



**University of Babylon
College of Nursing**



Association between pregnancy induced hypertension and quality of life

A Project Submitted to the Council of the College of Nursing, University of
Babylon in Partial Fulfillment of the Requirements for the Degree of Bachelor
Science of Nursing

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April/ 2023 A.D

Ramadan/ 1444 A.H

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"وَوَصَّيْنَا الْإِنْسَانَ بِوَالِدَيْهِ حَمَلَتْهُ أُمُّهُ وَهْنًا عَلَىٰ
وَهْنٍ وَفِصَالُهُ فِي عَامَيْنِ أَنِ اشْكُرْ لِي وَلِوَالِدَيْكَ
إِلَى الْمَصِيرِ"

صدق الله العلي العظيم

«سورة لقمان: الآية ١٤»

الإهداء

اهدي عملي هذا

الى جميع ائمتي وشفعائي يوم القيامة والى الرسول صلى الله عليه وعلى اله وصحبه و سلم

الى من كلله الله بالهيبة والوقار، الى من علمني العطاء بدون انتظار،

الى من أحمل إسمه بكل إفتخار، أرجو من الله أن يمدّ في عمرك لتري ثماراً قد حان قطافها بعد طول

إنتظار وستبقى كلماتك نجوم أهتدي بها اليوم وفي الغد وإلى الأبد ..

والدي العزيز

والى معنى الحب ، الى معنى الحنان والتفاني، الى من كان دعائها سر نجاحي وحنانها بلسم جراحي الى أعلى

الاحبة ...

أمي الحبيبة

Supervisor Certification

I certify that the research project entitled “**Association between pregnancy induced hypertension and quality of life**” was prepared under my supervision at the Department of Maternal and newborn health nursing / College of Nursing /University of Babylon, by the students (Zahraa thaer, Zahraa Jawad and Zahraa Raed) as graduation project.

Signature:

Name: Assist. Lec. Zainab Abdulameer

Date: 30 /04 / 2023

شكر و تقدير

الحمد لله رب العالمين ، على لطفه ورحمته ، وبركاته على محمد سيدنا وعلى اله وصحبه وسلم.

أود أن أعبر عن خالص شكري لكل من ساعدني.

إنه لمن دواعي سروري أن أعبر عن تقديري العميق لمشرفي المدرس المساعد زينب عبد الأمير لتوجيهها ومساعدتها وتعاونها وتحفيزها طوال فترة إعداد مشروع التخرج.

شكر وتقدير للمشاركين والمؤسسات الصحية.

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Abstract:

Objectives: To find out any association between pregnancies induced Hypertension and their quality of life. In addition to detect the association between quality of life with certain demographical data. Methods: A descriptive study design, non-probability sample on (70) pregnant women, study tool and interview. Data analyzed by the Statistical package of social science (SPSS) version (25) were used in order to achieving the objectives of study. Result: most of respondents were aged (26-35), highest proportion of them satisfied to some extent with their income. Conclusion: QoL decreased with mothers.

Chapter One

Introduction

Introduction:

Pregnancy-induced hypertension (PIH) is a common pregnancy complication, affecting approximately 2% of pregnant women world-wide, and is one of the primary causes of death for pregnant mothers (Pennings et al., 2011). The onset of PIH typically occurs at 20 weeks gestation and is marked by elevated blood pressure, albuminuria, and edema (Kintiraki E, Papakatsika S, Kotronis G, Goulis DG, Kotsis V. 2015).

Multiple organ dysfunction can occur, endangering the life of the mother and fetus (Rubattu S, Pagliaro B, Pierelli G, Santolamazza C, Castro SD, Mennuni S, Volpe M 2015).

The etiology of PIH is not well understood. Recent studies support the involvement of hereditary and immune factors, as well as abnormal placental function and inflammatory reactions (Deveer R, Engin-ustun Y, Akbaba E, Halisdemir B, Cakar E, Danisman N, Mollamahmutoglu L, Yesilyurt A, Candemir Z. 2013; Ayuk PT, Matijevic R. 2006).

