

# Survey of Neonates in Pomerania (SniP): A population based analysis of the mothers' quality of life after delivery with special relations to their social integration

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## Summary

**Objectives:** Women's overall quality of life prior to delivery and the changes expected by the mothers within the near future have been analyzed addressing items like employment, finances, housing and relationships to family, friends and neighbours.

**Methods:** Population based women were asked to answer a questionnaire (Survey of Neonates in Pomerania – SNiP) during their stay at the hospital after delivery. The area studied is North-East Germany.

**Results:** The study included 1553 women with 1122 questionnaires (72.3%) analyzed. Positive assessment concerning the quality of life was observed in 91.2% without expecting serious worsening after delivery.

Negative assessments were found within the categories employment (23.3%) and finances (26.3%). Worsening was expected within employment (34%), finances (52.1%) and shortening of spare time (39.6%). Within all other categories no changes or even an improvement after delivery were expected. The overall assessment was correlated to the mothers' social relationship.

**Conclusion:** Most women stated their own quality of life as positive, none expected serious worsening. Employment, finances and social bindings are factors with strong relationship on the mothers' self-assessment.

**Keywords:** Quality of life – Pregnancy – Population - based birth cohort – Survey of Neonates in Pomerania.

The Survey of Neonates in Pomerania (SNiP) conducted by the Department of Pediatrics in collaboration with the research network of Community Medicine at the University of Greifswald is compiling a record of all women delivering a newborn inhabiting the surveyed area. A standardized questionnaire is used to obtain information on questions concerning the quality of life and the living conditions of the mothers, among other things. The study contains an analysis of the data they provided about their quality of life at the time of questioning and their expectations related to changes after the birth. Their subjective expectations concerning changes in various dimensions of their own quality of life after the birth of a child are of special interest at a time of declining birth rates.

## Material and methods

The target group for the investigation comprised all mothers in the region of Vorpommern (North-East Germany) with their primary place of residence in this area (post codes D-17389 to 17999) who gave birth to at least one child during the period under review. The data collection related both to the clinical and the extra-clinical obstetrics system (home deliveries, delivery centers run by midwives). The questionnaires were distributed during their stay in the delivery clinic after giving birth in the context of the overall SNiP. The following evaluation is based on the data collected over the period from 01.04.2004 to 30.06.2005.

During this period, 1553 children were born (declarations made to the registry offices). Of these, 1492 mothers (96.1%) were included in the SNiP. No data was available for home de-

liveries without professional assistance outside the institutions included. Persons among those questioned who gave birth outside the geographical area studied were not included either. 63 births (4.1 %) were excluded from the analysis. Reasons for non-eligibility were: planned release of the child for adoption (data collection sensitive and considered by the mother to serve no purpose for psychological reasons), under-age mothers (non-availability of the guardian at the time of questioning), mother's lack of knowledge of the German language (no interview possible to provide adequate information). Of the remaining 1 429 mothers (92.0 %), 1 130 (72.8 %) filled in the questionnaire. Those who did not take part in the inquiry were mothers discharged from hospital very early at their own request and therefore missed by the study team as well as mothers who had not been questioned for agreement during their stay in the delivery institution. The number of persons not participating amounted to 20.0 %. No further information are available concerning mothers who refused to participate in the survey (80.0 % of all non-participants), as recording any data would have contradicted their refusal. Reasons for non-participation, given to the inquiry team, although not recorded for specific individuals, included lack of interest, no understanding for study matters, doubts about data security. For this evaluation 1 122 questionnaires have been eligible; the other 8 contained no information relating to the questions examined within this study. The reasons why these eight persons did not fill in the part of the questionnaire concerning quality of life have to remain unclear. Questionnaires containing answers only to certain of the questions relevant to this study were included in the evalua-

tion. No imputation was undertaken. For this reason, the total numbers may vary concerning the answers to different items. The evaluation relates to information given about satisfaction with the living situation in general as well as to individual dimensions such as: employment situation, residential situation, financial situation, leisure, health, family situation and relations with friends, neighbours and acquaintances (examples of questions Tab. 1; the complete questionnaire can be requested from the authors).

