University of Babylon
College of Nursing

Preconception Health counseling and fertility: An exploration the awareness of women in Al-Hilla City

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بسم الله الرحمن الرحيم

(أَوْ يُزَوِّجُهُمْ ذُكْرَانًا وَإِنَاثًا وَيَجْعَلُ مَن يَشَاءُ عَقِيمًا إِنَّهُ عَلِيمٌ قَدِيرٌ)

(صدق الله العلي العظيم)

صدق الله العظيم

[سورة الشورى / الأية ٥٠]

إهـداء

الله جل جلاله

الى من بلغ الرسالة وأدى الأمانة .. الى نبي الرحمة ونور العالمين

سيدنا محمد صلى الله .... عليه وعلى اله وسلم

الى كل من أضاء بعلمه عقل غيره

أو هدى بالجواب الصحيح حيرة سائليه

فأظهر بسماحته تواضع العلماء

وبرحابته سماحة العارفين

إهداء

أهدي هذا العمل الى الذي لم يبخل عليه يوما والى امي التي زودتني بالحنان والمحبة

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Abstract

Preconception health is a woman's health before she becomes pregnant. It means knowing how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant. For example, some foods, habits, and medicines can harm for baby even before he or she is conceived. Some health problems, such as diabetes, also can affect pregnancy.

Quantitative research cross sectional study design started the period from 22 October 2022 to 20 April 2023 conducted at primary health centers in Al-Hilla City .

The results of this study showed that the number of study samples with age ranged between (twenty-two-twenty-six), and their educational attainment is a secondary school, and they live in an urban area. the age of woman at marriage the results express the highest percent among age group ranged between (22-26), the more woman work as housewife at (57.0%) and with enough to some text as monthly income.

The study concludes there are no significant relationship between all demographic data and awareness except the level of education and source of information items were significant relationship at p value less than 0.05.

The study recommended health institutions must encourage the female and their families about commitment in antenatal visits during the period of pregnancy.

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Chapter One
Introduction

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Introduction

1.1 Introduction

Healthy women are generally at low risk of poor pregnancy outcomes In fact, if pregnancies are planned, potential risks, including biomedical, behavioral، and social risks, can be identified and managed preemptively, thus enhancing maternal and child health (Fleming et al ., 2018).

Preservation of fertility and optimizing health before pregnancy is becoming increasingly important in societies where childbirth often is postponed . Research shows that as women postpone childbirth they achieve higher levels of education and higher incomes. This leads to advantages for their children and for society. However, as women postpone childbearing they are at risk for contracting conditions which may affect fertility and/or pregnancies, pregnancy outcome, and the newborn child. Preconception counseling is therefore becoming increasingly important. Women are often unaware of the added health benefits of contraception and have the right to be well informed so they can make decisions to fulfill their reproductive desires (Stephenson et al ., 2018) .

Preconception health and care aims to reduce parental risk factors before pregnancy and improve outcomes through health promotion and intervention . Optimizing maternal and paternal health before conception can influence a child's future life-course . Current demographic and epidemiological trends such as obesity, diabetes, and delayed childbearing increase the potential for preconception care to lead to significant health gain. Reproductive life plan counseling (RLPC) is a tool to encourage women and men to reflect upon their reproduction, to avoid unintended

pregnancies and negative health behavior that can threaten reproduction (UNICEF, 2019) .

Reproductive life planning is a simple concept that can be very complex. People who have experienced instability in their life, live with interpersonal violence, and/or live in poverty with limited options may not believe they have the ability to plan anything in their lives. Other people may feel ambivalent about 'wanting' a child for many reasons. Some people hold religious beliefs that run counter to the idea of planning (Socialstyrelsen, 2018) .

Reproductive Life Plan (RLP) was a developed tool for Promotion of preconception health and care was intended for both women and men to reflect upon their reproductive intentions, to find strategies for successful family planning, and to avoid unwanted pregnancies and adverse health outcomes that may adversely affect reproduction .The RLP focuses on the individual's goal of having children or not, as well as a plan for how to achieve this goal (Kopp et al ., 2015) .

Lifestyle factors such as smoking, obesity, and alcohol consumption have a negative impact on fertility and pregnancy outcomes. When planning a pregnancy, it would be optimal to change an unhealthy lifestyle to a healthier one in order to improve one's outcomes. There are preconception guidelines for women with chronic diseases, but only fragmentary guidelines exist for healthy women. An increased intake of folate through food or vitamin supplementation is recommended in many countries for all women who might become pregnant, in order to prevent neural tube defects (Stern et al ., 2016) .

An accurate understanding and knowledge of reproductive facts is essential for women and couples appropriate decision making regarding whether, when, and how to conceive. Identifying gaps in knowledge, including prevalent myths and misconceptions, attitudes, and practices, of women of reproductive age before planning and conceiving a pregnancy is important to optimize reproductive and pregnancy outcomes . Likewise, understanding how women access information about reproductive health can highlight opportunities for enhanced communication and information dissemination (Pedro et al., 2018).

