

Development of A Chinese Version of Obstetric Quality of Recovery-10

Na Zhao¹, Lu Che², Pervez Sultan³, Brendan Carvalho³, Mingjun Xu¹ and Jie Zhou⁴

1. Beijing Obstetrics and Gynecology Hospital, Capital Medical University; 2. Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College; 3. Stanford University; 4. University of Massachusetts Chan School of Medicine

Background

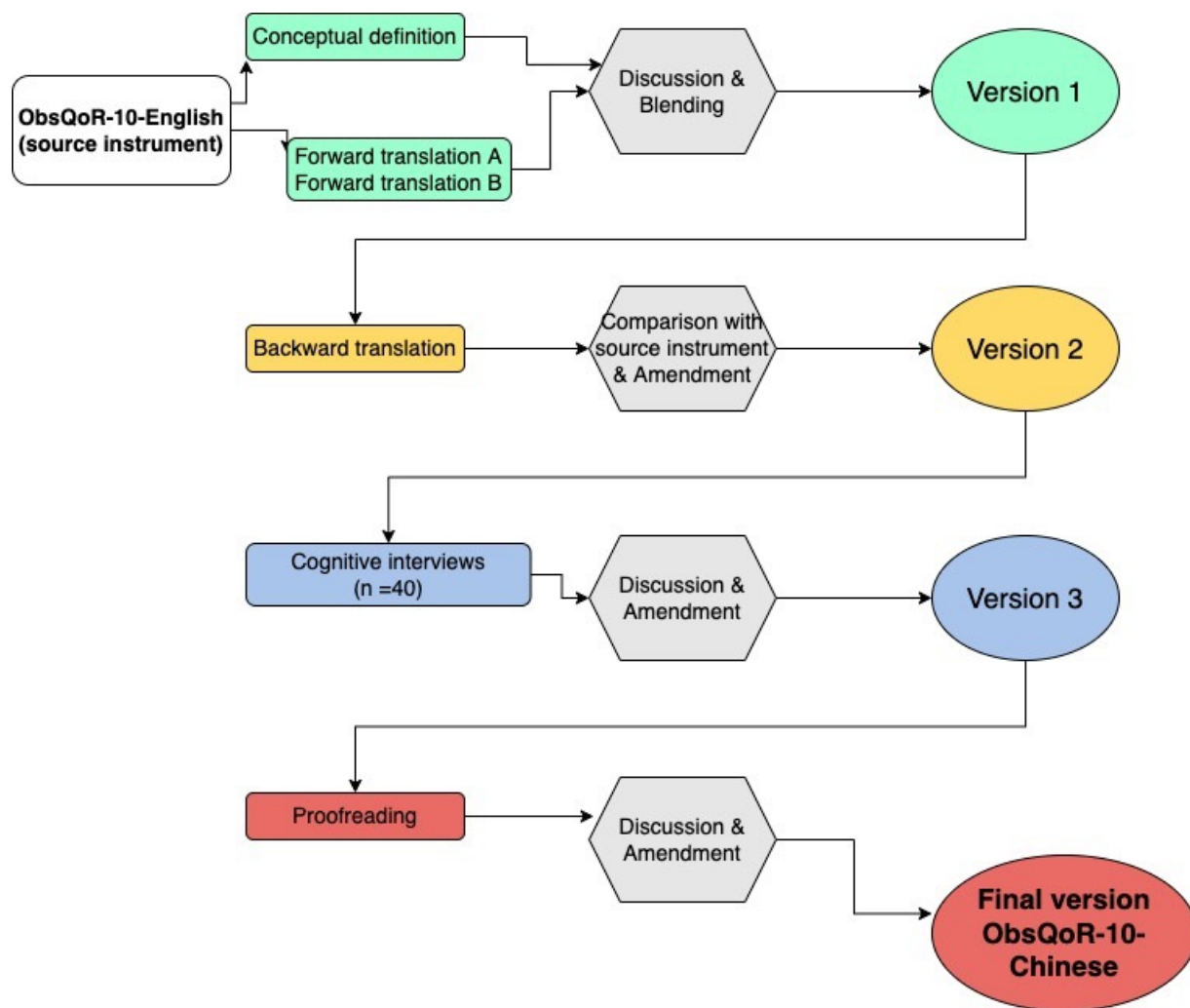
- ✓ Patient-reported outcome measures (PROMs) are important to measure postpartum recovery.
- ✓ The obstetric quality of recovery-10 (ObsQoR-10) has been developed and validated in English and several other languages.
- ✓ A Chinese version of Obstetric Quality of Recovery-10 (ObsQoR-10-Chinese) has yet to be developed.