In order to evaluate items concerning their present living situation, a scale of seven degrees was used ranging from "very dissatisfied" to "very satisfied" (Tab. 1). Likewise items regarding the changes expected were evaluated giving the option of a seven-degree scale from "very much worse" to "very much better".

Further questions focused on the social integration of the mothers as number of people they could rely on in case of an emergency (none, one, two to three, more than three) and number of friendships outside the household they would not wish to relinquish (none, one, two to three, more than three). They were also asked to indicate how many persons (children and adults) lived in the household, whether they had a stable partnership and what their marital status was (married and living together, married but living apart, single, divorced, widowed).

In addition, information was obtained about whether or not the pregnancy was planned (yes, planned; no, but no contraception; no, pregnancy came about despite contraception).

The descriptive analysis of the data from the survey was conducted by means of SPSS V. 12.0.1. for Windows. To analyze possible differences between the subgroups the non-paramet-




How satisfied are you with ...	very dissatisfied	dissatisfied	relatively unsatisfied	average	relatively satisfied	satisfied	very satisfied
							
your situation of work?							
your situation of housing?							
your financial situation?							
your leisure time?							
your health?							
your family situation?							
your relation to friends and neighbours and acquaintances?							
If you look now at our overall quality of life at the moment: How satisfied are you with your life altogether?							

Table 1 Example of questions

ric Mann-Whitney U-Test for two independent samples was used.

All provided information is based on genuine answers given by the women. Differences between the overall totals for individual dimensions result from slightly different proportions of missing answers. All percentages given relate to the number of questionnaires eligible for the particular dimension studied.

With special regard to further information recorded within SNiP, it can be noted that 96.43 % of the mothers were born in Germany and 3.47 % abroad. Within the fathers, 94.56 % were born in Germany, 5.1 % abroad and in 0.34 % no information was obtainable.

Investigation of the educational qualifications showed that 1.16 % of the mothers had not completed their schooling, 11.7 % had finished upper elementary school, 48.75 % middle school and 4.01 % had completed higher education. Secondary school examinations had been passed by 20.5 %, while 1.34 % had some other final qualification, 0.27 % were still attending school. In 12.21 % of the mothers no information was provided.

Concerning employment of the mothers before the birth or maternity leave we observed that 35.38 % were in full-time employment, 12.03 % in part-time employment (15–34 h per week), 2.32 % in part-time employment (less than 15 h per week), 8.47 % had leave of absence, 5.08 % were still undergoing training, 22.46 % were not gainfully employed. Further analyses of the mothers not in full-time employment showed, that 2.68 % were school girls, 12.16 % students, 3 % were drawing pensions, 21.9 % were home makers, 0.24 % were engaged in a voluntary year of social work, 44.53 % were unemployed, 17.76 % had to be subsumed under the heading “miscellaneous”.

With reference to previous pregnancies, 1.0 % of the mothers had previously had an extra-uterine pregnancy, 9.45 % had undergone an interruption of pregnancy, 11.0 % had had an

abortion, 0.45 % a stillbirth, 44.74 % had had at least one previous live birth and a total of 54.55 % at least one previous pregnancy (Tab. 2).

The average age of the mothers in the period under review was 27 years, the minimum age was 12 (although persons under age did not participate in the inquiry) and the maximum 47 years.

## Results

### *Quality of Life - Assessment of quality of life in general and of its individual dimensions*

Table 3.1. shows the percentage distribution of the information collected on individual dimensions related to the quality of life.

The majority of mothers stated to be “relatively satisfied” (21.4 %) or “satisfied” (25.3 %) with their employment situation. Their residential situation was predominantly assessed as “very satisfied” (43.3 %), followed by “satisfied” (28.4 %). The answers about their financial situation, however, ranged from “relatively satisfied” (27.1 %) to “average” (23.1 %). One third of the respondents claimed to be “satisfied” (33.2 %) with their leisure time. Concerning their health, the proportion of those “satisfied” was somewhat higher (39.8 %), with a further 35.3 % being even “very satisfied”. Regarding their family situation, almost two thirds of the mothers opted for “very satisfied” (64.9 %). The highest percentage for the dimension of relations with neighbours, friends and acquaintances was 45.7 % found in the category of being “very satisfied”.