A drop in trophoblast invasiveness is thought to lead to insufficient spiral artery recasting and superficial implantation of the placenta, resulting in decreased blood supply to placental tissues (Kintiraki E, Papakatsika S, Kotronis G, Goulis DG, Kotsis V. 2015). The resulting placental anoxia induces trophoblast secretion and cytokine release, vascular endothelial injuries, and activation of inflammation immunity, which can expand to other organs and lead to systemic damage (Champion H, Innes BA, Robson SC, Lash GE, Bulmer JN. 2012).

Because even moderate PIH can pose a severe threat to the safety of the mother and fetus, early recognition and diagnosis of PIH is critical to providing effective therapeutic measures (Knerr I, Weigel C, Linnemann K, Dötsch J, Meissner U, Fusch C, Rascher W. 2003;)

PIH can have serious adverse effects on pregnancy outcome. Perinatal infant mortality, asphyxia neonatorum, fetal distress, placental abruption, postpartum hemorrhage, and C-section rates increase in every form of PIH(Kintiraki E, Papakatsika S, Kotronis G, Goulis DG, Kotsis V. 2015).

The incidence of fetal distress, placental abruption, premature birth, C-section, and postpartum hemorrhage related to PIH is increasing at a progressively higher rate, posing increasing concern for perinatal infants (Nahar L, Nahar K, Hossain MI, Yasmin H, Annur BM. 2015; Veerbeek JH, Wietske H, Breimer AY, van Rijn BB, Koenen S. 2015)

Objectives of the study:

1. To find out any association between pregnancies induced Hypertension and their quality of life.
2. To detect the association between quality of life with certain demographical data.

Chapter Two

Methodology

2.1 Study design & setting:

Descriptive correlational study design, conducted in Babylon province/Al-Hilla city, in the 3 Hospitals from the period; December 2022 to 2023

2.2 Study sample:

A non-probability (purposive) sample selected of pregnant mothers, were consisted of (70) participants.

2.3. Study Tool:

Through the extensive review of relevant literatures and previous studies, a questionnaire constructed for the purpose of the study . It is composed of six parts The first one is demographic data, The Second part is obstetric history, The third part is history of infertility, The fourth part is medical history, The fifth part is Present Pregnancy, The sixth part is assessment of health related quality of life.

Part I: Demographical Data of pregnant mothers

This section included pregnant women general characteristics of demographical data, such as, age, level of education, occupation, marital status, socioeconomic status, residency, type of family , weight and height.

Part II: Obstetrics History.

Part III: History of Infertility.

Part IV: Medical History.

Part V: Present Pregnancy.

Part VI: Assessment of health related quality of life :

This section include: General health domain, Limitation of activities domain, Physical health problems domain, Emotional health problems domain, Social activities domain, Pain domain, Energy and Emotion

domain.

2.4. Data Collection: The participation of study subjects was on voluntarily basis. Data attained by utilization of the study tool (questionnaire). and interview as method of data collection ; each interview approximately (15-20) minutes.

2.5. Statistical Analysis:

The data of the present study was analyzed by the Statistical package of social science (SPSS) version (25). The tests which were used in this study were derived from both: descriptive and inferential statistic, all of these tests were used in order to achieving the objectives of study.

Chapter three

Results

The following results according to the current study objectives.

Table (1): Distribution of pregnant mothers according to their demographical characteristics (N=70)

Variable	Categories	F	%
Age	16 - 25	31	44.3
	26 - 35	34	48.6
	36+	5	7.1
Level of edu.	Illiterate	12	17.1
	read & write	4	5.7
	primary	14	20.0
	secondary	20	28.6
	diploma & above	20	28.6
Occupation	work	18	25.7
	not work	52	74.3
marital status	married	69	98.6
	divorce	0	0
	Separated	1	1.4
	widow	0	0
Socioeconomic status	satisfy	14	20.0
	satisfy to some extent	49	70.0
	not satisfy	7	10.0
Residency	rural	20	28.6
	urban	50	71.4

Type of Family	live with her family	28	40.0
	live with her husband family	42	60.0
Mode of previous delivery	Null parous	23	32.9
	CS	14	20.0
	normal	26	37.1
	mix	6	8.6
Medical Hx	Yes	11	15.7
	No	59	84.3

f= frequency, %= percentage, Edu: education, CS: cesarean section, Hx: history.

