

# Trajectories of symptoms and functions among women from late pregnancy to puerperium

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## Background

- **Late pregnancy to puerperium:** a special period during which pregnant and lying-in women experience an aggravation of symptom distress, a significant decline in physical function, and the ability to assume social roles and participate in social activities
- **Health-related quality of life:** Symptoms, physical function, and social function of pregnant and lying-in women jointly affect their health-related quality of life, and are also crucial for pregnancy outcomes and the growth and development of offspring.
- **Existing study limitations:** Focus on single symptoms, cover only a specific pre- or post-childbirth period, rarely focus on pregnant and lying-in women's physical or social functions, and overlook symptom/function development from late pregnancy to puerperium and individual pregnancy background differences.

## Aims

### This study aimed:

- explore the development trajectories of symptoms and functions of women from late pregnancy to puerperium;
- identify factors differentiating these trajectories.

## Methods

### ✓ Subjects and settings

- By longitudinally tracking the seven key time points at which the symptoms and functions of women change from late pregnancy to puerperium, a total of 207 pregnant and postpartum women were recruited in Obstetrics and Gynecology Hospital of Fudan University from March to October 2024.

### ▪ The seven key time points

- the late pregnancy 28w (T1), 34w (T2), 37w (T3)
- the puerperium 1-3d (T4), 1w (T5), 2w (T6), 4w (T7)

### ✓ Measure: PROMIS Profile-29

#### symptoms

- Anxiety
- Depressive
- Fatigue
- Sleep disturbance
- Pain interference

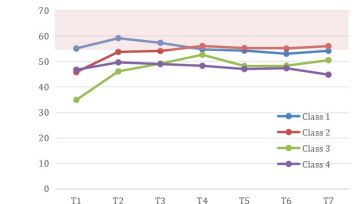
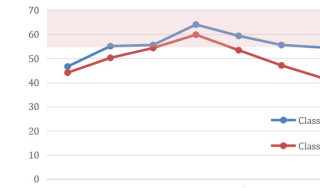
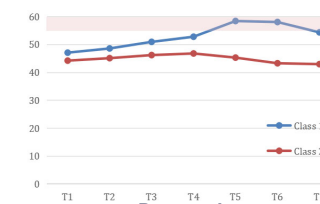
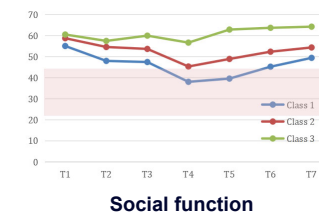
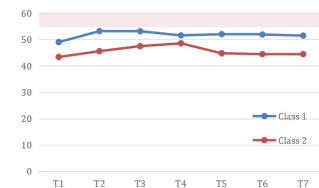
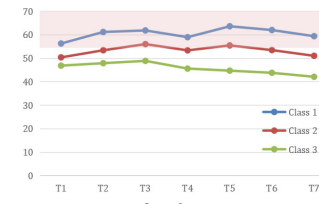
#### functions

- Physical function
- Social function

### ✓ Statistics:

- Growth mixture modeling identified trajectories within each of seven dimensions of pregnant and postpartum women;
- Logistic regression identified factors predicting trajectory patterns.

## Results



- The class membership was significantly associated with the educational level of pregnant and lying-in women, complications during childbirth, and postpartum carers ( $p < 0.05$ ).

## Conclusion

There are different trajectories of women's symptoms and functions from late pregnancy to puerperium. It is necessary to identify the pregnant and postpartum who are likely to experience aggravated symptom distress and significant functional decline, and provide predictive and targeted interventions according to their development trajectories to promote their quality of life from late pregnancy to puerperium.