows that adequate weight gain during pregnancy was significantly associated with normal weight women, whereas weight gain above the recommended was associated with overweight pregnant women (p=0.023). Fisher's exact test demonstrated that normal weight was significantly associated with being "very satisfied" with health, and overweight women were "dissatisfied" with their health (p≤0.01).

Table I - Description of the sociodemographic characteristics of pregnant and postpartum women. Lajeado, Rio Grande do Sul, Brazil, 2019.

Variable	Response	n	%
Age range	18 – 34	45	78.9
	35 or older	12	21.1
Marital status	With a partner	57	100.0
	Without a partner	-	-
Education	Illiterate	1	1.8
	Incomplete primary education	8	14.0
	Complet eprimary education	9	15.8
	Incomplete secondary education	9	15.8
	Complete secondary education	21	36.8
	Incomplete higher education	5	8.8
	Complete higher education	4	7.0
Occupation	Homemaker	16	28.1
	Working outside the home	41	71.9
House	Own	44	77.2
	Rented	13	22.8
Pre-gestational nutritional status	Severe thinness/Thinness	2	3.5
	Normal weight	32	56.1
	Overweight	8	14.1
	Obesity/Severe obesity	15	26.3
Weight gain for gestational age	Below the recommended	16	28.1
	Adequate	16	28.1
	Above the recommended	25	43.8
How would you rate your quality of life?	Neither bad nor good	8	14.0
	Good	41	72
	Very good	8	14.0
How satisfied are you with your health?	Dissatisfied	3	5.3
	Neither satisfied nor dissatisfied	11	19.3
	Satisfied	32	56.1
	Very satisfied	11	19.3

%: percentage; n: sampling number

Table II - Association of nutritional status – normal weight, overweight and obesity – with age range, education, type of housing, classification of weight gain for gestational age and perception of quality of life among pregnant and postpartum women. Lajeado, Rio Grande do Sul, Brazil, 2019.

Variable	Resposta	Nutritional status						
		Normal weight		Overweight		Obesity/ Severe obesity		
		n	%	n	%	n	%	p
Age range	18 – 34	26	81.3%	5	62.5%	12	80.0%	0.528
	35 or older	6	18.8%	3	37.5%	3	20.0%	
Education	Primary education	9	28.1%	3	37.5%	5	35.7%	0.917
	Secondary education	18	56.3%	4	50.0%	6	42.9%	
	Higher education	5	15.6%	1	12.5%	3	21.4%	
House	Own	22	68.8%	7	87.5%	14	93.3%	0.157
	Rented	10	31.3%	1	12.5%	1	6.7%	
Weight gain for gestational age	Below the recommended	9	28.1%	1	12.5%	5	33.3%	0.023
	Adequate	14	43.8%	1	12.5%	1	6.7%	
	Above the recommended	9	28.1%	6	75.0%	9	60.0%	
How would you rate your quality of life?	Neither bad nor good	4	12.5%	1	12.5%	3	20.0%	0.981
	Good	23	71.9%	6	75.0%	10	66.7%	
	Very good	5	15.6%	1	12.5%	2	13.3%	
How satisfied are you with your health?	Dissatisfied	-	-	2	25.0%	1	6.7%	≤0.01
	Neither satisfied nor dissatisfied	3	9.4%	2	25.0%	5	33.3%	
	Satisfied	18	56.3%	4	50.0%	9	60.0%	
	Very satisfied	11	34.4%	-	-	-	-	

%: percentage; n: sampling number; Fisher's exact test. Two women with pre-gestational malnutrition and one who declared to be illiterate were excluded from the sample in this analysis.

Table III shows that all correlations were weak according to Pearson's correlation analysis. Despite that, statistical significance was found for some variables. Higher number of people living in the household (p≤0.01) and higher pre-gestational BMI (p=0.047) were related to lower mean values in the physical domain. The higher the number of people living in the household (p=0.044) and the higher the number of previous children (p=0.020), the lower the mean value in the psychological domain. In addition, the higher the number of previous children (p=0.020), the lower the mean score in the environmental domain.