The importance of preconception care has gained greater recognition with the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Non- communicable Diseases 2013–2020 . Within the UK، government policy aims to reduce perinatal morbidity and mortality through promotion of pre-pregnancy care .Recommendations incorporate promotion of health-related behaviors including reducing the incidence of neural tube defects through folic acid supplementation; reducing preterm births, low birth weight, and poor neonatal and maternal outcomes through smoking cessation, alcohol reduction and achievement of healthy weight and nutrition prior to conception; reducing infections through screening and vaccination; and identifying medications and occupational and environmental hazards that could be teratogenic (National Institute for Health and Care Excellence (NICE), 2013) .

1- 2 Statement of problem

Preconception Health counseling and fertility: An exploration the awareness of women in Al-Hilla City

1.3 Objectives of the study

The study aims to:

1- Find out the demographic data of study sample

2- To explore the awareness of women about the Preconception health counseling and fertility

3- Find out relationship between personal demographic data and awareness of women about the Preconception health counseling and fertility

1.4 Definition of Terms:

1.4 .1 Preconception health

Refers to the health of women during their reproductive years and is a care the women receive from their physician and other health professionals that focus on control pregnancy and choosing healthy habits (Poston et al ., 2016) .

1.4 .2 Fertility

Is the capacity to produce offspring through reproductive following the onset of sexual maturity (Salama et al ., 2013) **.**

1.4 .3 Counselling

It is a process where an individual ,couple, women and family meet with a trained professional counselor to talk about issues and problems that they are facing in the women life (Barbour et al ., 2013) .

Chapter Two
Methodology

Chapter Two
Methodology

2-1 Study Design

Quantitative research cross sectional study design started from 22 October 2022 to 20 April 2023, the study conducted to explore the awareness of women regarding the preconception health counseling and fertility in primary health care centers at Al-Hilla City .

2- 2 Ethical Consideration

The researchers explain the purpose of the study for the women and committed to maintain the confidentiality of this data and use it only for the purposes of this study. As well as all study sample which sharing in this study right to apologize for the completion of their participation when they feel discomfort.

2- 3 Setting of the Study

This study conducted in primary health care centers (Al-Hilla first sectors) the time which is required for collect the sample was from 12 November to 29 December 2022.

2- 4 The Sample of Study

Non probability convenient sample consists of 100 women has been chosen randomly, all of them present in primary health care centers which is selected to doing this study.

2- 5 Instrument of Study

The questionnaire form used in this study were taken after a reviewing the previous literature and adopted as a tool to use in this study after modified by the researchers and supervisor to explore the awareness of women regarding the preconception health counseling and fertility in primary health care centers at Al-Hilla City. Appendix (A).

Part I: Demographic Data

This part consists from (7) items, including (age, education level, age at Marriage, Occupation , monthly income, residency and source of information on preconception health,) .

Part II: Obstetric and Medical History of Pregnant Women

This part contains on (7) items, this items involved (gestational age, gravidity, number of abortion, antenatal visits, type of previous delivery, Past Medical history, type of pregnancy) .

Part III: Women awareness of preconception health

This part consists of (20) items, all of them adopted to explore the awareness of women regarding the preconception health counseling and fertility .

2- 6 Validity of the Instrument

The questionnaire validity for the study was obtain after distribution to (9) experts. All scientific and logical views that have been posed by the experts were utilized and added . Appendix (B).

2- 7 Rating and Scoring

The scale adopted includes three points likert scale (I know given 3 scores, Uncertain given 2 scores and I don't know given 1 scores) . The pregnant women answer all questions and can select one choice for each one

2- 8 Data Gathering

The sample of study was pregnant women; they are present in primary health care centers. The data collected from the sample by using questionnaire form consist from three parts (Socio demographic data, obstetric and medical history of pregnant women and women awareness of preconception health). data are gathering from researcher by interview with the pregnant women and the time consume with each one about (7-15) minutes.

2- 9 Statistical Analysis

The statistical analysis is used to analyze the data and get the results in this study has been by using the SPSS program. SPSS (Statistical Package for Science Service version 23).

2- 9- 1 Descriptive Data Analysis

The analysis implement by use:

A- Percentage (%)

$$\text{percentage (\%)} = \frac{\text{frequencies (f)}}{\text{size of sample}} \times 100$$

B- Mean (x)

$$x = \frac{\Sigma x}{n}$$

C- Stander deviation (SD)

$$sd = \sqrt{\frac{\Sigma x^2}{n\text{-}1}}$$

2- 9- 2 Inferential data analysis

Chi-square test (χ^2)

$$\chi^2 = \Sigma \frac{(O - E)^2}{E}$$

Chapter Three
Results of Study

Chapter Three

Results of Study

Table (3-1): - Distribution of demographical characteristics of study sample.

