

Health-Related Quality of Life in Pregnancy with Uterine Fibroid: A Cross-Sectional Study in Iraq

Dr. Muna Shihab Ahmed¹, Dr. Abeer Ali Majeed², and Dr. Fadhil Adil Arif³

¹M.B.Ch.B., C.A.B.O.G. (Specialist Obstetrician and Gynecology) Iraqi Ministry of Health, Baghdad Health Directorate / Al-Karkh, Al-Karama Teaching Hospital, Baghdad, Iraq.

²M.B.Ch.B., A.R.T., M.Sc. (Assisted Reproductive Technology) Iraqi Ministry of Health, Baghdad Health Directorate / Al-Karkh, Al-Yarmook Teaching Hospital, Baghdad, Iraq.

³M.B.Ch.B., D.G.S., A.R.T. (Specialist General Surgery) M.Sc. (Assisted Reproductive Technology) Iraqi Ministry of Health, Baghdad Health Directorate / Al-Karkh, Al-Yarmook Teaching Hospital, Baghdad, Iraq.

ABSTRACT: Background: The most prevalent pelvic tumors are uterine fibroids, which significantly increase morbidity among women of reproductive age. **Aim:** This study significantly focused on enrolling and analyzing clinical findings related to the extent of uterine fibroids' impact on pregnant women, as well as evaluating the general health quality of life at patients. **Methods:** A total of 64 pregnant women with fibroids were recruited. The age of the affected women ranged from 20 to 40 years during the period from January 2023 to January 2024. This study recorded the clinical outcomes of the mother and fetus and assessed the patients' quality of life. **Results:** Our results found that patients with ages < 30 years had 68.75%, and patients with ages ≥ 30 years had 31.25%. The most common types prevalent in this study were intramural of 50% of patients and subserosal of 25%, and the site was anterior wall fibroid of 59.38% of patients, posterior wall of 23.44%, and lateral wall of 17.19% of patients, where complications were premature rupture of membranes, got 7 cases, threatened preterm got 6 cases, and malpresentation got 6 cases. **Conclusion:** This study confirmed that uterine fibroids negatively affect the quality of life of pregnant women in the long term, which results in an increased mortality rate.

Keywords: Pregnancy patients; Fibroid uterus; Symptoms; Complications; and Assessment quality of life.

INTRODUCTION

The leiomyomas of the uterus are the most common benign solid tumors in women. In the literature, there are different data on the prevalence of uterine fibroids; they range from 20–50%. Some authors give even higher figures (66%) (Katz, V. L *et al.*, 1989). The majority of fibroids remain asymptomatic; only autopsies provide a reliable statement regarding the absolute frequency. In a histological study in which 100 hysterectomy preparations were studied, the prevalence was 77%. (Klatsky, P. C *et al.*, 2008; Koike, T *et al.*, 1999; Lev-Toaff, A. S *et al.*, 1987; Ciavattini, A *et al.*, 2015).

A Japanese study (Coronado, G. D *et al.*, 2000), which examined the relationship between metabolic syndrome and the increased incidence of fibroids, showed a statistically significant association of fibroids with obesity and arterial hypertension. (Sarwar, I *et al.*, 2012) In addition, nulliparity, early menarche, late menopause, polycystic ovary syndrome, and family predisposition could be associated with an increased risk of developing uterine fibroids.

The development of recent years has shown an increasing importance of uterine fibroids in primary and secondary sterility in women wishing to have children (Gupta, S & Manyonda, I. T 2009). On the one hand, 20–25% of all women over the age of 30 have fibroids (Lam, S. J., Best,

S., & Kumar, S 2014). On the other hand, in recent years, there has been a shift in the peak age of pregnant women to higher annual figures in which uterine myomatosis is more common. This leads to an increase in the coincidence of sterility or infertility and uterine myomatosis (De Carolis, S *et al.*, 2001).

PATIENTS AND METHODS

We conducted a cross-sectional study on 64 pregnant women with uterine fibroids aged 20–40 years during the period of January 2023–January 2024 in obstetrics in different hospitals in Iraq. Statistical analyses were recorded using SPSS 22.0 software. For inclusion and exclusion criteria, data were included for 1) pregnant women with uterine fibroids, 2) women aged 20–40 years, 3) women with body mass index (BMI) (18.5 to 24.9), and 4) both smokers and non-smokers. Data were excluded for 1) women with other diseases, 2) women with previous miscarriages, 3) women with previous surgeries, and 4) women under 20 and over 40 years. Demographic parameters of pregnant women, including age, BMI, diagnostic conditions, educational status, and economic status, were recorded. Also, pregnant women were diagnosed with symptoms, causes, locations, and types of uterine fibroids.