This table show that (48.6%) of sample within age group (26 – 35) years old, also the highest percentage represented (28.6%) of the pregnant women were secondary as well as 28.6% were diploma holder and above.

Table (2): distribution of pregnant mothers regarding their obstetrics history (N=70)

obstetrics history		F	%
Gravida	<3	47	76.1
	>4	23	32.9
para	null	24	34.3
	multi	46	65.7
Abortion	no	47	67.1
	yes	32	32.9

Std.: standard

This table illustrate that (76.1%) of sample have 3 children and less. More than half of sample (65.7%) were multiparous. (67.1%) of sample do not have history of previous abortion.

Table (3): distribution of present history for pregnant mothers

Variables		F	%
Fetus malformation	yes	2	2.9
	no	68	97.1
Placenta Previa	yes	7	10
	no	63	90
Placenta abruption	no	65	92.9
	yes	5	7.1
bleeding	no	67	95.7
	yes	3	4.3
Preeclampsia	no	66	94.3
	yes	4	5.7
GDM	no	67	95.7
	yes	3	4.3
oligohydramnios	no	69	98.6
	yes	1	1.4
Planned pregnancy	yes	47	67.1
	no	23	32.9

f= frequency, %= percentage

This table illustrate that majority of sample do not suffer of any kind of complications (fetal malformation, placenta Previa, abruption, bleeding, preeclampsia,

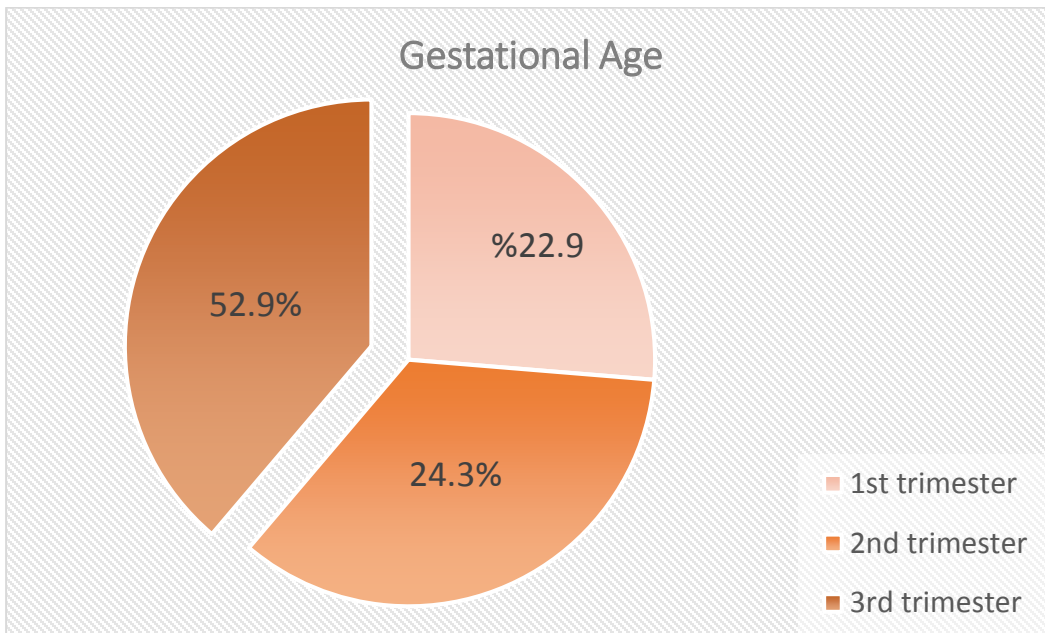


Figure (1): distribution of sample regarding their gestational age.