Demographical data	Rating and intervals	Frequency	Percent
Age \ Year	17-21	19	19.0
	22-26	**35**	**35.0**
	27-31	20	20.0
	32-36	18	18.0
	37 and more	8	8.0
	Total	100	100.0
Level of Educational	Not read and write	8	8.0
	Read and write	22	22.0
	Primary school	19	19.0
	Secondary school	**34**	**34.0**
	Diploma & above	17	17.0
	Total	100	100.0
Age at Marriage	17-21	23	23.0
	22-26	**47**	**47.0**
	27-31	21	21.0
	32 and more	9	9.0
	Total	100	100.0
Current Work	Student	29	29.0
	Employed	14	16.0
	Housewife	**57**	**57.0**
	Total	100	100.0
Monthly Income	Enough	18	18.0
	Enough to some text	**49**	**49.0**
	Not Enough	33	33.0
	Total	100	100.0

Residency	**Urban**	**56**	**56.0**
	Rural	44	44.0
	Total	100	100.0
Source of information on preconception health	**Doctor or Nurse**	**41**	**41.0**
	Family	36	36.0
	Friends	23	23.0
	Total	100	100.0

The results in this table showed the demographics data of study sample, regarding the age the highest proportion was among age group (22-26) at statistical percent (35.0%), the findings of educational level indicated the secondary school are highest percentage at (34.0%), about the age of woman at marriage the results express the highest percent among age group ranged between (22-26), the more woman work as housewife at (57.0%) and with enough to some text as monthly income. The more number of study sample living in urban area at (56.0%) and their source of information were doctor or nurse at (41.0%).

Table (3-2): - Distribution of Obstetric and Medical History of Study Sample.

Obstetric and Medical History	Rating and intervals	Frequency	Percent
Gestational Age	First trimester	22	22.0
	Second trimester	30	30.0
	Third trimester	**48**	**48.0**
	Total	100	100.0
Gravidity	Primi gravida	48	48.0
	Multi gravida	**52**	**52.0**
	Total	100	100.0

Number of Abortion	Once	19	19.0
	More than one	13	13.0
	Haven't	**68**	**68.0**
	Total	100	100.0
Antenatal Visits	Regular	38	38.0
	Irregular	**62**	**62.0**
	Total	100	100.0
Type of previous Delivery	Normal Vaginal delivery	42	42.0
	Cesarean Section	**68**	**68.0**
	Total	100	100.0
Past Medical history	Hypertension	17	17.0
	Diabetes	11	11.0
	Anemia	**45**	**45.0**
	Urinary tract infection	27	27.0
	Total	100	100.0
Type of pregnancy	**Planned**	**67**	**67.0**
	Unplanned	33	33.0
	Total	103	100.0

The findings in this table express the characteristics of study sample regarding obstetric and medical history, about the gestational age the higher percentage were among woman in third trimester at (48.0%), related the gravidity the more number of study sample with multi- gravida as percentage (52.0%), the more number of study sample haven't abortion in previous period at (68.0%). As well as, the large number of woman not attended to antenatal visit at regular manner (62.0%), regarding the mode of previous delivery the results indicate about (68.0%) of study sample with cesarean delivery and (45.0%) of them suffered from anemia as past medical history. Finally, related the decision of doing the pregnancy (67.0%) were with planned pregnancy.

Table (3-3): Assessment the Awareness of Women regarding Preconception Health Counseling and Fertility

N	ITEMS	M.S	S.D	Ass
1	Eating a balanced diet that prevents malnutrition, obesity and its consequences.	2.20	.696	Moderate
2	Regular exercise prepares the body for pregnancy-related changes, prevents obesity and its consequences, and reduces stress.	1.39	.478	Poor
3	Smoking cessation reduces the risk of miscarriage, premature delivery, low birth weight, and sudden infant death syndrome.	114	.434	Poor
4	Minimizing exposure to external environmental factors reduces the risks of low birth weight, intrauterine growth restriction, premature birth, and birth defects.	1.26	.462	Poor
5	Reducing stress reduces the risks of premature birth and poor growth and development of the fetus.	2.13	.734	Moderate
6	Follow-up and treatment of chronic diseases prevent complications and problems during pregnancy.	1.19	.411	Poor
7	Taking a multivitamin and folic acid reduces the risk of neural tube defects.	1.24	.407	Poor
8	Following the vaccination schedule limits the infection of the mother during pregnancy.	1.99	.732	Moderate
9	It is necessary to follow the schedule of periodic visits to health centers during pregnancy to check on the condition of the mother and fetus.	2.91	.712	Good
10	Counseling about physiological labor during pregnancy helps prevent any further complications	2.48	.726	Good
11	Natural childbirth is one of the best ways to give birth.	1.97	.717	Moderate
12	Preconception health help in reducing the likelihood of postpartum depression.	1.22	.475	Poor
13	Women are more healthy during pregnancy after the age of 35 years, as they are more mature in terms of health.	2.05	.657	Moderate
14	It is difficult to get pregnant after the age of 35, and the risk of genetic problems in the child increases after this age.	1.09	.405	Poor
15	Women suffer from fewer problems such as diabetes and high blood pressure after infertility treatment.	1.36	.482	Poor