The Uterine Fibroid Side Effect and Wellbeing Related Personal Satisfaction (UFS-QoL) survey is

an approved device intended to quantify the well-being-related personal satisfaction in ladies with uterine fibroids. The UFS-QoL incorporates different subscales that evaluate the side effects seriousness and its effect on day-to-day existence,

giving a far-reaching outline of the patient's well-being status. The scale commonly goes from 0 to 100, with higher scores demonstrating better personal satisfaction.

Table 1. Baseline of demographic features of pregnancy women with uterine fibroids.

Variables	N = 64	Percentage, %
Age		
< 30	44	68.75%
≥ 30	20	31.25%
BMI, Kg/m ²	21.3 ± 3.8	
Smoking status		
Present	12	18.75%
Absent	52	81.25%
Medical history of illness		
Present	14	21.88%
Absent	50	78.13%
Educational status		
Primary	11	17.19%
Secondary	21	32.81%
University	32	50.0%
Economic status		
< 300	16	25.0%
300 – 500	30	46.88%
> 500	18	28.13%

Table 2. Diagnostic outcomes of pregnancy women with uterine fibroids.

VARIABLES	N = 64	%
GESTATIONAL AGE		
< 35	15	23.44%
≥ 35	49	76.56%
GRAVIDA	40	62.5%
PRIMIGRAVIDA	24	37.5%
MULTIGRAVIDA	40	62.5%
SYMPTOMS		
PRETERM LABOR PAIN	41	64.06%
PAIN ABDOMEN	7	10.94%
URINARY TRACT INFECTION	16	25.0%
CAUSES		
FAMILIAL HISTORY	5	7.81%
HORMONAL INFLUENCES	30	46.88%
DIET	19	29.69%
PREVIOUS INFERTILITY	3	4.69%
ABNORMAL FETAL POSITIONING DURING PREGNANCY	2	3.13%
A PREVIOUS HISTORY OF MISCARRIAGE	5	7.81%

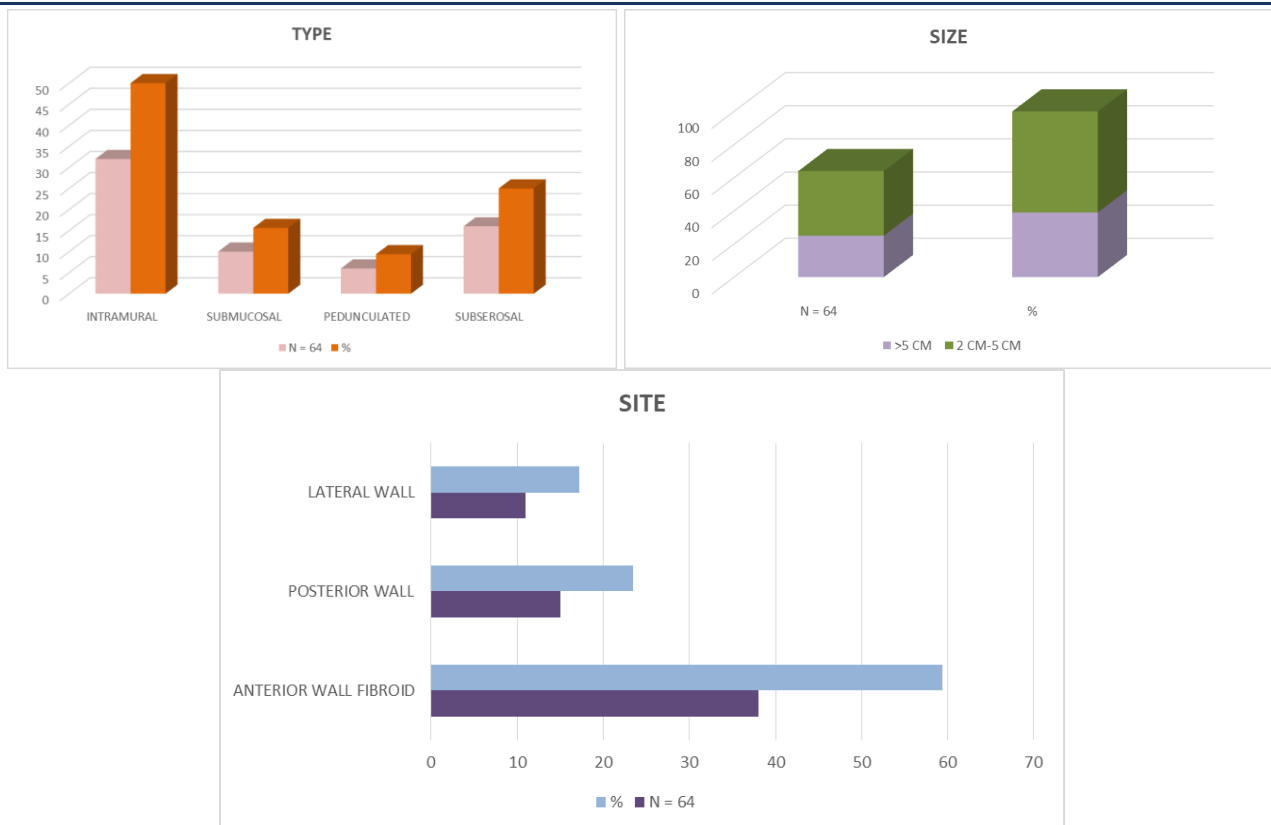


Figure 1. Clinical outcomes of uterine fibroids in terms of type, size, and site.

