



Ministry of Higher Education  
And Scientific Research  
University of Babylon  
College of Nursing



# Assessment of the mental health of miscarriages

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



وَقُلْ أَطِيعُوا

فِي سَبِيلِ اللَّهِ وَمَا كَفَرَ، وَرَسُولِهِ، وَالْمُؤْمِنِينَ

صَدَقَ اللَّهُ الْعَظِيمُ

## الاهداء

إلى .....

- من علمني الإرادة والثبات - رمز السند والعطاء

جامعة بابل

(والدي الحبيب)

من تحت قدميها نال الجنان - مصدر الحنان ومنبع الأمان

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(إخوتي واخواتي)

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## ABSTRACT

**Background:** A woman's miscarriage is viewed as a challenging and upsetting life experience. It is thought to impact 25% of women who have been pregnant by the time they are 39 years old. It can lead to anxiety and despair as well as the feeling of experiencing a terrible life event.

**Objective :**To assess level of Psychological Impact of mental health of miscarriages.

**Methodology:** A descriptive-study design was used to assess of the mental health of miscarriages. This study conducted at Babylon Women's Hospital, AL-Hashmia Hospital General, At Al-Imam Sadeq Hospital. Convenience (non-probability) sample of (138) patients were selected from two public hospitals. Four scales are used to The Effects of Aborted women on the mental health.

**Result:** Shows level of psychological State 22.5% one quarter were normal Depression level 45.7%, less than half were mild Depression level 20.3%, one quarter were moderate Depression level and 11.6% less than one quarter were severe Depression level. Related to the level of Anxiety,15.9% less than one quarter were normal anxiety level, 40.6% two fifth were mild anxiety level, 25.4% one quarter were moderate anxiety level, 18.1% less than one quarter were sever anxiety level. Also, related to level of Stress,10.1% less than one quarter were normal Stress level,43.8% less than half were mild Stress level,31.2% one third were moderate Stress level, 23.9% one quarter were sever Stress level.

**Conclusions:** The most common kind of abortion was a medical abortion. Most women choose to get abortions at medical facilities. More over half of women reported a history of anxiety. In terms of post-miscarriage issues, the majority of the samples' results showed no difficulties. Most samples (depression, anxiety, and stress) had moderate psychological states.

**Recommendations:** More research recommended, medical personnel and support from relatives may contribute to the optimization of obstetric care and minimization of negative effects on the mental health of patients after pregnancy loss anxiolytics

before to surgery to reduce their anxiety. Creating educational programs.



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# CHAPTER ONE

## INTRODUCTION

## Chapter one: Introduction

### 1.1. Introduction

A woman's miscarriage is viewed as a challenging and upsetting life experience. It can lead to despair and anxiety as well as be perceived as a terrible life event. There has been substantial discussion about the conflicting findings of studies on the psychological effects of abortion, perhaps as a result of the topic's political, ethical, and social sensitivity. According to a recent analysis of research publications published after 1990, anxiety symptoms are the most typical adverse reactions, and our knowledge of abortion as a possible trauma has grown. Studies in recent years have looked at the traumatic effects of abortion. Two years after the event, one research found that 1% of participants had post-traumatic stress disorder (PTSD), and another found that 10% of women had experienced trauma (according to Six months after the induced abortion, the Impact of Events Scale (IES) score increased significantly. We discovered that 18.1% of women were classified as "cases" (> 19 points on one or both of the IES subscales) two years following an induced abortion in a prior study in which the patients were the same as those analyzed in this study (Fernlund, A., et al, 2021).

Very few research has examined the progression of psychological reactions following an abortion with that following a miscarriage. Miscarriage and induced abortion are both life experiences when women have an abortion after a brief period of pregnancy. The two life events do, however, differ significantly in key ways. Women who were hoping to become pregnant in a few months have miscarriage unwillingly and abruptly, whereas abortion is a planned and anticipated occurrence. Women who are

secure and satisfied yet have more children than they wish or who have completed their schooling are among those who are pregnant unintentionally. Women who had abortions due to money problems, shaky relationships, or persistent mental illness fall under this group as well. The choice to have an induced abortion is one that the woman has thought about for days or weeks, and she is psychologically prepared when she goes to the hospital. However, the pregnancy's discovery might come as a shock, and the time leading up to the abortion can be trying. Making the decision to have an abortion can be challenging, and the motivation for doing so might have an impact on how you feel afterwards. Because of this, an induced abortion may have a more complex social, moral, and psychological context than a miscarriage, which might lead to a variety of psychological reactions (Rellstab et al., ۲۰۲۲).

## 1.2. Important of study

The effects of miscarriage therapy on women's emotional reactions (grief, anxiety, and depression) and satisfaction with treatment are less well understood. Due to variations in treatment efficacy, for instance, various therapies may have varying effects on the emotional toll of an early miscarriage (Fernlund, A., et al., 2021).