16	After infertility treatment, miscarriage rates are higher and Cesarean section is more common after infertility treatment	1.80	.791	**Moderate**
17	Participating in classes during pregnancy is useful to learn all aspects of pregnancy, childbirth and breastfeeding	1.38	.596	**Poor**
18	Family planning is one of the most important things to know during pregnancy in order to be more prepared to use it after giving birth.	1.36	.482	**Poor**
19	Consult the specialist doctor on how to use the best method of contraception, in proportion to the mother's health condition.	2.43	.697	**Good**
20	One of the most important things about pre-pregnancy health is to see a specialist doctor after one year of marriage.	1.38	.487	**Poor**

"(M.s.) Mean of score, (SD) Standard deviation, Level of Assessment (Poor [M.s.= 1-1.66], Moderate [M.s.=1.67-2.33], Good [M.s. =2.34-3])"

This table show the assessment of awareness of study sample, the results in this table indicated the response were "poor" in eleven items while "moderate" in six items and "good" in three items only.

Table (3-4): Overall Assessment of Women Awareness regarding Preconception Health Counseling and Fertility

Main domain	Rating	F	%	M ± SD	Ass
Awareness Preconception Health Counseling and Fertility	Good	10	10.0	9.23±.425	Poor
	Moderate	27	27.0		
	Poor	63	63.0		
	Total	100	100.0		

M: Mean for total score, SD=Standard Deviation for total score
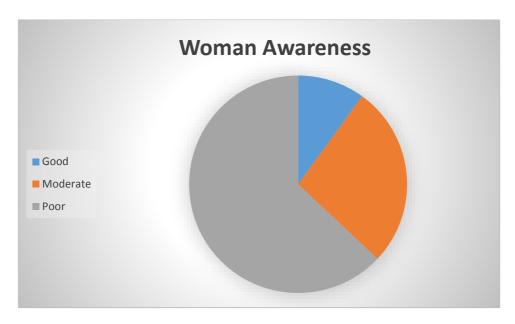**(Poor= 8-13, Moderate= 14-19, Good= 20-24)**

Figure (3-1): Overall Assessment of Woman Awareness about Preconception Health Counseling and Fertility

This table express the overall assessment the of study sample about preconception health counseling and fertility, the results in this table revealed the women with poor awareness regarding the preconception counselling and fertility.

Table (3-5) Relationship between Awareness of Woman with demographical characteristics.

Demographical data	Chi-square	D.F	P-Value	Assessment
Age \ Year	8.332	4	.080	N.S
Educational Level	7.831	4	.038	S
Age at Marriage	8.332	4	.080	N.S
Current Work	8.332	4	.080	N.S
Monthly Income	3.464	2	.177	N.S
Residency	1.585	1	.208	N.S
Source of Information	7.734	4	.029	**S**

The results which is presented in this table about the relationship between the demographic data and women awareness about preconception health counseling and fertility, the findings indicated there are no significant relationship between all demographic data and awareness except the level of education and source of information items were significant relationship at p value less than 0.05.

Table (3-6) Relationship between Awareness of Woman with Obstetric and Medical History.

Demographical data	Chi-square	D.F	P-Value	Assessment
Gestational Age	1.973	2	.373	N.S
Gravidity	.018	1	.892	N.S
Number of Abortion	4.819	2	.090	N.S
Antenatal Visits	9.567	1	.002	S
Type of previous Delivery	2.406	1	.121	N.S
Past Medical history	5.790	3	.122	N.S

The results which is presented in this table about the relationship between the obstetric and women awareness about preconception health counseling and fertility, the findings indicated there are no significant relationship at all obstetric data except antenatal visits were significant association at p value less than 0.05.

Chapter Four
Discussion

Chapter Four
Discussion of the Results

This chapter is one of the important parts of the body of the scientific research. In this chapter, the results of the study are discussed and compared to the results of previous studies which is related to the current study, in a way that is agrees and contradicts the results of the present study.

4-1 Discussion of Demographic Characteristics

The table (3-1) express the results of demographic information of study sample, regarding the age the results of present study reached to the highest percentage were among age group ranged between twenty-two to twenty-six year and statistical percent (35.0%), statistically this results harmonize with the findings of study conducted by (Skogsdal et al., 2019) for Swedish women, to evaluate the effect of RLPC among women attending contraceptive counseling.Outcomes were knowledge about fertility and awareness of preconception health and the use of contraception. In related the level of educational, the results of the study showed the women educational level indicated the secondary school are highest percentage at (34.0%), this corresponding with the results of study doing by (Tuomainen et al ., 2013) to explore perceptions about preconception health and care among women from these communities to identify opportunities and challenges for intervention development in primary care .