Chapter Four

Discussion

Duscussion:

Current study reveal in table (1) that most of participants were aged (26-35) years old, this result go along with Hama K, et al (2008). Who investigate association between hypertension in pregnancy and women's QoL, as well as the variation in QoL over gestational trimesters. And found that majority of respondents were aged (18-46) years .QoL was assessed in different domains and hypertension was proven to be associated with low QoL of pregnant woman, mainly in health, physical, and psycho-emotional aspects. There was a little variation of QoL over the gestational trimesters. this agree with Costa D,et al(2010);who conducted study in Japanese.

in our study, no statistically significant differences between groups were observed in the socio-economic (SE) domain, while for them Coban A, et al (2011);the social and environmental fields scored higher in hypertensive pregnant women. They also indicated that high-quality clinical care, information, and support can help to ease the physiological impact of this disorder.

Most of sample do not suffer from chronic diseases, and do not have history of infertility, this findings support by study conducted by Chang SR, et al (2014);which shown that most of their sample were not suffer from history of chronic diseases or infertility.

Table(3) illustrate that majority of sample do not suffer of any kind of complications (fetal malformation, placenta Previa, abruption, bleeding, preeclampsia, GDM, and oligohydramnios) and The participant characteristics positively correlate with quality of life. Because when the complication rate decreases of participating women, that is mean positive quality of life for pregnant women.

This is also in line with a study by Yilmaz et al. (2018) which shows that

pregnant women less 35 years old are less likely to experience pregnancy problems because they can adapt well to pregnancy problem .and in this study found that (67%) of pregnancy were planned. unwanted and un- planned pregnancies can reduce quality of life in pregnant women.

Conclusion & Recommendations

Conclusion:

Hypertension was found to be a factor strongly associated with pregnant women's QoL, causing lower scores in all QoL domains of hypertensive pregnant women compared to normotensive pregnant women. Regarding gestational trimesters, these had negligible influence on the change in QoL.

Recommendations:

- Introduce ongoing educational programmes to enhance the skills of nurses working in obstetrics and gynaecology departments regarding the care of pregnant women exposed to pregnancy-induced hypertension.
- Pay attention to health education for all segments of society about complications associated with pregnancy
- Reducing pregnancy and health risks through health education and realistic portrayal of pregnancy risks.

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List of Appendices

جمهورية العراق

Ministry Of Health Babylon Health Directorat Email : babiltraining@gmail.com لأجل عراق الحضرم مستدام ..منعمل معا لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث		وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة ادارة البحوث
		العدد: ١٦٨٧ التاريخ: ٢٠٢٢ / ١١ / ١٧

إلى / مستشفى بابل التعليمي للنسائية والأطفال
مستشفى الأمام الصادق (ع)
مستشفى النور للأطفال

م/ تسهيل مهمة

تحية طيبة ...

أشارة إلى كتاب جامعة بابل / كلية التمريض / شعبة الشؤون العلمية ذي العدد ٤١٣٠ في
٢٠٢٢/١١/١٧

تسهيل مهمة الطلبة المدرجة أسمائهم أدناه من الجامعة أنفا لإجراء بحث التخرج الموسوم
والخاص بالتخرج بعنوان :-

(Pregnancy induced hypertension and quality of life)

للتفضل بالاطلاع وتسهيل مهمة الموما إليهم وحسب الضوابط والإمكانيات على أن لا تتحمل
مؤسساتكم أية تبعات مادية وقانونية....
... مع الاحترام .

الأسماء :-

- ١- زهراء ثامر حمزة
- ٢- زهراء جواد جاسم
- ٣- زهراء راند عبود

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

١٨١
الدكتور

محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
٢٠٢٢ / /

نسخة منه إلى :

مركز التدريب والتنمية البشرية / وحدة إدارة البحوث مع الأوليات .