Methods

- ✓ A ObsQoR-10-Chinese was translated based on methodology recommended by the Mapi Research Group.
- ✓ Inclusion criteria: aged over 18 years old, at least 37 weeks gestational age, singleton pregnancy, ASA II~III.
- ✓ Following ethical approval & informed consent, parturient were asked to complete the ObsQoR-10-Chinese scoring tools at 24 ± 6 hours postpartum.
- ✓ Demographic and clinical data were collected.

References

1. Sultan P, et al. J Clin Anesth. 2020;63:109781.
2. <https://mapi-trust.org/author-collaboration/linguistic-validation-of/>
3. Mathias L, et al. Anaesth Crit Care Pain Med. 2022;41(3):101085



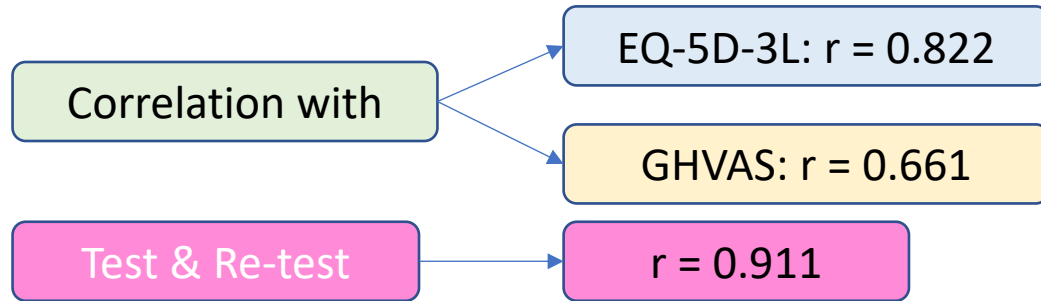
Results-Development

- ✓ 20 cesarean delivery, 20 vaginal delivery
- ✓ All subjects indicated that they could fully understand each question in the Chinese version.
- ✓ Completing a ObsQoR-10-Chinese: 3-10min

Table 1: ObsQoR-10-Chinese item scores for cesarean and vaginal delivery.

	Cesarean delivery (n = 20)	Vaginal delivery (n = 20)	p-Value
Pain	5.75 (2.81)	4.70 (2.74)	0.2384
Nausea	9.25 (2.31)	9.75 (0.91)	0.3742
Dizziness	9.00 (2.05)	9.35 (1.69)	0.5599
Shivering	9.45 (1.32)	8.95 (1.99)	0.3540
Comfortable	6.15 (3.08)	6.05 (2.74)	0.9143
Mobilizing	3.75 (3.85)	5.85 (3.72)	0.0874
Ability to hold baby	1.95 (3.56)	3.95 (4.08)	0.1071
Ability to feed baby	3.05 (4.06)	3.40 (3.41)	0.7694
Hygiene	3.15 (3.56)	5.65 (4.22)	0.0499*
Feeling in control	6.40 (3.20)	8.60 (2.48)	0.0200*

*, $p < 0.05$



ObsQoR-10	UPCD (n=10)	PCD (n=10)	VD (n=10)	P value
Total score	48±13.9 ^b	64.5±12.39 ^a	62.2±15.82 ^a	0.03

Conclusion

- ✓ The Chinese version :
- initially demonstrated its validity, reliability and clinical applicability ;
 - can detect differences in postpartum recovery between different delivery modes ,
 - the research is in progress.

Results-Validation

	UPCD (n=10)	PCD (n=10)	VD (n=10)	P value
Pain	5.6±2.63	4.9±2.23	4.8±2.04	0.705
Nausea	8.5±2.76	10±0	9.6±0.97	0.14
Dizziness	8.6±2.12	9.4±1.26	8.7±2.16	0.595
Shivering	7.9±2.85 ^b	9.8±0.42 ^a	9.8±0.42 ^a	0.024
Comfortable	4.6±2.22 ^b	6.7±1.7 ^a	4.7±2.16 ^b	0.05
Mobilizing	2±2.83 ^b	5.1±2.56 ^a	5±3.23 ^a	0.037
Ability to hold baby	0.9±1.91 ^b	3.8±3.05 ^a	3±3.2 ^{a,b}	0.072
Ability to feed bay	0.9±1.66 ^b	4.1±2.77 ^a	3.1±3.57 ^{a,b}	0.046
Hygiene	1.9±2.42 ^b	3.5±3.24 ^{a,b}	5.9±3.81 ^a	0.032
Feeling in control	7.9±2.81	8.7±1.57	8.8±1.69	0.581

- UPCD, unplanned cesarean delivery; PCD, planned cesarean delivery; VD, vaginal delivery;
- There are significant differences between different superscript letters