The moderate four—poor school and work performance, substance abuse, poor family and marital relationships, and a lack of prosocial recreational activities—have an indirect impact on reoffending, while the big four—history of antisocial personality patterns, antisocial behaviour, antisocial cognitions, and antisocial peers—are strongly predictive of criminal behaviour and reoffending (Pourreza, A., & Batebi, A. 2011).

According to these studies, women seem to be at very high risk of psychological morbidity after miscarriage, with up to 41% of them self-reporting clinically significant levels of anxiety and 36% of them self-reporting depression (Neugebauer et al., 2003) within one month (Farren et al 2018).

Pregnancy loss is a frequent issue; according to estimates, 25% of women who become pregnant by the time they are 39 years old will experience a miscarriage, and 1% of pregnancies will result in an ectopic pregnancy (Rellstab et al., 2022) There is potential for long-term emotional effect.

39% of women in the author's own study's self-reported sample at three months met the criteria for post-traumatic stress disorder (PTSD) (Farren et al., 2018).

### 1.3. Statement of the problem

Assessment of the mental health of miscarriages.

### 1.4. Objective

1. To assess the demographic data for aborted women.
2. To assess level of Psychological Impact of mental health of miscarriages.

### 1.5. Definitions of terms

#### ➤ Miscarriages

#### 1.Theoretical definition

Is the removal or expulsion of an embryo or fetus from the uterus, resulting in, or caused by its death. This can occur spontaneously as a miscarriage, or be artificially induced through chemical, surgical or other means (Pourreza, A., & Batebi, A. 2011).

#### 2.Operational definition

Is the loss of your baby before 20 weeks of pregnancy.

# CHAPTER TWO

# METHODOLOGY

## Chapter two: Methodology

- **Methodology**

### 2.1. Design of the study

A descriptive-study design was used to assess of the mental health of miscarriages. The research conducted between the period from 1<sup>st</sup> November 2022 to 22<sup>th</sup> December 2022.

### 2.2. Administrative and ethical permission:

To achieve the study objectives the following administrative steps performed:

- The Council of the college of nursing – University of Babylon award its primary acceptance.
- After getting the validity of the study questionnaire, the objective and questionnaire submitted to gain the approval of the scientific committee- college of Nursing.

- ✓ **2.3 Setting of the study**

- This study conducted at Babylon Women's Hospital, AL-Hashmia Hospital General, At Al-Imam Sadeq Hospital.

Hospital name	Patient No.	Percentage
Al-Imam Sadeq Hospital	78	56 %
Babylon Women's and Children's Hospital	30	22 %
AL-Hashmia Hospital General	30	22 %
<b>Total</b>	<b>138</b>	<b>100 %</b>



### ✓ 2.4 Sample of the study

Convenience (non-probability) sample of (138) patients were selected from two public hospitals according to the following:

➤ Inclusion Criteria:

1. Who agree to participate.
2. They have the ability to answer the questionnaire.
3. Patients who are willing to take part in the study.

### ✓ 2.5 The study instruments

A large body of relevant literature were extensively reviewed to find the appropriate tool for the recent study

• Part 1. Socio-demographic data:

This part contains information regarding:

Educational level, Occupation, financial status, Residence, Number of pregnancies, the number of abortions, last time abortion, the number of live children, Type of medical procedure for abortion, Complications after miscarriage, type of anesthesia, drop location, gestational age, The reason for the abortion, marital kinship, blood type, The husband's blood type, number of births, type of deliveries, last birth, diseases, Genetic Disease, are you addicted to some bad habits.

• Part 2. Psychological Aspects among Aborted Women's:

This part contains information regarding:

crime risk factors

1. I find it difficult to relax and rest
2. My mouth feels dry
3. It didn't seem like I could feel positive emotions at all
4. I feel difficult to breathe (extremely rapid breathing, panting without physical exertion for example)

5. I find it hard to take the initiative to do things
6. I tend to overreact to circumstances and events
7. Feel a shiver (for example, with the hands)
8. I feel like I'm consuming too much of my stress tolerance
9. I am afraid of situations in which I may lose control of my temper and cause myself embarrassment
10. I feel like I have nothing to look forward to
11. I feel confused and upset
12. I find it hard to calm down after being upset about something
13. I feel sad and sad
14. I can't stand anything between me and what I want to do
15. I feel like I'm about to fall into a fright for no reason
16. Lose enthusiasm for anything
17. I feel like I have little value as a person
18. I feel like I tend to get angry quickly
19. Feel my heart beating without physical exertion (increased heart rate, or no heartbeat, for example)
20. I feel afraid without any compelling reason
21. I feel that life has no meaning

Part II: Depression, Anxiety and Stress Scale include (21) items:

➤ **2.6 Rating and Scoring:**

Four scales are used to The Effects of Aborted women on the mental health for rating the items as (3) for Sever items and (2) for sometimes items (1) for Rare items and (0) for never items.