سودان ١٧/٢٠٢٢

Appendix B

Questionnaire

The questionnaire include questions, about **Association between pregnancy induced hypertension and quality of life**. Please put the (√) mark in front of your responses.

The researcher assures you that the data, which collected, will kept confidential and exclusively utilized for the research purpose. Kindly answer the questions accurately.

Objectives of the study:

1. To find out any association between pregnancy induced Hypertension and their quality of life.
2. To detect the association between quality of life with certain demographical data for pregnant women with elevation blood pressure during gravidity.

PART I DEMOGRAPHIC DATA

Age: years

Level of Education: illiterate read and write primary secondary diploma and above

Occupation: work not work

Marital status: married divorce widow

Socioeconomic status: satisfy satisfy to some extent not satisfy

Residence: rural urban

Type of family: nuclear extended

Weight kg height m

Part II: Obstetrics History

Number of gravida:

Number of living children:

Number of Abortion:

Mode of previous delivery:

Part III: History of Infertility:

History of infertility: years using assisted reproductive methods

Part IV: Medical History:

Medical Hx: DM HTN previous elevation of Blood pressure:

Current blood pressure reading: mm/hg

Part V: Present Pregnancy:

Gestational age: 1st trimester 2nd trimester 3rd trimester

Fetus malformation of current pregnancy:

Complication during current pregnancy: placenta Previa abruption placenta
bleeding PIH GDM other specify number of fetuses:

Planned pregnancy: yes no

PART VI: Assessment of health related quality of life:

NO.	Health survey items	Always	sometimes	never
General health domain:				
1.	In general, would you say your health is good?			
2.	Compared to one year ago, you would say that your health in general is better now?			
3.	I seem to get sick a little easier than other people			
4.	I am as healthy as anybody I know			
5.	I expect my health to get worse			
6.	My health is excellent			
Limitation of activities domain:				
1.	Do you find difficulty while performing Vigorous activities, such as running, lifting			

	heavy objects, participating in strenuous sports?			
2.	Do you find difficulty while doing Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?			
3.	Do you find difficulty when Lifting or carrying groceries?			
4.	Do you find difficulty when Climbing several flights of stairs?			
5.	Do you find difficulty when Climbing one flight of stairs?			
6.	Do you find difficulty when Bending, kneeling, or stooping?			
7.	Do you find difficulty when Walking more than a mile?			
8.	Do you find difficulty when Walking several blocks?			
9.	Do you find difficulty when Walking one block?			
10.	Do you find difficulties when Bathing or dressing yourself?			
Physical health problems domain:				
1.	Cut down the amount of time you spent on work or other activities			
2.	Accomplished less than you would like			
3.	Were limited in the kind of work or other activities			

4.	Had difficulty performing the work or other activities (for example, it took extra effort)			
Emotional health problems domain:				
1.	Cut down the amount of time you spent on work or other activities			
2.	Accomplished less than you would like			
3.	Didn't do work or other activities as carefully as usual			
Social activities domain:				
1.	Have you had emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?			
2.	During the PIH, how much has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?			
Pain domain:				
1.	Have you had bodily pain?			
2.	Throughout the period of PIH, have you had pain interfere with your normal work (including both work outside the home and housework)?			
Energy and Emotion domain:				
1.	Did you feel full of pep?			
2.	Have you been a very nervous person?			
3.	Have you felt so down in the dumps that nothing could cheer you up?			
4.	Have you felt calm and peaceful?			
5.	Did you have a lot of energy?			

6.	Have you felt downhearted and blue?			
7.	Did you feel worn out?			
8.	Have you been a happy person?			
9.	Did you feel tired?			

العلاقة بين ارتفاع الضغط المرافق للحمل و جودة الحياة

الجزء الاول: البيانات الديموغرافية:

ان هذه الاستبانة تتضمن متغيرات حول العلاقة بين ارتفاع الضغط المرافق للحمل و جودة الحياة. يضمن الباحث ان جميع بياناتك ستبقى سرية و سيتم استخدامها لغرض البحث فقط.