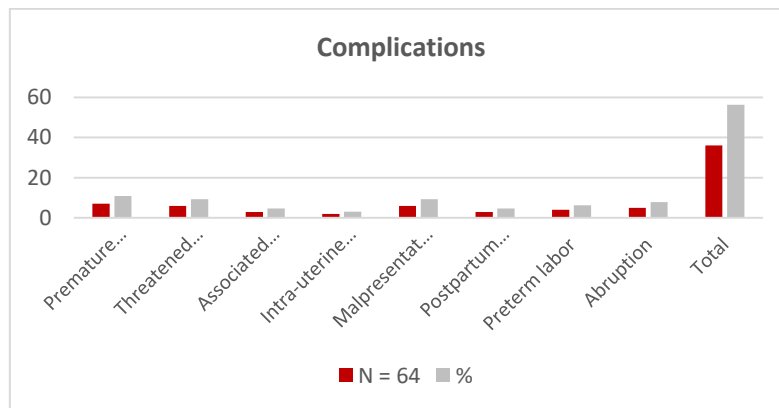


Figure 2. Identification of complications for pregnancy women with uterine fibroids

Table 3. Assessment of general health quality of life in pregnant women with uterine fibroids by a questionnaire UFS-QoL.

Items	UFS-QoL.
Physical functioning	56.57 ± 12.66
Psychological functioning	50.50 ± 11.41
Social and emotional functioning	60.35 ± 9.93
Environmental aspect	52.11 ± 8.60

DISCUSSION

The uterine fibroids of the uterus are the most common benign solid tumors in women. While the development of fibroids still requires further thorough research, the influence of ovarian hormones on fibroid growth has been clearly proven in numerous studies. Female issues and

pelvic anguish are ordinary in these patients. They essentially influence productive potential and the aftereffects of pregnancy (Martin, J *et al.*, 2016).

The majority of fibroids remain asymptomatic. If symptoms occur, this leads to an impairment of the woman's quality of life and requires therapy. The most common symptoms include abnormal uterine

bleeding, such as hypermenorrhea, menorrhagia, and metrorrhagia, for example, which can lead to chronic anemia. Pain and a feeling of pressure in the lower abdomen, as well as urination disorders and constipation, are other symptoms that are caused by an increase in the size of the uterus or by a significant growth of fibroids. They are, moreover, typical among nulliparas. The dangers of cesarean conveyance, a show of breech, malposition, and startling work are exceptionally ordinary in pregnancy with myoma (Cramer, S. F., & Patel, A 1990: Somigliana, E *et al.*, 2007).

Our survey showed that 15 patients were tracked down in the age extent of < 35 years and 49 in the age extent of patients with ≥ 35 years (Qidwai, G. I *et al.*, 2006). The American focus on coordinated on 5,043 movements had 30 examples of fibroid during pregnancy.

We saw that primigravida was seen as in 24 and multigravida in 40. The typical sorts were intramural in 32, submucosal in 10, pedunculated in 6, and subserosal in 16 cases. Size >5 cm was found in 25 patients, and 2 cm-5 cm was seen in 39 patients. The typical sites were the principal wall fibroid in 59.38%, the back wall in 23.44%, and the equal wall in 17.19% of cases.

The incidence of uterine myomatosis in women with fertility disorders without any other apparent cause of sterility seems to be 1-2.4%. The pregnancy rate in women with uterine myomatosis after a myomectomy was 42%; in women with fibroids without surgical intervention, 11%, and in women without fibroids - 25% (Navid, S *et al.*, 2012: Parazzini, F *et al.*, 2016: Oliveira, F. G *et al.*, 2004).

Results showed that 23.3% (7) patients had torture, 13.3% (4) had compromised preterm work, 10% (3) had an unconstrained fruitless work, 10% (3) had a shortcoming, and 10% of patients showed placenta previa (Bhat, P *et al.*, 2019: Poovathi, M., & Ramalingam, R 2016).

UFS-QoL found actual working was 56.57 ± 12.66 , mental working was 50.50 ± 11.41 , social and profound working were 60.35 ± 9.93 , and ecological viewpoint was 52.11 ± 8.60 .

CONCLUSION

Uterine fibroids can essentially affect pregnancy results, prompting different maternal and fetal inconveniences. The consequences of the review uncover those normal entanglements emerging

because of a fibroid uterus were undermined preterm, IUGR, malpresentation, and PPH. The review promoters to be mindful that at whatever point a pregnant patient along with a fibroid uterus stays with a maternal-fetal prosperity facility.

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