The article “Social support and health related quality of life among pregnant women” is very important issue in Pakistan on which Bushra Gul and colleagues casted light upon with some interesting findings and relations. My point is that demographics should include the family system too, either living separately with husband or in joint family system. Pakistani culture is mostly joint family system in which pregnant females can have a lot more physical and psychological liabilities. Previous studies shows that prevalence of depression and anxiety are more frequently reported in developing countries along with low social status as compare to developed countries. Association of these symptoms is also strong in first trimester due to hormonal changes in the body leading to dizziness, nausea, vomiting and fatigue. Bushra Gul reported that majority of their sample were women in their first trimester with decrease in HRQoL which can be justified by these symptoms.

Pregnancy can be source of bliss and gratification, on the other hand this is whole transition leading to new roles and responsibilities which can be difficult to deal with, especially in the absence of support from friends, family and whole living environment.

Low health related quality of life can negatively affect the health of developing fetus, ultimately leads to miscarriages, pre term births, still births and different neurological conditions which can have impact on cognitive abilities of child.

The awareness about the positive impact of social support should be given to spouse and other close family members of the pregnant females by their health care provider to avoid the dissolute consequences.

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References