Concerning the assessment of their living situation as a whole at the time of questioning, a majority of the women answered “satisfied” (46.3 %) or “relatively satisfactory” (23.0 %) with 22.8 % who were even “very satisfied”. The ratings “relatively dissatisfied”, “dissatisfied” and “very dissatisfied” were all together rated in only 1.2 % of the answers.

**Table 2** Mothers before pregnancy in relation to employment and pregnancies before, numbers in %

employment altogether	full-time	part-time (15–34 h)	part-time (<15 h)	leave of absence	education	not employed
mothers in %	35.38	12.03	2.32	8.47	5.08	22.46
not fulltime	school	study	retirement	home makers	unemployed	miscellaneous
mothers in %	2.68	12.16	3	21.9	44.53	18
pregnancy before	extra-uterine	interruption	abortion	stillbirth	at least 1 live birth	at least 1 pregnancy
mothers in %	1	9.45	11	0,45	44.74	54.55

*Quality of Life - Expectations of changes in the quality of life after the birth of the child*

Table 3.2. shows the percentage distribution of information about the changes expected as a result of the birth of the child.

In the case of the changes expected following the birth of the child, most of the answers for all the dimensions and also for the overall assessment were given to the category “unchanged”. The most positive expectations related to the family situation (“better” to “very much better” gave a total of 47%) although the overwhelming proportion of the mothers (64.9%) had indicated that they were already “very satisfied” with their present family situation (Tab. 3.1.). A slight improvement (“relatively better”) was also expected with regard to their residential situation, health and relations with

neighbours, friends and acquaintances. There was a different picture for the dimensions of employment (“relatively worse” 16.5%) and the financial situation (“relatively worse” 30.5%). These two dimensions were the only ones for which a noteworthy proportion of the answers related to the category “very much worse” (7.6% and 7.0%). Many mothers were also skeptical about the effects of the birth of their child on their leisure time. Here, 31.4% expected a “relatively worse” and a further 6.8% a “worse” development.

*Influence of pregnancy planning and of social integration of the mothers on their assessment of the quality of life and how it would change after the birth of the child*

For further analyzes the groups of respondents were divided up according to the criteria of whether the pregnancy was

**Table 3.1** Statement of quality of life at the moment (just fully answered questionnaires for that topic), highest number in line printed fat, second highest number underlined

area of quality of life	number/% possible to evaluate	number in %						
		very unsatisfied	dissatisfied	relatively dissatisfied	average	relatively satisfied	satisfied	very satisfied
situation of work	939	11.9	3.6	7.8	13.7	<u>21.4</u>	<b>25.3</b>	16.2
situation of housing	976	1.8	1.5	3.0	8.7	13.2	<u>28.4</u>	<b>43.3</b>
financial situation	968	7.4	7.1	11.8	<u>23.1</u>	<b>27.1</b>	16.4	7.0
leisure time	972	1.0	1.7	2.8	12.0	<u>26.6</u>	<b>33.2</b>	22.5
health	977	0.4	0.7	1.6	6.2	15.9	<b>39.8</b>	<u>35.3</u>
family situation	972	0.5	0.5	0.7	4.0	5.8	<u>23.6</u>	<b>64.9</b>
relation to friends, neighbours and acquaintances	970	0.8	0.5	1.4	3.8	11.8	<u>36.0</u>	<b>45.7</b>
overall quality of life at the moment	970	0.2	0.5	0.5	6.7	<u>23.0</u>	<b>46.3</b>	22.8
pregnancy planned	<b>639/68.1</b>	0.3	0.6	0.8	4.2	22.1	<b>47.7</b>	<u>24.3</u>
pregnancy not planned, but no contraception	<u>202/21.5</u>	0.0	0.0	0.0	12.9	<u>23.3</u>	<b>44.1</b>	19.8
pregnancy not planned, but contraception	98/10.4	0.0	1.0	0.0	11.2	<u>27.6</u>	<b>41.8</b>	18.4
stable partner	<b>890/94.8</b>	0.2	0.6	0.6	6.2	22.5	<b>47.3</b>	<u>22.7</u>
no stable partner	<u>49/5.2</u>	0.0	0.0	0.0	18.4	<u>28.6</u>	<b>36.7</b>	16.3
friendship nobody	20/2.1	5.0	5.0	0.0	5.0	<u>25.0</u>	<b>45.0</b>	15.0
friendship 1 person	73/7.6	0.0	0.0	4.1	17.8	<u>28.8</u>	<b>38.4</b>	11.0
friendship 2–3 persons	<u>377/39.1</u>	0.0	0.5	0.3	6.9	<u>26.8</u>	<b>48.5</b>	17.0
Friendship >3 persons	<b>493/51.2</b>	0.2	0.4	0.2	4.9	18.9	<b>45.8</b>	<u>29.6</u>

