



## A DESCRIPTIVE STUDY TO ASSESS THE QUALITY OF LIFE DURING THE POSTNATAL PERIOD AMONG MOTHERS WITH GESTATIONAL DIABETES MELLITUS IN SELECTED HOSPITALS AT CHENNAI.

Chitra A.I<sup>1</sup>, Dr. Nesa Sathya Satchi<sup>2</sup>, Dr. Dhanalakshmi V<sup>3</sup>

<sup>1</sup>Research Scholar, Apollo College of Nursing, Vanagaram, Chennai, Tamil Nadu, India

<sup>2</sup>Recognized Guide, The TN Dr. MGR Medical University, Chennai, Tamil Nadu, India.

<sup>3</sup>Professor cum HOD, OBG Nursing, Apollo College of Nursing, Vanagaram, Chennai, Tamil Nadu, India.

### Article Info

Received 12/03/2026

Revised 15/04/2026

Accepted 28/05/2026

### Key word:

Gestational Diabetes Mellitus, Postnatal Mothers, Quality of Life, WHOQOL-BREF, Postpartum Period, Maternal Health.

### ABSTRACT

Gestational Diabetes Mellitus (GDM) is one of the most common metabolic complications during pregnancy and has become a growing public health concern worldwide. Women with GDM are at increased risk for maternal and neonatal complications and may experience physical, psychological, and social challenges during the postnatal period, which can affect their quality of life (QOL). Aim The study aimed to assess the quality of life during the postnatal period among mothers with Gestational Diabetes Mellitus in selected hospitals at Chennai and to determine the association between quality of life and selected demographic variables. Methods A quantitative research approach with a descriptive research design was adopted for the study. The study was conducted at RSRM Lying-in Hospital among 25 postnatal mothers diagnosed with Gestational Diabetes Mellitus. Participants were selected using a non-probability convenience sampling technique. Data were collected using a structured questionnaire consisting of demographic variables, obstetrical variables, and the WHOQOL-BREF standardized quality of life scale. Descriptive and inferential statistics were used for data analysis. Results The findings revealed that majority of mothers 19 (76%) had good quality of life during the postnatal period, while 5 (20%) had moderate quality of life and only 1 (4%) had very good quality of life. None of the mothers reported poor quality of life. Domain-wise analysis showed that most mothers had good quality of life in the Physical Health Domain 17 (68%), Psychological Domain 20 (80%), Social Relationship Domain 14 (56%), and Environmental Domain 15 (60%). The overall mean quality of life score was  $87.76 \pm 13.98$ . Statistical analysis revealed that there was no significant association between quality of life and selected demographic or obstetrical variables at  $p < 0.05$  level. Conclusion The study concluded that majority of postnatal mothers with Gestational Diabetes Mellitus had good quality of life during the postnatal period. Adequate healthcare services, family support, regular follow-up, and appropriate treatment measures may have contributed to better quality of life outcomes. The study highlights the importance of continuous postnatal care, counselling, and health education to enhance the physical, psychological, and social well-being of mothers with GDM.



## INTRODUCTION

Pregnancy is a significant physiological and psychological event in a woman's life, bringing about various metabolic and hormonal changes. One of the common metabolic complications associated with pregnancy is Gestational Diabetes Mellitus (GDM), defined as any degree of glucose intolerance with onset or first recognition during pregnancy. The global prevalence of GDM has been increasing steadily, with higher rates reported in developing countries like India due to lifestyle changes, urbanization, and genetic predisposition. The International Diabetes Federation (2021) reported that approximately 1 in 6 live births is affected by hyperglycemia in pregnancy, with GDM accounting for the majority of cases, and research in India indicates a prevalence ranging from 10% to 20% in urban populations, highlighting it as a growing public health concern.

GDM not only affects maternal health during pregnancy but also has long-term implications for both mother and child. Women with GDM are at higher risk of developing Type 2 Diabetes Mellitus, with Boyle JP et al. (2010) finding that nearly 50% develop it within 5–10 years after delivery, alongside complications such as preeclampsia, cesarean delivery, and postpartum glucose intolerance. For the newborn, risks include macrosomia, hypoglycemia, and future metabolic disorders. Metzger BE et al. (2008), through the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Study, demonstrated a strong association between maternal hyperglycemia and adverse neonatal outcomes.