Table IV shows an inverse correlation between quality of life of pregnant women and postpartum women with age (p≤0.01). Additionally, pre-gestational BMI was inversely correlated with health satisfaction (p≤0.01) according to Spearman's correlation analysis.

The comparison of the mean score of the QoL domains between pregnant women and postpartum women showed no significant associations, as demonstrated by the Mann-Whitney test. However, the mean scores obtained by pregnant women in all the domains were higher compared with those obtained by postpartum women. The psychological domain exhibited the highest mean scores, and the physical domain exhibited the lowest mean scores among pregnant women and postpartum women, as shown in Table V.

Table III - Correlation of quality of life domains scores with age, household income, number of people living in the house, pre-gestational body mass index and number of previous children among pregnant and postpartum women. Lajeado, Rio Grande do Sul, Brazil, 2019.

| Variable | Quality of life domains | | | | | | | |
| | Physical | | Psychological | | Social | | Environment | |
	R	p	R	p	R	p	R	p
Age	-0.056	0.680	-0.054	0.692	-0.024	0.859	-0.010	0.939
Household income	-0.124	0.358	0.032	0.811	0.145	0.281	0.213	0.111
Number of people living in the house	-0.366	≤0.01	-0.268	0.044	-0.086	0.526	-0.145	0.282
Pre-gestational BMI	-0.265	0.047	0.053	0.695	-0.107	0.428	-0.216	0.107
Number of previous children	-0.233	0.081	-0.307	0.020	-0.127	0.348	-0.307	0.020

Pearson's correlation analysis*;* BMI: body mass index; R: correlation; p: significant level

Table IV - Association of perception of quality of life and satisfaction with health, age, income, number of people living in the house, pre-gestational body mass index and number of previous children among pregnant and postpartum women. Lajeado, Rio Grande do Sul, Brazil, 2019.

| Variable | Questions | | | |
| | How would you rate your quality of life? | | How satisfied are you with your health? | |
	R	p	R	p
Age	-0.350	≤0.01	-0.138	0.307
Household income	0.114	0.396	0.118	0.384
Number of people living in the house	0.000	1.000	-0.169	0.210
Pre-gestational BMI	-0.122	0.367	-0.376	≤0.01
Number of previous children	-0.063	0.640	-0.124	0.357

Spearman's correlation analysis*;* BMI: body mass index; R: correlation; p: significance level

Table V - Mean scores in the domains and perception of quality of life among pregnant and postpartum women. Lajeado, Rio Grande do Sul, Brazil, 2019.

Domains	Woman's situation	n	Mean	Standard deviation	p
Physical	Pregnant	43	63.8	11.9	0.202
	Postpartum	14	58.9	12.5	
Psychological	Pregnant	43	78.9	9.6	0.124
	Postpartum	14	73.5	10.4	
Social	Pregnant	43	77.3	17.2	0.055
	Postpartum	14	68.5	15.7	
Environment	Pregnant	43	64.2	10.8	0.351
	Postpartum	14	61.2	9.6	

Mann-Whitney test; n: sampling number

DISCUSSION

The nutritional status expected for the general population is normal, which, associated with a healthy diet, is essential to promote health and prevent diseases. It is known that the pre-gestational and gestational nutritional statuses are important indicators of the evolution of pregnancy, as fetal development is dependent on the uterine environment, which is, in turn, related to an adequate nutrient intake by the mother[19].

In the present study, there was a predominance of pregnant women with normal pre-gestational nutritional status. The same was found in a study conducted with pregnant women in an obstetric center in Pato Branco, Paraná,

where 66.6% of the women were at normal weight[20]. Additionally, a study carried out with 116 pregnant women who attended at a Family Health Center located in the municipality of Sobral, Ceará found that 45.5% of them were at normal weight[21]. In the present study, most of the pregnant and postpartum women analyzed exhibited a nutritional status within the expected standard for the general population. These findings differ from those of the Telephoned-based Surveillance of Risk and Protective Factors for Chronic Diseases (*Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico - Vigitel*), which found that normal weight in the Brazilian population as a whole exceeded 24.5%[22].