planned or not and occurred with or without contraception. From these analyzes it became evident that, in all three groups, the overwhelming majority considered their living situation with “satisfied” (47.7%, 44.1% and 41.8%). Including the categories “relatively satisfied” and “very satisfied” as well 85.0% of the answers are within positive ratings (Tab. 3.1.). However statistically significant difference was observed comparing the group for “pregnancy planned” with “pregnancy unplanned, no contraception” ( $p = 0.015$ ) with a more positive attitude to life in the group with planned pregnancies. There was a similar coherence comparing the group “pregnancy planned” with “pregnancy unplanned, despite contraception” ( $p = 0.016$ ). For the changes expected in the living situation after the birth no statistically significant differences comparing planned and unplanned pregnancies. The highest

percentage of rating in all these groups related to the category “unchanged” (29.2%, 33.8% and 34.7%). There was a tendency observed in all three groups to expect an improvement in their living situation (Tab. 3.2.).

Analyzing the relation of the number of friendships (none, one, two to three, more than three), the assessment of their present living situation indicated the highest percentage for all groups in the category “satisfied” (45%, 38.4%, 48.5% and 45.8%). It was striking that 10.0% of the respondents who stated that they had no friends outside of the family were “dissatisfied” or even “very dissatisfied” (5.0%). Comparing the groups of mothers who had “one”, “two to three” or “more than three friends”, the proportion of those who were “average” satisfied or “relatively dissatisfied” gradually declined whereas the proportion of those “very satisfied” increased

**Table 3.2** Statement of expected quality of life (just fully answered questionnaires for that topic), highest number in line printed fat, second highest number underlined

area of quality of life	number/% possible to evaluate	number in %						
		very much worse	worse	relatively worse	unchanged	relatively better	better	very much better
situation of work	920	7.6	9.9	<u>16.5</u>	<b>51.4</b>	10.5	2.0	2.1
situation of housing	958	0.7	1.0	7.2	<b>58.2</b>	<u>12.6</u>	10.2	9.9
financial situation	954	7.0	14.6	<u>30.5</u>	<b>31.3</b>	11.5	3.4	1.7
leisure time	950	1.4	6.8	<u>31.4</u>	<b>32.3</b>	13.2	10.2	4.7
health	955	0.0	0.3	3.7	<b>60.3</b>	<u>16.2</u>	11.7	7.5
family situation	955	0.2	0.0	1.5	<b>31.5</b>	19.9	<u>23.6</u>	23.4
relation to friends, neighbours and acquaintances	944	0.1	0.7	4.3	<b>53.7</b>	<u>18.0</u>	13.3	9.7
expected overall quality of life	944	0.0	0.3	6.4	<b>30.4</b>	<u>24.2</u>	21.6	17.2
pregnancy planned	624/68.0	0.0	0.5	5.9	<b>29.2</b>	<u>26.6</u>	21.5	16.3
pregnancy not planned, but no contraception	195/21.3	0.0	0.0	6.7	<b>33.8</b>	17.9	<u>23.6</u>	17.9
pregnancy not planned, but contraception	98/10.7	0.0	0.0	8.2	<b>34.7</b>	19.4	<u>22.4</u>	15.3
stable partner	860/94.3	0.0	0.3	6.6	<b>30.5</b>	<u>24.5</u>	21.3	16.7
no stable partner	52/5.7	0.0	0.0	0.0	<b>30.8</b>	<u>23.1</u>	<b>30.8</b>	15.4
friendship nobody	18/1.9	0.0	0.0	11.1	11.1	16.7	<b>33.3</b>	<u>27.8</u>
friendship 1 person	71/7.6	0.0	2.8	9.9	3.8	<b>25.4</b>	<u>15.5</u>	12.7
friendship 2–3 persons	364/38.8	0.0	0.0	5.2	<b>31.6</b>	<u>26.4</u>	23.1	13.7
friendship >3 persons	484/51.7	0.0	0.2	6.0	<b>29.8</b>	<u>22.9</u>	21.1	20.0