The postnatal period is a critical phase where mothers undergo physical recovery, emotional adjustments, and adaptation to new roles. For mothers with GDM, this period may be further complicated by continued monitoring needs, lifestyle modifications, and anxiety about future health risks. Quality of life (QOL), a multidimensional concept encompassing physical health, psychological state, social relationships, and environmental factors, may be significantly affected in these mothers due to fatigue, dietary restrictions, and fear of developing diabetes. Kim C et al. (2011) found that women with a history of GDM reported lower health-related quality of life, particularly in physical and psychological domains, while Carolan M (2013) highlighted that emotional distress, anxiety, and feelings of guilt often persist into the postnatal period, emphasizing the need to address both physical and psychological aspects of postpartum care.

### Need for the Study

Despite the increasing prevalence of GDM, limited attention has been given to the quality of life of affected

mothers during the postnatal period, particularly in urban settings like Chennai. Most studies focus on antenatal outcomes, leaving a gap in understanding postnatal experiences. Ferrara A (2007) emphasized that postpartum follow-up and lifestyle management are often inadequate among women with GDM, which may negatively affect their long-term health outcomes and quality of life.

Postnatal mothers with GDM may face various challenges such as physical discomfort and delayed recovery, psychological stress and anxiety, lifestyle adjustments and dietary restrictions, fear of future diabetes and health complications. Evaluating their quality of life will help healthcare professionals identify problem areas and design appropriate interventions, counselling strategies, and follow-up care programs. Nurses play a crucial role in providing education, emotional support, and continuity of care, thereby improving the quality of life among these mothers

### Statement of the Problem

A Descriptive Study to Assess the Quality of Life During the Postnatal Period Among Mothers with Gestational Diabetes Mellitus in Selected Hospitals at Chennai.

### Objectives of the Study

1. To assess the quality of life during the postnatal period among mothers with Gestational Diabetes Mellitus
2. To find the association between the quality of life of postnatal mothers with Gestational Diabetes Mellitus and their selected demographic variables

### Research Hypothesis

**H1:** There is a significant association between the quality of life during the postnatal period among mothers with Gestational Diabetes Mellitus and their selected demographic variables.

### Research Methodology

#### Research Approach:

Quantitative research approach

#### Research Design:

Descriptive research design.

#### Research Setting:

RSRM Lying-in Maternity hospitals, Chennai.

#### Study Population:

Postnatal mothers with Gestational Diabetes Mellitus.

Corresponding Author

**Chitra A.I**



**Sample Size :** 25 Post Natal Mothers

**Sampling Technique:**

Non-probability convenience sampling technique

**Sampling Criteria:**

**Inclusion Criteria:**

- Mothers diagnosed with GDM during pregnancy
- Mothers in the postnatal period (up to 6 weeks)
- Mothers willing to participate

**Exclusion Criteria:**

- Mothers with pre-existing diabetes mellitus
- Mothers with severe complications or critical illness
- Mothers not available during data collection

**Data Collection Instruments:**

**Demographic Variables:**

Age (in years), Religion, Educational status, Occupation, Monthly family income, Type of family (Nuclear/Joint), Area of residence (Urban/Rural), Marital duration, Dietary pattern (Vegetarian/Non-vegetarian)

**Obstetrical Variables:**

Gravida, Para, Gestational age at delivery, Type of delivery (Normal/Vaginal/Cesarean), History of GDM in previous pregnancy, Family history of diabetes, Treatment received for GDM (Diet/Oral drugs/Insulin), Complications during pregnancy (if any), Birth weight of the baby Neonatal complications (if any), Postnatal follow-up status, Breastfeeding status

**Quality of Life (QOL) Tool:**

A standardized tool based on WHOQOL-BREF Likert Scale was used. The tool consisted of 26 items under 4 domains:

**Physical Health Domain:**

Activities of daily living energy and fatigue pain and discomfort sleep and rest

**Psychological Domain:**

Body image, negative/positive feelings, self-esteem, thinking, and concentration

**Social Relationships Domain:**

Personal relationships, social support, sexual life financial resources

**Environmental Domain:**

Safety, health care access, home environment

**Scoring Interpretation:**

0–25 → Poor Quality of Life

26–50 → Moderate QOL

51–75 → Good QOL

76–100 → Excellent QOL

**Reliability and Validity**

WHOQOL-BREF is a standardized and validated tool developed by WHO widely used in maternal and public health research. Reliability (Cronbach's alpha): 0.70–0.90

**Ethical Considerations**

Approval from Institutional Ethics Committee, confidentiality and voluntary participation was maintained throughout the study

**Data Collection Process**

Formal permission was obtained from hospital authorities. Informed consent was taken from participants. Data was collected by interview technique using a through Quality of Life (QOL) Tool -WHOQOL-BREF a standardized tool. The collected data was tabulated and analyzed using descriptive statistics and inferential statistics using SPSS 24.