In the present study, there was a high rate of women who started their pregnancy with overweight/obesity – 14% were overweight and 26.3% were obese, totaling 40.3% of women with excess weight. These findings corroborate a study carried out in a Family Health Center in Porto Velho, Rondônia, where 20.8% of the women had started their pregnancy with overweight and 20.9% with obesity, totaling 41.7% of women with excess weight at the beginning of pregnancy[23]. These figures are lower than those found in a study conducted in 26 capitals and the Federal District with the adult population, which showed a rate of overweight of 55.7% and a rate of obesity of 19.8%[22].

In another study conducted with 328 pregnant women attending health care centers in the urban area of Vitória da Conquista, Bahia, 20.27% of the women were overweight and 6.79% were obese, totaling 27.16% of women with excess pre-gestational weight[24]. The screening of overweight and obese pregnant women is of great importance since underweight, overweight and obesity are factors of concern for the mother and baby[23].

In the present study, 43.9% of the women experienced weight gain above the recommended for gestational age, and this was significantly associated with being overweight at the beginning of pregnancy. This finding is similar to that of a study conducted with pregnant women in Vitória da Conquista, Bahia, where the prevalence rate of weight gain was 42.5%, with a higher prevalence among those who started pregnancy with overweight/obesity[24].

In a study carried out with pregnant women assisted in primary care in Cruzeiro do Sul, Acre, 59% of the pregnant women analyzed showed excessive weight gain, which was predominant in all categories of pre-gestational BMI[25]. Considering that the aforementioned studies were conducted with low-risk pregnant women, it is understood that measures to prevent excessive weight gain during pregnancy, such as healthy eating and regular physical activity, are fundamental allies in weight control, reducing risk disease and improving QoL[1].

Considering that pregnancy is a period of risk for the development of obesity and its comorbidities in women of childbearing age, the need to monitor weight gain and carry out nutritional education activities during prenatal care is emphasized, and special attention should be paid to women of low income with pre-gestational overweight/obesity[24]. According to the IOM - Institute of Medicine Pregnancy Weight Guidelines[18], the recommendation for weight gain during pregnancy should be in accordance with the initial nutritional status of the pregnant woman. Based on the BMI obtained in the first prenatal consultation, it is possible to know the current nutritional status and monitor weight gain until the end of pregnancy. Excessive weight gain during pregnancy and the lack of weight loss after delivery are important indicators of long-term obesity[26].

With regard to the overall QoL, most pregnant women and postpartum women in the present study rated their QoL as "good" and were "satisfied" or "very satisfied" with their health, thus corroborating a study carried out with pregnant women in the city of Souza, Paraíba, where 81.67% of the pregnant women rated their QoL as "good" and 85.83% were "satisfied" with their health[3].

In a study carried out with pregnant women in a municipality of Teresina, Piauí, 53.8% of the pregnant women considered themselves "dissatisfied" in the general assessment of satisfaction with quality of life[27], thus confirming that the perception of health and QoL can vary even across nearby geographic regions. There are other factors that influence the perception of health and QoL, such as eating behavior, which characterizes the way people eat considering different aspects of a person's life, including physical, social, psychological, family, cultural, and media aspects and their behavioral responses related to the act of eating[28].

Assessing the quality of life of pregnant women monitored in primary health care is of great importance to identify whether the actions taken are addressing their real needs in addition to supporting the creation of new interventions that contribute to a better quality of life during pregnancy[27].

In the present study, normal weight was significantly associated with being "very satisfied" with health and overweight was associated with being "dissatisfied" with health. Health started to be seen as living in society with wellbeing in the most diverse senses, and not just as the absence of disease[8]. It is something subjective that divides different material situations and cultural universes into social strata, and it should be emphasized that the study of people's perceptions of health can provide important material to expose their living conditions, thus giving subjects a voice[29].