continuously. Within the mothers with “more than three friends”, 29.6% rated to be “very satisfied” (Tab. 3.1.).

There were significant differences between persons with “one” compared with “two to three friends” ( $p = 0.002$ ) as well as between “one” compared with “more than three friends” ( $p = 0.001$ ). This was observed as well between persons with “two to three friends” compared with “more than three friends” ( $p = 0.001$ ).

Concerning the changes expected persons without friendships believed they could expect an improvement after the birth (“better” 33.3%, “very much better” 27.8%). Most of the mothers with one friendship also expected an improvement, but to a lesser degree (“relatively better” 25.4%, “better” 15.5%). The major proportion of the mothers with two to three or more than three friends did not expect any change, however (31.6% and 29.8%). But the percentages for the answers “relatively better” (26.4% and 22.9%) indicated a tendency to expect some improvement (Tab. 3.2.).

There were significant differences comparing the groups without friends compared and those with one friend ( $p = 0.027$ ) as well as one friendship and more than three friendships ( $p = 0.019$ ).

Similar differences could be detected comparing the number of persons from whom help could be expected in an emergency. There were significant differences between the groups “no one” compared with “more than three persons” ( $p = 0.025$ ), “one person” compared with “more than three persons” ( $p = 0.009$ ) and “two to three persons” compared with “more than three persons” ( $p = 0.001$ ). In all comparisons this could be related to a more positive assessment of the mothers’ quality of life. According the changes expected in their quality of life, there were no significant differences between these groups.

The analysis of the assessment of the quality of life according to the partnership situation (stable partner yes/no) indicates that in both groups the majority of those questioned considered to be “satisfied” with their living situation (47.3% and 36.7%, Tab. 3.1.). However, there was a significant difference ( $p = 0.015$ ) tending towards greater satisfaction among mothers living in a stable partnership.

No significant difference was observed concerning the changes expected after delivery. In both groups, there was a non-significant tendency in expecting an improvement in the situation as a result of the birth of the child (Tab. 3.2.).

Analyzing the marital status (married and living together; married but living apart; single; divorced; widowed) significant differences could only be observed between the subgroup “married and living together” compared with “single” ( $p = 0.001$ ) where the mothers who were “married and living together” expected greater satisfaction with their living situation. There was another significant difference between these

two groups in relation to the changes expected in their living situation ( $p = 0.01$ ). “Single” mothers were more inclined to expect an improvement in their situation (“very much better” 19.7%) whereas mothers who were “married and living together” tended rather to expect their living situation to remain unchanged (34.7%).

With reference to the residential situation distinctions were made between “mother and baby living alone”, “only living with other adults” and “additional children in household”. No significant differences between these groups were concerning the satisfaction with the residential situation at the time of the inquiry was concerned. A statistically significant difference in the expected improvement of their situation did, however, arise between the groups “children in the household” and “mother and baby living alone” ( $p = 0.002$ ) and also “only living with adults” ( $p = 0.04$ ) compared with the group which already had children living in the household.

No data have been recorded concerning other children living in the household as to whether they were physically the children of the mother. However, the mothers expected an improvement if they had not previously lived together with children in their own household.