**Data Analysis and Interpretation**

This chapter deals with analysis and interpretation of the data collected from 25 Gestational Diabetes Mellitus Mothers. The data was organized, tabulated and analyzed according to the objectives. The findings are presented under the following sections.

**RESULTS**

Table 1 shows that regarding age, majority of the postnatal mothers 11 (44%) were in the age group of 18–22 years, most of the mothers 17 (68%) were Hindus, with regard to educational status, 11 (44%) mothers were graduates, regarding occupation, majority 14 (56%) were housewives, concerning monthly income, most of the mothers 13 (52%) had an income between Rs.10,001–20,000, in type of family, 14 (56%) belonged to nuclear families, most mothers 24 (96%) were from urban areas, regarding marital duration, 9 (36%) had 1–3 years of marriage, in dietary pattern, the majority 24 (96%) followed a mixed diet, with regard to gravida, 11 (44%) were primigravida, most mothers 17 (68%) delivered between 37–40 weeks of gestation, regarding type of delivery, 13 (52%) underwent caesarean section, history of GDM in previous pregnancy was present in 6 (24%) mothers, family history of diabetes mellitus was absent in 14 (56%) mothers, regarding treatment received for GDM, majority 17 (68%) received insulin therapy, complications during pregnancy included polyhydramnios in 6 (24%), regarding birth weight, 14 (56%) babies had birth weight between 2.5–3.5 kg, among



neonatal complications, respiratory distress was the most common 11 (44%) and regarding breastfeeding status, 14 (56%) practiced exclusive breastfeeding.

Table 2 shows that majority of the mothers 19 (76%) had good quality of life during the postnatal period, small proportion of mothers 5 (20%) had moderate quality of life. Only 1 (4%) mother had a very good quality of life. Overall, the results indicate that most of the mothers with gestational diabetes mellitus experienced good quality of life during the postnatal period, and none of them reported poor quality of life.

Table 3 shows the frequency and percentage distribution of quality of life among mothers with gestational diabetes mellitus across different domains of WHOQOL-BREF. With regard to General Quality of Life (GQ) domain, all mothers (100%) had good quality of life and none of them had poor, moderate, or very good quality of life. In the Physical Health Domain (PHD), majority of the mothers 17 (68%) had good quality of life, 6 (24%) had very good quality of life, and only 2 (8%) had moderate quality of life. Regarding the Psychological Domain (PSyD), most of the mothers 20 (80%) had good psychological quality of life, 4 (16%) had moderate quality of life, and 1 (4%) had very good quality of life. In the Social Relations Domain (SioRD), more than half of the mothers 14 (56%) had good quality of life, 6 (24%) had very good quality of life, and 5 (20%) had moderate quality of life. None of the participants had poor social relationship quality of life. In the Environmental Domain (ED), majority of the mothers 15 (60%) had good quality of life, while 9 (36%) had very good quality of life and only 1 (4%) had moderate quality of life.

Overall, the findings indicate that majority of mothers with gestational diabetes mellitus had good to very good quality of life in all domains, with no participants reporting poor quality of life.

Table 4, reveals the mean score of the General Quality of Life (GQ) domain was 6.84 with a median of 6 and standard deviation of 1.07, indicating that most of the mothers had a good overall quality of life with minimal variation in scores. In the Physical Health Domain (PHD), the mean score was 26.92, the median was 28, and the standard deviation was 3.62, showing that the majority of mothers had good physical health status. The Psychological Domain (PSyD) had a mean score of 12.40, median of 12, and standard deviation of 2.00, which indicates moderate to good psychological well-being among the mothers with less variability in responses. In the Social Relations Domain (SioRD), the mean score was 13.16 with a median of 13 and standard deviation of 2.61, suggesting good social relationship quality of life among the participants. The Environmental Domain (ED) showed the highest mean score of 28.44 with a median of 29 and standard deviation of 4.68, indicating better environmental quality of life among the mothers. The overall quality of life mean score was 87.76 with a median of 88 and standard deviation of 13.98, revealing that the mothers with gestational diabetes mellitus had generally good quality of life with moderate variation in overall scores.