Related the age at the marriage for the study sample, the results express the highest percent among age group ranged between (22-26) at (47.0%) percent, the more woman work as housewife at (57.0%) and with enough to some text as monthly income .This result corresponding with the results of the study doing by

(Jafari &Rashidi, 2017) for Iranian women to determine knowledge and attitude of women in reproductive age about preconception health in the context of free and universal access to preconception health care.

The residency, the results showed that the highest percent number of the study sample were living in urban area, this results is considered statistically congruent with the results of study doing by (Al-Kareem et al ., 2022) in Babylon governorate, where the highest percentage of nurses who are participated in this study living in urban area and their source of information were doctor or nurse at (41.0%) this results disagree with the study conducted by (Abd Al-Kareem & Kadhum,2020) to identify the attitude of prime-pregnant women regarding normal vaginal delivery in southern of Babylon governorate in Iraq.

4-2 Distribution of Obstetric and Medical History of Study Sample

The findings in this table (3-2) express the characteristics of study sample regarding obstetric and medical history, about the gestational age the higher percentage were among woman in third trimester at (48.0%), related the gravidity the more number of study sample with multi- gravida as percentage (52.0%), the more number of study sample haven't abortion in previous period at (68.0%), these results agree with the study conducted by (Mitchell & Verbiest, 2013) for Iranian women effective strategies for promoting preconception health . As well as, the large number of woman not attended to antenatal visit at regular manner (62.0%), regarding the mode of previous delivery the results indicate about (68.0%) of study sample with cesarean delivery and (45.0%) of them suffered from anemia as past medical history.

Finally, related the decision of doing the pregnancy (67.0%) were with planned pregnancy, these results agree with the study conducted by (Ghasemi et al ., 2018) to determine the effect of counselling on preconception lifestyle and awareness about it in healthy women planning to get pregnant.

4-3 Discussion the Overall Assessment of Women Awareness regarding Preconception Health Counseling and Fertility

Table (3-4) dealt the overall assessment for the women awareness regarding preconception health counseling and fertility primary health care centers at Al-Hilla City which is selected to conducted this study, the result in this table revealed the women with poor awareness regarding the preconception counselling and fertility, this finding consistent with results of study doing by (Goossens et al ., 2018) to provide an overview of barriers and facilitators at multiple levels that influence the provision of preconception care by healthcare providers, where the results shown depending on the mean of score there are decrease in the level of awareness among women who participated in the study and this results agree with the study conducted by (Hammarberg et al ., 2020) to gauge the planned preconception health behaviors and attitudes towards being asked about pregnancy intention by a general practitioner (GP) among people of reproductive age in Australia

4-4 Discussion the Relationship between Awareness of Woman with demographical characteristics.

The table (3-5) showed the relationship between the demographic data and awareness of woman . The results which is presented in this table about the relationship between the demographic data and women awareness about preconception health counseling and fertility, the findings indicated there are no significant relationship between all demographic data and awareness except the level of education and source of information items were significant relationship at p value less than 0.05, this results corresponding with results of study doing in by (Nepali & Sapkota , 2017) was conducted to assess the level of knowledge and practice regarding preconception care among antenatal mothers in Bharatpur hospital, Chitwan, Nepal which showed no significant relationship between all demographic data and awareness.

Chapter Five
Conclusions & Recommendations

Chapter Five
Conclusions &Recommendations

5-1 Conclusions

The study concludes the following:

1- The more number of study sample with age ranged between twenty-two to twenty-six with secondary level of achievement and living in urban area.

2- More women who are participated in study housewife and their source of information about preconception health and fertility obtained from physician or nurses.

3- The highest percentage of study sample in third trimester as gestational age, haven't number of abortion and don't attended to antenatal visit in regular manner.

4- The overall assessment the of study sample about preconception health, revealed that the women with poor awareness regarding the preconception counselling and fertility.

5- There are no significant relationship between all demographic data and awareness except the level of education and source of information items were significant relationship at p value less than 0.05..

5- 2 Recommendation

1- Health institutions must encourage the female and their families about commitment in antenatal visits during the period of pregnancy.

2- Encouraging pregnant women to rely on primary health care providers (doctor or nurse) to take information related to pregnancy and health status and to leave information passed between friends or family.

3- Directing pregnant women and their families on the importance of natural childbirth and avoiding a caesarean section except for cases of extreme necessity in order to reduce post-operative complications that the mother may be exposed to.

4- The necessity of health institutions to provide a suitable environment inside the maternity outpatient in hospital or primary health care centers for pregnant women.

5- Health care providers (doctors or nurses) must provide adequate and appropriate advices for the different health conditions of women during pregnancy and the need to follow health rules in family planning.