In the present study, there was an inverse correlation between assessment of QoL and age, which is in contrast with the findings of a study carried out with low-income pregnant women aged 35 or over in Natal, Rio Grande

do Norte, which found the older age of the pregnant women analyzed could be seen as a factor that contributed positively to the subjective wellbeing scores, which may be related to greater maturity or to the previous experience of being a mother[30].

A study carried out in Encantado, Rio Grande do Sul, which compared the QoL of women aged up to 59 years, those aged 60-69 years, and those aged 70 years or older concluded that different age groups were not significantly associated with the perception of QoL[31], which is in agreement with a study carried out in Belém, Pará, with women from the climacteric outpatient clinic aged between 40 and 65 years, which concluded that menopause and age group did not interfere in the QoL of the study participants[32].

In the present study, there was no significant association between the mean scores in the QoL domains when comparing pregnant women and postpartum women. However, the mean scores obtained by pregnant women were higher than those obtained by postpartum women in all the domains. The physical limitations caused in the immediate postpartum interfere with the perception of health-related QoL and is also associated with the number of prenatal consultations and the type of delivery, which reinforces the importance of programs that can alleviate possible discomfort in the postpartum period[33].

The planning and provision of quality care based on interdisciplinary monitoring of the health of women, pregnant women and newborns must be evaluated frequently so that this care does not become fragmented and so that it translates into better QoL in this period[34].

As for the QoL domains assessed in the present study, the psychological domain was the one with the highest mean score among pregnant women and postpartum women. This finding differs from that found in a study conducted only with pregnant women in the state of Acre, which found lower QoL scores in the psychological and environmental domain[35]. In the study carried out with pregnant women from an ESF in the city of Souza, Paraíba, the psychological domain was the one with the second highest mean percentage of satisfaction among pregnant women, which also differs from the present study[3]. The psychological domain includes positive and negative feelings, memory/concentration, self-esteem, perception of body image and spirituality[9].

The physical domain exhibited the lowest mean score among the QoL domains assessed in pregnant women and postpartum women in the present study. This finding agrees with that of a study carried out only with pregnant women from an ESF located in the outskirts of São Bernardo do Campo, São Paulo, in which the physical domain score was 57.65[36], and with that of another study conducted with pregnant women at a health care center in Cabo Frio, Rio de Janeiro, in which the lowest score was in the physical domain[37]. These results are justified by pregnancy and postpartum resulting in less satisfaction in relation to pain and discomfort, dependence on medication, energy and fatigue, mobility, sleep and rest, activities of daily living and ability to work[3].

A better QoL of the pregnant woman is associated with a greater physical performance and less discomfort experienced during pregnancy[38]. At postpartum, the presence of pain and the limitations caused by it in the postpartum period interfere with the postpartum QoL and, in most cases, it is little valued by health professionals who neglect maternal care to the detriment of neonatal care[39].

The limitations of the present study may be related to the difference between the number of pregnant women and postpartum women who agreed to participate. Less postpartum women attend the center, which may have impacted on the lesser representation of postpartum women in the results.

Considering that the National Health Promotion Policy (*Política Nacional de Promoção da Saúde - PNPS*) aims to promote equality and the improvement of conditions and ways of living, thereby increasing the potential of individual and collective health and reducing vulnerabilities and health risks[40], it is understood that the results presented in this study can contribute to the planning of actions to face problems related to pregnancy and the postpartum period.

CONCLUSION

The assessment of the perception of quality of life was inversely associated with age, and the perception of satisfaction with health was inversely associated with the pre-gestational body mass index of the pregnant women and postpartum women analyzed.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

CONTRIBUTIONS

Fernanda Scherer Adami, **Liliane Maria Schumacher** and **Mariane Schmitt** contributed to the study conception and design; the acquisition, analysis and interpretation of data; and the writing and/or revision of the manuscript. **Patricia Fassina** contributed to the writing and/or revision of the manuscript.

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