The findings reveal that there is no statistically significant association between quality of life and selected demographic variables among mothers with gestational diabetes mellitus, as all *p* values were greater than 0.05.

**Table 1: Frequency and Percentage Distribution of Demographic Variables of Postnatal Mothers with Gestational Diabetes Mellitus (n = 25)**

Demographic Variables	Frequency (f)	Percentage (%)
<b>1.Age in years</b>		
18-22 years	11	44
23-27 years	4	16
28-32 years	6	24
33-37 years	2	8
>38 years	2	8
<b>2.Religion</b>		
Hindu	17	68
Christian	5	20
Muslim	3	12
Others	0	0
<b>3.Educational Status</b>		
Primary Education	2	8
Secondary Education	4	16
Higher Secondary Education	8	32
Graduate	11	44
Post Graduate	0	0
<b>4.Occupation</b>		



<b>Demographic Variables</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
House Wife	14	56
Government Employee	1	4
Private employee	5	20
Self- employed	2	8
Daily wage workers	3	12
Others	0	0
<b>5.Income per Month</b>		
<Rs.10000	2	8
Rs.10001-20000	13	52
Rs.20001-30000	8	32
Rs.30,001-40,000	1	4
Rs.> 40,000	1	4
<b>6.Type of Family</b>		
Nuclear Family	14	56
Joint Family	11	44
Extended Family	0	0
<b>7.Area of Residence</b>		
Rural	1	4
Urban	24	96
<b>8.Marital Duration</b>		
<1 Year	8	32
1-3 year	9	36
4-6 year	5	20
7-10 year	3	12
>10 year	0	0
<b>9. Dietary Pattern</b>		
Vegetarian	1	4
Mixed (both & non vegetarian)	24	96
<b>10.Gravida</b>		
Primi	11	44
2	8	32
3	4	16
>4	2	8
<b>11.Gestational Age at Delivery</b>		
<37 weeks	7	28
37-40 weeks	17	68
>40 weeks	1	4
<b>12.Types of Delivery</b>		
Normal vaginal delivery	12	48
Assisted vaginal delivery	0	0
Cesarean section	13	52
<b>13.History of GDM in Previous Pregnancy</b>		
Yes	6	24
No	8	32
Not Applicable	11	44
<b>14.Family history of DM</b>		
Yes	2	8
No	14	56
Don't know	9	36
<b>15.Treatment received for GDM</b>		
Diet control only	1	4



Demographic Variables	Frequency (f)	Percentage (%)
Oral hypoglycemic agents	2	8
Insulin therapy	17	68
Combination	5	20
<b>16. Complications during pregnancy</b>		
None	0	0
Preeclampsia	5	20
Polyhydramnios	6	24
Pre term labour	4	16
Others	0	40
<b>17. Birth weight of the baby</b>		
<2.5 kg	11	44
2.5-3.5 kg	14	56
>3.5kg	0	0
<b>18. Neonatal Complications</b>		
None	0	0
Hypoglycemia	8	32
Respiratory distress	11	44
Jaundice	6	24
Others	0	0
<b>19. Postnatal follow -up status</b>		
Regular follow up	25	100
Irregular follow up	0	0
No follow up	0	0
<b>20. Breast feeding status</b>		
Exclusive breast feeding	14	56
Mixed feeding	8	32
Formula	3	12

**Table 2: Frequency and Percentage Distribution of Quality of Life Postnatal Mothers with gestational diabetes mellitus N=25**

Level of quality of life	Post Test	
	F	%
Poor quality of life	0	0
Moderate quality of life	5	20
Good quality of life	19	76
Very Good quality of life	1	4

**Classification: Poor quality of life <50%, Moderate quality of life 50-74%, Good quality of life 75-89%, Very Good quality of life >90%.**

**Table 3: Domain-wise Frequency and Percentage Distribution of Quality of Life among Mothers with Gestational Diabetes Mellitus (N=25)**

Domain	Poor quality of life		Moderate quality of life		Good quality of life		Very Good quality of life	
	F	%	F	%	F	%	F	%
General Quality of life (GQ)	0	0	0	0	25	100	0	0
Physical Health Domain (PHD)	0	0	2	8	17	68	6	24
Psychological Domain (PSyD)	0	0	4	16	20	80	1	4
Social Relations Domain (SioRD)	0	0	5	20	14	56	6	24
Environmental Domain (ED)	0	0	1	4	15	60	9	36