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Appendices

Appendix A
Questionnaire

بسم الله الرحمن الرحيم

حضرة .... المحترم

نظرا للمكانة العلمية المرموقة لديكم يرجى التفضل بالمساهمة في تقييم الاستبيان المستخدم في البحث الموسوم ((**الإرشاد الصحي والخصوبة قبل الحمل: استكشاف وعي المرأة في مدينة الحلة**))

((**Preconception Health counseling and fertility: An exploration the awareness of women in Al-Hilla City**))

ولكم فائق الشكر والاحترام...........

الاسم: -
الشهادة: -
سنوات الخبرة: -
مكان العمل: -
التاريخ: -
التوقيع: -

الإرشاد الصحي والخصوبة قبل الحمل: استكشاف وعي المرأة في مدينة الحلة

الجزء الاول: المعلومات الديموغرافية

١ـ العمر ☐ سنوات

٢ـ المستوى التعليمي

لا تقرأ وتكتب ☐   تقرأ وتكتب ☐

مدرسة ابتدائية ☐   مدرسة ثانوية ☐

دبلوم وما فوق ☐

٣ـ العمر عند الزواج ☐ سنة

٤ـالمهنة

موظفة ☐   طالبة ☐

ربه منزل ☐

٥ـ الدخل الشهري

كاف ☐   كاف إلى حد ما ☐

غير كافي ☐

٦ـ الاقامة

الحضر ☐   الريف ☐

٧ـ مصدر المعلومات عن صحة ما قبل الحمل

دكتور ☐   التواصل الاجتماعي ☐

صديق ☐   العائلة ☐

الجزء الثاني: التاريخ الطبي والتوليد للمرأة الحامل

١- عمر الحمل [ ]

مرحلة الحمل: الطور الأول [ ]   الطور الثاني [ ]   الطور الثالث [ ]

٢- عدد مرات الحمل

اول حمل [ ]   حمل متعدد [ ]

٣- عدد حالات الإجهاض

مرة واحدة [ ]

أكثر من مرة [ ]   لم يكن لديهن إجهاض سابق [ ]

٤- زيارات ما قبل الولادة:

منتظمة [ ]   غير منتظمة [ ]

٥- نوع الولادة السابق:

ولادة طبيعية [ ]   عملية قيصرية [ ]   ما زلت حاملاً [ ]

٦- التاريخ الطبي السابق:

ارتفاع ضغط الدم السكري [ ]

أمراض القلب فقر الدم [ ]

مرض التهاب المفاصل [ ]

عدوى المسالك البولية أخرى [ ]

٨-نوع الحمل

مخطط [ ]   غير مخطط [ ]

الجزء الثالث: وعي المرأة حول الارشاد الصحي قبل الحمل

.

السؤال	اعرف	غير متأكد	لا اعرف
١ـ تناول نظام غذائي متوازن يقي من سوء التغذية والسمنة وعواقبها			
٢ـ ممارسة الرياضة بانتظام تهيئ الجسم للتغييرات المتعلقة بالحمل ، والوقاية من السمنة وعواقبها ، وتقلل التوتر			
٣ـ الإقلاع عن التدخين يحد من مخاطر الإجهاض والولادة المبكرة وانخفاض الوزن عند الولادة ومتلازمة موت الرضيع المفاجئ			
٤ـ التقليل من التعرض للعوامل البيئية الخارجية يقلل من مخاطر انخفاض الوزن عند الولادة ، وتقييد النمو داخل الرحم ، والولادة المبكرة ، والعيوب الخلقية			
٥ـ تقليل التوتر يقلل من مخاطر الولادة المبكرة وضعف نمو وتطور الجنين			
٦ـ متابعة ومعالجة الامراض المزمنة تمنع المضاعفات والمشاكل اثناء الحمل			
٧ـ تناول الفيتامينات المتعددة وحمض الفوليك يقلل من مخاطر تشوهات الأنبوب العصبي			
٨ـ متابعة جدول اللقاحات يحد من إصابة الأم في فترة الحمل بالعدوى			
٩ـ من الضروري متابعة جدول الزيارات الدورية للمراكز الصحية خلال فترة الحمل للاطمئنان على حالة الام والجنين			
١٠ـ تساعد الاستشارة حول الولادة الفسيولوجية أثناء الحمل في منع أي مضاعفات أخرى.			
١١ـ تعتبر الولادة الطبيعية من أفضل واحسن الطرق للولادة.			
١٢ـ تساعد صحة ما قبل الحمل في تقليل احتمالية الإصابة باكتئاب ما بعد الولادة.			
١٣ـ تكون النساء بصحة اكثر أثناء الحمل بعد عمر ٣٥ سنة كونها تكون اكثر نضوجا من الناحية الصحية			
١٤ـ يصعب الحمل بعد سن ٣٥ ويزداد خطر حدوث مشاكل وراثية لدى الطفل بعد هذا العمر			
١٥ـ تعاني النساء من مشاكل أقل مثل مرض السكري وارتفاع ضغط الدم بعد علاج العقم			
١٦ـ بعد علاج العقم ، ترتفع معدلات الإجهاض وتكون العملية القيصرية أكثر شيوعًا بعد علاج العقم			
١٧ـ المشاركة في صفوف اثناء الحمل مفيدة لمعرفة كل الجوانب التي تخص الحمل والولادة والرضاعة الطبيعية			