- العمر : سنة
- المؤهل الدراسي : اميه تقرأ و تكتب ابتدائية ثانويه دبلوم فما فوق
- المهنة: تعمل لا تعمل
- الحالة الزوجية:
 - متزوجة منفصلة
 - ارمله مطلقة
- الحالة الاجتماعية-الاقتصادية:
 - يكفي يكفي الى حد ما غير كافي
- العنوان:
 - ريف مدينة
- مكان الإقامة:
 - تعيش مع عائلتها تسكن مع اهل الزوج
 - الوزن : كغم الطول : متر

الجزء الثاني: تاريخ الولادات السابقة:

- عدد مرات الحمل: عدد الولادات عدد الاجهاض:
- نمط الولادات السابقة: قيصرية طبيعي كلاهما

الجزء الثالث تاريخ العقم:

- السنوات استخدام وسائل للحمل(تلقيح او اطفال انابيب)

الجزء الرابع التاريخ الطبي:

هل يوجد امراض مزمنة: ضغط سكر ارتفاع سابق لضغط الدم:
 القراءة الحالية لضغط الدم:

الجزء الخامس : الحمل الحالي:

عمر الحمل: اول ٣ اشهر ثاني ٣ اشهر ثالث ٣ اشهر
 تشوهات خلقية في الحمل الحالي: نعم كلا
 مضاعفات خلال الحمل: المشيمة المنزاحة(في غير مكانها الطبيعي) المشيمة المنفصلة(انفطار المشيمة)
 ضغط الحمل سكر الحمل تسمم الحمل نزف اخرى
 اذكرها.....
 هل الحمل مخطط له: نعم كلا

الجزء السادس: تقييم جودة الحياة المتعلقة بالصحة:

ت	تقييم جودة الحياة المتعلقة بالصحة:	ابداً	الاحياناً	دائماً
١.	بصورة عامة، هل ترى حالتك الصحية جيدة؟			
٢.	بالمقارنة مع العام الماضي، يمكنك القول بأن صحتك بشكل عام افضل الا			
٣.	يبدو انني اصاب بالمرض اسهل من الاخرين			
٤.	حالي الصحية مساوية لأي شخص اعرفه			
٥.	اتوقع ان تسوء حالي الصحية			
٦.	حالي الصحية ممتازة			
مجال الحد من الانشطة				
١.	هل تجد صعوبة اثناء اداء الانشطة الشاقة مثل: الجري، حمل الاشياء الثقيلة مزاولة الانشطة الرياضية المجهدة جداً؟			
٢.	هل تجد صعوبة اثناء القيام بالأنشطة متوسطة الجهد، كتحريك الطاولة او بأستخدام المكينة الكهربائية او تنظيف حديقة المنزل و العناية بها؟			
٣.	هل تجد صعوبة عند حمل المشتريات من البقالة او السوق المركزي؟			
٤.	هل تجد صعوبة عند صعود الدرج لعدة ادوار؟			
٥.	هل تجد صعوبة عند صعود الدرج لدور واحد فقط؟			