**Table 4: Assessment of Quality of Life among Mother's with Gestational Diabetes Mellitus.**

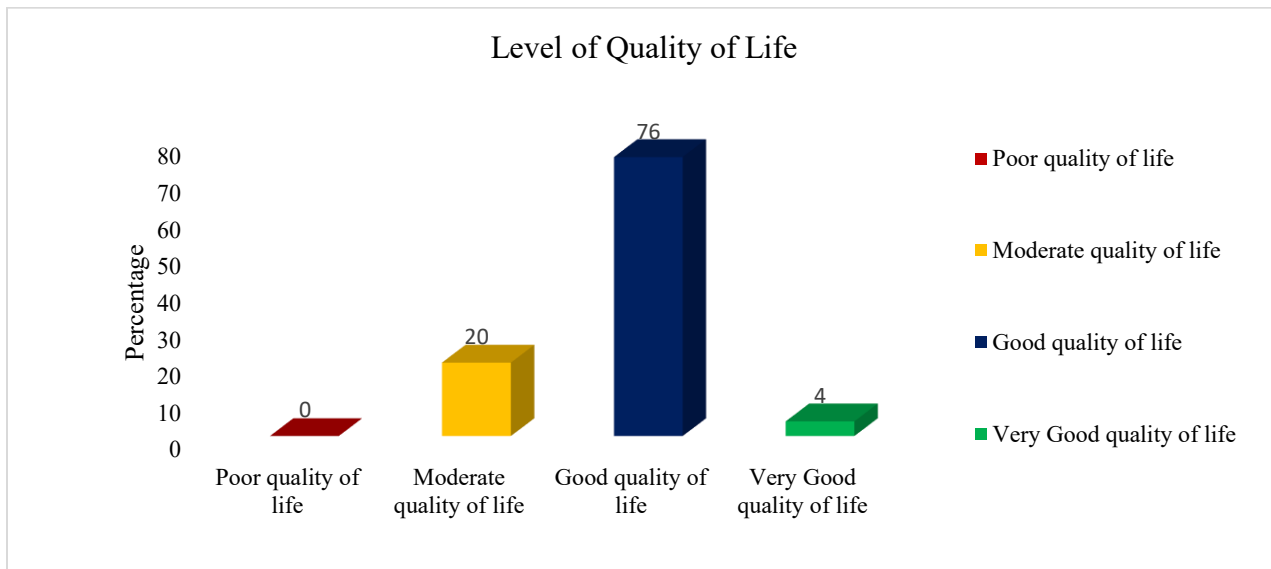
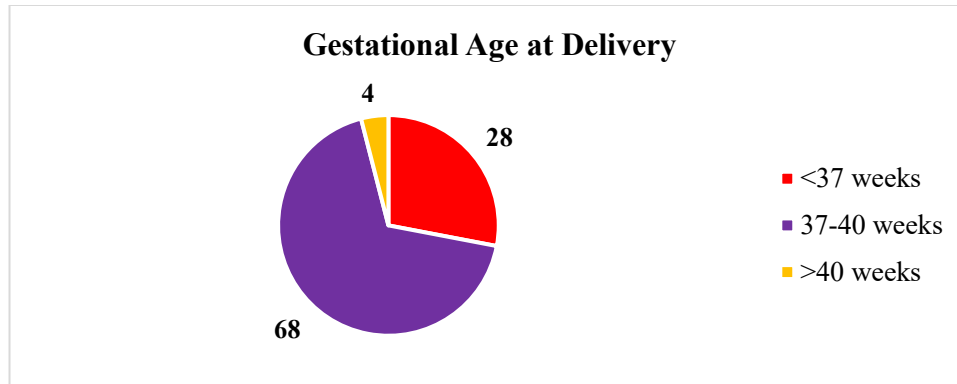
Quality of life	Mean	Median	SD
General Quality of life (GQ)	6.84	6	1.07
Physical Health Domain (PHD)	26.92	28	3.62
Psychological Domain (PSyD)	12.40	12	2.00
Social Relations Domain (SioRD)	13.16	13	2.61
Environmental Domain (ED)	28.44	29	4.68
<b>Overall</b>	<b>87.76</b>	<b>88</b>	<b>13.98</b>