			١٨ـ تنظيم الاسرة من اهم الاشياء الواجب معرفتها اثناء فترة الحمل لتكون اكثر استعدادا بعد الولادة لاستخدامها
			١٩ـ استشارة الطبيب الاختصاص حول كيفية استخدام افضل طريقة امنع الحمل بما يتناسب مع حالة الام الصحية
			٢٠ـ من اهم الامور حول الصـــحـة ما قبل الحمل مراجعة الطبيب الاختصاص بعد مرور سنة واحدة على الزواج

Preconception Health counseling and fertility: An exploration the awareness of women in Al-Hilla City

Part I: Socio demographic data

1- Age [   ] years

2- Level of Education

Not read and write [   ]   Read & write [   ]

Primary school [   ]   Secondary school [   ]

Diploma & above [   ]

3- Age at Marriage [   ] years

4- Occupation

Employ [   ]   Student [   ]

House wife [   ]

5- Monthly income

Satisfy [   ]   Satisfy to some extent [   ]

Non Satisfy [   ]

6- Residence

Urban [   ]   Rural [   ]

7- Source of information on preconception health

Doctor ☐   Media ☐

Family ☐   friend ☐

Part II: Obstetric and Medical History of Pregnant Women

1- Gestational Age

First trimester ☐   Second trimester ☐   Third trimester ☐

2- Gravidity

Primi gravida ☐   Multi gravida ☐

3- Number of Abortion

Once ☐   More than one ☐   Haven't p☐abortion

4- Antenatal Visits

Regular ☐   Irregular ☐

5-Type of previous Delivery

Normal Vaginal delivery ☐   Cesarean Section ☐   Still pregnan☐

6- Past Medical history

Hypertension ☐   Diabetes ☐

Heart disease ☐   Anemia ☐

Arthritis ☐   GIT disease ☐

Urinary tract infection ☐   Not present ☐

7- Type of pregnancy

Planned ☐   unplanned ☐

Part IV: Women awareness of preconception health

Item	I know	Un certain	I don't know
1-Eating a balanced diet that prevents malnutrition, obesity and its consequences			
2- Regular exercise prepares the body for pregnancy-related changes, prevents obesity and its consequences, and reduces stress			
3- Smoking cessation reduces the risk of miscarriage, premature delivery, low birth weight, and sudden infant death syndrome			
4- Minimizing exposure to external environmental factors reduces the risks of low birth weight, intrauterine growth restriction, premature birth, and birth defects.			
5- Reducing stress reduces the risks of premature birth and poor growth and development of the fetus			
6- Follow-up and treatment of chronic diseases prevent complications and problems during pregnancy			
7- Taking a multivitamin and folic acid reduces the risk of neural tube defects			
8- Following the vaccination schedule limits the infection of the mother during pregnancy			
9-It is necessary to follow the schedule of periodic visits to health centers during pregnancy to check on the condition of the mother and fetus			
10- Counseling about physiological labor during pregnancy helps prevent any further complications			
11- Natural childbirth is one of the best ways to .give birth			
12- preconception health help in reducing the likelihood of postpartum depression.			
13- Women are more healthy during pregnancy after the age of 35 years, as they are more mature in terms of health			

14- It is difficult to get pregnant after the age of 35, and the risk of genetic problems in the child increases after this age			
15- Women suffer from fewer problems such as diabetes and high blood pressure after infertility treatment			
16- After infertility treatment, miscarriage rates are higher and Cesarean section is more common after infertility treatment			
17- Participating in classes during pregnancy is useful to learn all aspects of pregnancy, childbirth and breastfeeding			
18- Family planning is one of the most important things to know during pregnancy in order to be more prepared to use it after giving birth			
19- Consult the specialist doctor on how to use the best method of contraception, in proportion to the mother's health condition			
20- One of the most important things about pre-pregnancy health is to see a specialist doctor after one year of marriage			

Appendix B

Panel of Experts

مكان العمل	الاختصاص	الشهادة	اسم الخبير	ت
جامعة بابل / كلية التمريض	تمريض الام و الوليد	أستاذ مساعد	أ.م.د. وفاء احمد	١
جامعة بابل / كلية التمريض	تمريض الاطفال	مدرس	م.د محمد طالب عبد	٢
جامعة بابل / كلية التمريض	تمريض الصحة النفسية والعقلية	مدرس	م.د امير صلاح الدين	٣
جامعة بابل / كلية التمريض	تمريض الام و الوليد	مدرس مساعد	م.م زينب عبد الامير	٤
جامعة بابل / كلية التمريض	تمريض الصحة النفسية والعقلية	مدرس مساعد	م.م زمن أحمد حريفش	٥
جامعة بابل / كلية التمريض	تمريض الاطفال	مدرس مساعد	م.م. علي فاضل عبيد	٦
جامعة بابل / كلية التمريض	تمريض صحة المجتمع	مدرس مساعد	م.م حسين علي عبد العباس	٧
جامعة بابل / كلية التمريض	تمريض صحة المجتمع	مدرس مساعد	م.م محمد عباس حسين	٨
جامعة بابل / كلية التمريض	تمريض الاطفال	مدرس مساعد	مها احمد كاظم	٩