			٦. هل تجد صعوبة عند الانحناء او الركوع او السجود؟
			٧. هل تجد صعوبة عند المشي لأكثر من كيلومتر ونصف؟
			٨. هل تجد صعوبة عند المشي لمسافة نصف كيلو متر؟
			٩. هل تجد صعوبة عند المشي لمسافة مئة متر؟
			١٠. هل تجد صعوبة عند الاستحمام او ارتداء الملابس بنفسك؟
مجال مشاكل الصحة البدنية			
			١. التقليل من الوقت الذي تقضيه في العمل او أي أنشطة أخرى؟
			٢. التقليل مما تود انجازه من العمل او أي أنشطة أخرى؟
			٣. تقييدك في اداء نوع معين من الاعمال او أي أنشطة أخرى؟
			٤. ان تجد صعوبة في تأدية العمل او أي أنشطة أخرى؟ (على سبيل المثال، احتجت الى جهد اضافي لتأديتها)
مجال المشاكل الصحية و الأنشطة الاجتماعية			
			١. التقليل من الوقت الذي تقضيه في العمل او أي أنشطة أخرى؟
			٢. التقليل مما تود انجازه من العمل او أي أنشطة أخرى؟
			٣. عدم انجاز العمل او أي أنشطة أخرى بالحرص المعتاد؟
مجال الأنشطة النفسية/ العاطفية			
			١. هل واجهت مشاكل عاطفية تتعارض مع انشطتك الاجتماعية مع العائلة، الجيران؟
			٢. خلال اصابتك بارتفاع الضغط خلال الحمل معظم الوقت تتعارض فيه صحتك البدنية او المشاكل العاطفية مع انشطتك الاجتماعية(مثل زيارة الاهل والاقارب و ذلك)؟
مجال الألم			
			١. هل لديك ألم جسمي؟
			٢. خلال فترة الاصابة بارتفاع الضغط المصاحب للحمل، هل لديك ألم يتعارض مع تأديتك لأعمالك المعتادة (سواء داخل البيت او خارجه)؟
مجال الطاقة و العاطفة			
			١. شعرت بأنك مليء بالحيوية و النشاط؟
			٢. كنت شخصا عصيبا جدا؟
			٣. شعرت بأنك في حالة اكتئاب الى درجة لم يمكن معها ادخال السرور اليك؟
			٤. شعرت بالهدوء و الطمأنينة؟

			٥. كانت لديك طاقة كبيرة؟
			٦. شعرت بالأحباط و اليأس؟
			٧. شعرت بأنك منهك (استنقذت قواك)؟
			٨. شعرت بأنك شخص سعيد؟
			٩. شعرت بالتعب؟

Appendix C

قائمة بأسماء خبراء الاستبانة:

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل
1	ا.د. عبد المهدي عبد الرضا	استاذ	تمريض الصحة النفسية و العقلية	جامعة بابل / كلية التمريض
2	ا.د. نهاد الدوري	استاذ	تمريض الاطفال	جامعة بابل / كلية التمريض
3	أ.م.د. وفاء احمد	استاذ مساعد	تمريض صحة الام و الوليدا	جامعة بابل / كلية التمريض
4	د. مريم عبد الكريم	مدرس مساعد	تمريض صحة الام و الوليد	جامعة بابل / كلية التمريض
5	م.م. مها احمد	مدرس مساعد	تمريض الاطفال	جامعة بابل / كلية التمريض

الخلاصة:

التحقق من وجود أي علاقة بين ارتفاع ضغط الدم الناجم عن الحمل ونوعية حياتهن. بالإضافة إلى الكشف عن العلاقة بين جودة الحياة وبعض البيانات الديموغرافية للحوامل. المنهجية: دراسة وصفية ، عينة غير احتمالية مكونة من (٧٠) امرأة حامل ، أداة الدراسة (استبانة) والمقابلة كأسلوب لجمع البيانات. تم استخدام البيانات التي تم تحليلها بواسطة الحزمة الإحصائية للعلوم الاجتماعية (SPSS) الإصدار (٢٥) وذلك لتحقيق أهداف الدراسة. النتيجة: معظم المبحوثات تتراوح أعمارهن بين (٣٥-٢٦) وكانت النسبة الأعلى منهم راضيات إلى حد ما عن دخلهم. الخلاصة: انخفاض جودة الحياة مع الأمهات.



جامعة بابل / كلية التمريض



العلاقة بين ارتفاع الضغط المرافق للحمل و جودة الحياة

مشروع مقدم الى مجلس كلية التمريض جامعة بابل لاستيفاء جزء من متطلبات نيل درجة
البكالوريوس علوم في التمريض

مقدم من قبل:

زهراء جواد

زهراء ثائر

زهراء رائد

إشراف:

م.م. زينب عبد الامير عبد الرسول

نيسان / ٢٠٢٣ م

رمضان / ١٤٤٤ هـ