**Table 5: Association of Quality of Life among Postnatal Mother's with Gestational Diabetes Mellitus with Selected Demographic Variables. (N=25)**

Demographic Variables	Frequency	Mean	SD	One Way ANOVA/ "t" test
<b>1.Age in years</b>				F=0.421 P=0.792, NS
18-22 years	11	64.18	8.42	
23-27 years	4	66.50	7.63	
28-32 years	6	67.12	9.14	
33-37 years	2	65.00	8.48	
>38 years	2	63.50	7.77	
<b>2.Religion</b>				F = 0.316 p = 0.731, N.S
Hindu	17	65.20	8.96	
Christian	5	64.10	9.14	
Muslim	3	66.30	7.62	
<b>3.Educational Status</b>				F = 0.284, p = 0.836, N.S
Primary Education	2	62.50	7.25	
Secondary Education	4	63.20	8.10	
Higher Secondary Education	8	65.84	8.94	
Graduate	11	67.20	9.22	
<b>4.Occupation</b>				F = 0.512 p = 0.728, N.S
House Wife	14	64.92	8.54	
Government Employee	1	68	0	
Private employee	5	66.10	9.18	
Self-employed	2	63.50	8.48	
Daily wage workers	3	62.80	7.92	
Others	0			
<Rs.10000	2	61.50	7.07	
Rs.10001-20000	13	64.84	8.65	
Rs.20001-30000	8	66.32	8.92	
Rs.30,001-40,000	1	69	0	
Rs.> 40,000	1	70	0	
<b>6.Type of Family</b>				t = 0.542 p = 0.593, N.S
Nuclear Family	14	65.64	8.72	
Joint Family	11	64.18	8.11	
<b>7.Area of Residence</b>				t = 0.318 p = 0.754, N.S
Rural	1	62	0	
Urban	24	65.10	8.54	
<b>8.Marital Duration</b>				F = 0.471 p = 0.704, N.S
<1 Year	8	63.75	8.44	
1-3 year	9	65.10	8.65	
4-6 year	5	66.42	7.92	
7-10 year	3	67.20	8.11	
<b>9. Dietary Pattern</b>				t = 0.292 p = 0.772, N.S
Vegetarian	1	62	0	



Mixed (both & non vegetarian)	24	65.08	8.54	
<b>10.Gravida</b>				F = 0.534 p = 0.662, N.S
Primi	11	64.18	8.44	
2	8	65.82	8.91	
3	4	66.75	8.12	
>4	2	67.50	7.78	
<b>11.Gestational Age at Delivery</b>				F = 0.488 p = 0.618, N.S
<37 weeks	7	63.84	8.10	
37-40 weeks	17	65.72	8.84	
>40 weeks	1	67	0	
<b>12.Types of Delivery</b>				t = 0.624 p = 0.538, N.S
Normal vaginal delivery	12	64.25	8.34	
Cesarean section	13	66.02	8.92	
<b>13.History of GDM in Previous Pregnancy</b>				F = 0.718 p = 0.499, N.S
Yes	6	66.84	8.12	
No	8	64.28	8.94	
Not Applicable	11	65.36	8.41	
<b>14. Family history of DM</b>				F = 0.451 p = 0.643, N.S
Yes	2	67.50	7.78	
No	14	64.84	8.62	
Don't know	9	65.92	8.10	
<b>15.Treatment received for GDM</b>				F = 0.824 p = 0.495, N.S
Diet control only	1	61	0	
Oral hypoglycemic agents	2	63.50	7.07	
Insulin therapy	17	65.92	8.85	
Combination	5	66.40	8.14	
<b>16.Complication during pregnancy</b>				F = 0.592 p = 0.627, N.S
Preeclampsia	5	64.80	8.10	
Polyhydramnios	6	65.92	8.41	
Pre term labour	4	63.50	7.84	
<b>17. Birth weight of the baby</b>				t = 0.438 p = 0.665, N.S
<2.5 kg	11	64.28	8.12	
2.5-3.5 kg	14	65.94	8.84	
<b>18. Neonatal Complication</b>				F = 0.612 p = 0.551, N.S
Hypoglycemia	8	64.42	8.14	
Respiratory distress	11	65.84	8.74	
Jaundice	6	63.90	7.92	
<b>19.Breast feeding status</b>				F = 0.483 p = 0.623, N.S
Exclusive breast feeding	14	65.84	8.62	
Mixed feeding	8	64.20	8.11	
Formula	3	62.50	7.45	



## DISCUSSION

The present study was conducted to evaluate the quality of life during the postnatal period among mothers with Gestational Diabetes Mellitus (GDM) in selected hospitals at Chennai. The findings of the study are discussed in relation to the objectives, existing literature, and supportive research studies.