## Discussion

Their personal assessment of their own quality of life and living situation is an important indicator of the satisfaction of the persons questioned about their own living conditions [1; 2]. It is also an important contributive factor in connection with illnesses, treatment and in relation to cost analyses for health services [3; 4]. For this study, all mothers who gave birth over a specific period in a particular region were asked to assess their living situation at that time with reference to various dimensions and to the changes expected as a consequence of the birth of their child. The rate of participation amounted to 79.1% (1 130 participants of the 1 429 persons questioned). The number of 1 122 questionnaires which could be analyzed comprised 72.8% of the total births officially registered during the period of the study in the region in question ( $N = 1553$ ).

The survey was conducted during their stay in the place of delivery since this ensured the highest availability and rate of participation. It remains to be determined whether this situation is ideal for investigating the quality of life but it was chosen as a compromise in order to facilitate the conduct of the study and ensure the collection of the data. In view of this situation, the inquiry concentrated on the quality of life before the birth of the child and the changes expected. Re-evaluation of the mothers included within this study to compare the

changes expected with the changes which had indeed taken place should defiantly be an issue to be addressed in future assessments to this cohort.

Assessment of quality of life in the partners of these women, although another interesting issue, has not been done in the SniP because the survey targets mothers and their newborns and the size of the survey has to be limited for practical reasons.

No analysis of the country of origin of the mothers was attempted with respect to small numbers not born in Germany. Similarly, insufficient knowledge of the German language was a criterion for exclusion and an analysis of the outcome for mothers not born in Germany compared with those born in Germany would have been distorted in view of the small number, limited descriptive factors (e. g. length of stay in Germany, country of origin) and the exclusion of mothers with potentially little social integration because of limited or no mastery of German.

The analyzed data show that the vast majority of the mothers give a positive assessment to their living situation (92.1%: “relatively satisfied”, “satisfied” and “very satisfied” taken together), while only a few were undecided (6.7%: “average”) and only very few indicated that they were dissatisfied (1.2%: “relatively dissatisfied”, “dissatisfied” and “very dissatisfied” taken together).

With regard to the changes expected in their living situation after the birth of their child, more than half of those questioned responded that they expected an improvement (63.0%: “relatively better”, “better” and “very much better” taken together) whereas 30.4% of the mothers considered that their living situation would remain generally unchanged in future. Only 6.7% expected it would deteriorate.

However, the analysis of the individual dimensions shows a different picture. While for their family situation (66.9%), their relations with neighbours, friends and acquaintances (41.0%), for their health (35.4%) and for their residential situation (32.7%) most expected an improvement in their quality of life (taking “relatively better”, “better” and “very much better” together), the changes expected in relation to their financial situation (52.1%), leisure (39.6%) and employment situation (34.0%) showed a predominantly negative view (taking “relatively worse”, “worse” and “very much worse” together).

Thus it can be concluded that, despite the certainly realistic awareness of problematic issues (employment situation, finances and leisure – as a consequence of the greater time required in caring for a child), the vast majority of the mothers in the eastern part of Northern Germany were satisfied with their living situation before the birth of their children and expected the situation at least to remain the same. Indeed, a considerable number even expected an improvement in their situation following the birth.

Another topic of this analysis was the relation between the social integration of the mothers and their assessment of their quality of life and of the changes they expected. It was noted that an important determining factor in the evaluation of the living situation as a whole is the social integration in regard to neighbours, friends, acquaintances and especially the availability of persons on whom the respondents could rely on in emergency situations [5]. For both dimensions, it was evident that a higher number of personal relationships correlates statistically significant with a more positive assessment of the own living situation.

This could be a consequence of the fact that the availability of several persons in the mothers' context tended to give them the feeling that they had at least one competent person to discuss with in difficult situations thus gaining competence to solve problems. Mothers who live completely alone do not have this competence from social interaction. The anticipation of difficulties then tends to have a more negative effect on one's well-being and thus also on the assessment of one's overall satisfaction with life.

Similar relations were discovered analyzing partnership. Approximately 95.0% of the mothers were living in a stable partnership and slightly more than one third were married. Both of these factors were correlated with a significantly more positive assessment of their present living situation and their expectations following the birth of the child in comparison with the mothers without a stable partner.