Ministry Of Health
Babylon Health Directorate
First Hilla Sector

وزارة الصحة
دائرة صحة بابل
قطاع المركز الاول
وحدة التدريب والتنمية البشرية
العدد /٣٠/ ٤٢ ٤٣١
التاريخ ٦ ٨٧ ٢٠٢٢

إلى /مراكز الرعاية الصحية الاولية كافة

م/ تسهيل مهمه

استنادا" الى كتاب دائرة صحة محافظة بابل / المدير العام /مركز التدريب والتنميه
البشرية / وحدة ادارة البحوث ذي العدد ١٨١٦٧ في ٢٠٢٢/١٢/٢٢والمعطوف على
كتاب جامعة بابل / كلية التمريض/شعبة الشؤون العلمية ذي العدد٤٧٣٩ في
٢٠٢٢/١٢/٢١

يرجى تسهيل مهمة الطلبة المدرجة اسمائهم ادناه من الجامعه انفا" لاجراء بحث
التخرج الموسوم والخاص بالتخرج بعنوان (الارشاد الصحي والخصوبة قبل الحمل:
استكشاف وعي المرأة في مدينة الحلة)للتفضل بالاطلاع وتسهيل مهمة الموما اليهم
وحسب الضوابط والامكانيات على ان لاتتحمل مؤسستكم اية تبعات مادية اوقانونية
...............مع الاحترام ....

الاسماء:
١- حوراء رضوان نور
٢- حوراء رحيم حشف

٣-حنان عباس

الطبيب الاختصاص
B.D.S
علي زغير حميد
٢٥/١٢

مدير قطاع مركز الحلة الاول

نسخة منه الى
وحدة التدريب والتنمية البشرية/مع الاوليات.

الموما اليهم

الخلاصة

الصحة الإنجابية او صحة ما قبل الحمل هي صحة المرأة قبل الحمل. يعني معرفة كيف يمكن أن تؤثر الظروف الصحية وعوامل الخطر على المرأة أو جنينها إذا حملت. على سبيل المثال ، يمكن لبعض الأطعمة والعادات والأدوية أن تضر بالطفل حتى قبل الحمل. يمكن لبعض المشاكل الصحية ، مثل مرض السكري ، أن تؤثر أيضًا على الحمل..

بدأ البحث الكمي والتصميم الوصفي المقطعي في الفترة من (٢٢ أكتوبر ٢٠٢٢ إلى ٢٠ أبريل ٢٠٢٣ والتي أجريت في مراكز الصحة الأولية في مدينة الحلة) تتكون العينة غير الاحتمالية (المتوفرة او المناسبة) من (١٠٠) امرأة حامل .وذلك لتقييم وعي النساء حول الصحة الإنجابية او الارشاد الصحي والخصوبة قبل الحمل. أظهرت نتائج هذه الدراسة أن عدد عينات الدراسة تراوح بين أعمار (اثنان وعشرون وستة وعشرون) ، وتحصيلهم التعليمي ثانوي ، وهم يعيشون في منطقة حضرية. تشير النتائج إلى أن سن المرأة عند الزواج يعبر عن أعلى نسبة بين الفئات العمرية التي تراوحت بين (٢٢-٢٦) ، وكلما زاد عدد النساء اللاتي يعملن ربة منزل عند (٥٧,٠٪) وبنفس الدخل الشهري الكافي

استنتجت الدراسة بان لا توجد علاقة ذات دلالة إحصائية بين جميع البيانات الديموغرافية والوعي باستثناء مستوى التعليم ومصدر عناصر المعلومات ، وكانت هناك علاقة ذات دلالة إحصائية عند قيمة p أقل من ٠,٠٥.

وأوصت الدراسة بضرورة قيام المؤسسات الصحية بتشجيع المرأة وأسرتها على الالتزام بزيارات ما قبل الولادة أثناء الحمل.

جامعة بابل

كلية التمريض

الإرشاد الصحي والخصوبة قبل الحمل: استكشاف وعي المرأة في مدينة الحلة

مشروع بحث مقدّمة الى

مجلــس كلية التمريــض في جامعة بابل

جزء من متطلبات نيل درجة البكالوريوس علوم في التمريض

تقـدّم بها الطلبة

حوراء رضوان نور   حوراء رحيم خشف

حنان عباس جاسم

بإشراف

د / مريم عبد الكريم

ابريل ٢٠٢٣   شوال ١٤٤٤