The findings revealed that majority of mothers 11 (44%) belonged to the age group of 18–22 years. Most of the mothers 17 (68%) were Hindus, 11 (44%) were graduates, and 14 (56%) were housewives. Majority of the mothers 13 (52%) had a monthly income between Rs.10,001–20,000 and 14 (56%) belonged to nuclear families. Most of the participants 24 (96%) were from urban areas. These findings are supported by the study conducted by Carolan (2013), which reported that GDM is more common among urban women due to lifestyle changes, dietary habits, and reduced physical activity. The higher proportion of educated mothers in the present study may have contributed to better awareness regarding antenatal care, glycaemic control, and

follow-up practices. Regarding obstetrical variables, majority of the mothers 17 (68%) delivered between 37–40 weeks of gestation and 13 (52%) underwent caesarean section. Most mothers 17 (68%) received insulin therapy for the management of GDM. Similar findings were observed in the study by Metzger BE et al. (2008), which reported increased rates of caesarean section and medical interventions among women with gestational diabetes mellitus.

Regarding the obstetrical variables majority of mothers 19 (76%) had good quality of life during the postnatal period, while 5 (20%) had moderate quality of life and only 1 (4%) had very good quality of life. None of the mothers reported poor quality of life. The findings indicate that despite experiencing GDM during pregnancy, most mothers were able to maintain a satisfactory quality of life during the postnatal period. This may be attributed to regular postnatal follow-up, family support, improved healthcare accessibility, and appropriate treatment measures. The study findings are consistent with Kim C et al. (2011), who found



that mothers with a history of GDM generally reported satisfactory quality of life when adequate support systems and healthcare services were available. However, the study also emphasized that psychological concerns and fear of future diabetes may affect certain domains of quality of life.

Regarding the Physical Health Domain, majority of the mothers 17 (68%) had good quality of life and 6 (24%) had very good quality of life. This indicates adequate physical recovery and adaptation during the postnatal period. In the Psychological Domain, majority 20 (80%) had good psychological well-being, while 4 (16%) had moderate quality of life. This suggests that some mothers may still experience stress, anxiety, and emotional disturbances related to childcare responsibilities and future health concerns. The Social Relationship Domain revealed that 14 (56%) mothers had good quality of life and 6 (24%) had very good quality of life, indicating satisfactory family and social support. The Environmental Domain showed comparatively higher scores, where 15 (60%) mothers had good quality of life and 9 (36%) had very good quality of life. This finding may be due to better healthcare access, regular follow-up, and urban living conditions. These findings are supported by Ferrara A (2007), who emphasized that social support, health services, and environmental factors positively influence postpartum adaptation and quality of life among mothers with GDM.

There was no statistically significant association between quality of life and selected demographic and obstetrical variables such as age, religion, educational status, occupation, income, gravida, type of delivery, treatment received, and breastfeeding status, as all p-values were

greater than 0.05. This finding suggests that quality of life among postnatal mothers with GDM may depend more on individual coping abilities, healthcare support, emotional well-being, and family support rather than demographic characteristics alone. Similar findings were reported by Boyle JP et al. (2010), who observed that quality of life among women with GDM was not significantly associated with most demographic variables but was influenced by psychosocial and behavioral factors.

#### CONCLUSION:

The study concluded that majority of postnatal mothers with Gestational Diabetes Mellitus had a good quality of life during the postnatal period. Adequate healthcare services, family support, regular follow-up, and proper treatment may have contributed to the positive quality of life outcomes among the mothers. Although no significant association was found between quality of life and demographic variables, psychological and social adjustments remain important aspects requiring continuous support and monitoring.

#### Acknowledgement

I would like to express my sincere gratitude to the Principal, Vice Principal, Heads of Departments, and all faculty members of Apollo College of Nursing, Chennai, Tamil Nadu, India, for their continuous support and guidance. I extend my special thanks to the Tamil Nadu Dr. M.G.R. Medical University for its academic support. I also convey my heartfelt appreciation to all the participants of this study for their valuable cooperation.

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