A planned pregnancy tends to be coupled more with a positive feeling for the living situation than an unplanned one, irrespective of whether the pregnancy came about with or without contraception. However, no significant difference was observed between these groups in respect of the changes expected. This result corresponds to the assumption that a planned pregnancy is more probable in a situation which is felt to be favorable and satisfactory. Our observation indicates that women with an unplanned pregnancy not only expected no deterioration of their living situation but a majority even anticipated an improvement as a result of the birth of a child. Mothers who had not previously had children living in their household showed a stronger tendency to expect positive changes in their living situation after the birth of their child.

No distinctions were made about expectations regarding the living situation depending on whether there had been previous pregnancies, abortions or stillbirths although this would undoubtedly have an effect on the expectations following the birth of a child. We propose that factors such as premature delivery, multiple birth, abnormality or illness of the mother during pregnancy or birth would have an influence but these were not taken into account in this study and have to be the subject of a separate evaluation.

The significance of these data must be interpreted on the basis of the present situation of a stagnating or declining birth rate and the high number of young women leaving the region surveyed. According to the data from the regional office for statistics of Mecklenburg-Vorpommern, the overall population of this federal state as a whole has been dropping continuously. A look at the age groups comparing 1990 with 2005 shows that, for women and men, there are now only half as many persons in the two age groups up to 15 years and 21 to 40 years (Statistical Yearbook Mecklenburg-Vorpommern 2005 [6]).

This leads to assume a drop in the birth rate and a higher rate of emigration among younger to middle aged people in gainful employment. It is also to be seen that the number of children living in the households dropped by an average of more than 10.0% between 1991 and 2005. Within the same period the number of couples with children continuously fell while the amount of childless couples rose. The number of single parents remained more or less unchanged. One-person households increased in number, however, between 1991 and 2005 from 24.2% to 36.2%. Households with one child declined from 24.1% to 20.4%, households with two children from 22.0% to less than half (9.9%) and households with three or more children dropped from 5.7% to 2.3%.

Good social integration, contacts with friends, acquaintances and neighbours as well as the availability of reliable persons for emergency situations have a positive influence on the assessment of the general life situation [7; 8].

Economic circumstances resulting from the employment and financial situation and the way they are perceived have less influence on the individual's assessment of their general situation than expected. In contrast social factors, e.g. a stable partnership and a reliable social network appeared to be important factors for the assessment of one's present living situation and the decision to have a child.

The vast majority of those questioned had positive expectations for the time after the birth of the child. They anticipated negative consequences for only a few dimensions.

Survey of Neonates in Pomerania (SniP): A population based analysis of the mothers' quality of life after delivery with special relations to their social integration

In view of the intensive scientific and political discussion on demographic changes, the almost total lack of valid investigations on the subjective situation in the lives of pregnant women and mothers of neonates is surprising. Unfortunately, at present there are no comparable data available from other regions of Germany dealing specifically with the event of the birth of a child and its consequences for an assessment of the life situation. Other influential factors (e.g. post-natal depression, functional health status, domestic violence or nausea during pregnancy) have been investigated more frequently [9–13]. Most publications contain studies of population groups with particular disorders (e.g. drug dependency, rheumatic illnesses, incontinence) [14–16]. Population related groups have rarely been investigated. Due to the lack of earlier data collections longitudinal analyzes are not yet possible. It remains to be determined whether programs from social politics being introduced in Germany within 2007 will have substantial influence on the assessment of quality of life. Further studies appear necessary to obtain a broader picture. The identification of relevant determinants for a positive or negative assessment of one's own quality of life immediately before or after the birth of a child is important for the medical as well as socio-political advices on family planning.

Studies dealing with broad groups of the population can identify goals for intervention in health and population policy. Standardized tools in cross-sectional surveys should make it possible to investigate and analyze trends even over longer periods of time. Prospective plans for interventions should be developed on the basis of population based data. This first evaluation indicates the potential of the prospective, representative SniP in relation to the population in the region.

The prospective data collection which the SniP provides offers a possibility for the future for questioning groups in consecutive years using identical tools in order thus to obtain a valid picture of trends over a longer period.

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