➤ **2.7 Data collection tool**

The data was collected after obtaining the tacit consent of women who went for an abortion, through the use of research tools, the collect of samples start from 1<sup>st</sup> November 2022 to 22<sup>th</sup> December 2022, part of the data collected as a face-to-face interview with the women who have an abortion in at three public teaching hospitals after explaining the objectives and importance of the study. The duration of answering the questionnaire is approximately (10\_15) minutes. The purpose of the study was explained to all participants and were asked for voluntary participation. Total data collected at the end (138).

➤ **2.8 Statistical Data Analysis Approach**

Data was analyzed electronically through the application of descriptive statistical approaches Statistical Package for the Social Sciences (spss) version.

# CHAPTER THREE

## RESULTS of The Study

**Chapter three :Results of the study**

Results:

(Table 1): Socio- demographic characterizes of the sample.

Table 2: Socio- demographic characterizes of the sample.

No.	Variable		
1	Age (year)	F.	%
1	18-30 Years	99	71.7
2	31-46 Years	39	28.3
	Total	138	100.0
2	Level of Education	F.	%
1	Do not read or write	37	26.8
2	Elementary graduate	27	19.6
3	High school graduate	36	26.1
4	Institute graduate or above	38	27.5
	Total	138	100.0
3	Occupation	F.	%
1	Housewife	87	63.0
2	An employee	32	23.2
3	Student	11	8.0
4	Other	8	5.8
	Total	138	100.0
4.	financial status	F.	%
1	enough	33	23.9
2	Somewhat enough	92	66.7
3	not enough	13	9.4
	Total	138	100.0

5	Residential	F.	%
1	Urban	84	60.9
3	Rural	54	39.1
	Total	138	100.0
6	Number of pregnancies	F.	%
1	One Pregnant	39	28.3
2	Multi pregnant	99	71.7
	Total	138	100.0
7	The number of abortions	F.	%
1	one time	79	57.2
2	more than one	59	42.8
	Total	138	100.0
8	The time of the last abortion	F.	%
1	1-3 Months	75	54.3
2	4-6 Months	63	45.7
	Total	138	100.0
9	The number of live children	F.	%
1	1-3 Children	74	53.6
2	4-6 Children	28	20.3
۳	Not found	36	26.1
	Total	138	100.0
10	The type of Abortion	F.	%
1	Surgical Abortion	37	26.8
2	Medical Abortion	101	73.2
	Total	138	100.0

١١	Complications after miscarriage	F.	%
١	Found	59	42.8
٢	Not Found	79	57.2
	Total	138	100.0
١٢	Type of anesthesia	F.	%
١	General	105	76.1
٢	Topical	33	23.9
	Total	138	100.0
١٣	Place of abortion	F.	%
١	Hospital	119	86.2
٢	Clinic	4	2.9
٣	House	15	10.9
	Total	138	100.0
١٤	Age of abortion	F.	%
١	8-16 Weeks	94	68.1
٢	17-24 Weeks	44	31.9
	Total	138	100.0
١٥	The reason for the miscarriage	F.	%
١	Domestic violence	29	21.0
٢	accident	17	12.3
٣	Genetic diseases	17	12.3
٤	Taking medicines without a doctor's prescription	10	7.2
٥	other	65	47.1
	Total	138	100.0

١٦	marital kinship	F.	%
١	There is marital relationship	60	43.5
٢	There is no marital relationship	78	56.5
	Total	138	100.0
١٧	blood type Of Mother	F.	%
١	All Group A + B + O + AB (Positive)	108	78.3
٢	All Group A + B + O + AB (Negative)	30	21.7
	Total	138	100.0
١٨	blood type Of Mother	F.	%
١	All Group A + B + O + AB (Positive)	112	81.2
٢	All Group A + B + O + AB (Negative)	26	18.8
	Total	138	100.0
١٩	Number of births	F.	%
١	1-4 Birth	89	64.5
٢	5-8 Birth	15	10.9
٣	Not Found	34	24.6
	Total	138	100.0
٢٠	Birth type	F.	%
١	Cesarean Section	36	26.1
٢	Normal Delivery	67	48.6
٣	Not Found	35	25.4
	Total	138	100.0
٢١	last born	F.	%
١	1 Years	94	68.1
٢	2-3 Years	21	15.2
٣	Not Found	23	16.7
	Total	138	100.0



٢٢	Diseases	F.	%
١	Found	19	13.8
٢	Not Found	119	86.2
	Total	138	100.0
٢٣	Do you have a previous medical history of mental disorders?	F.	%
١	Anxiety	75	54.3
٢	Depression	44	31.9
٣	stress	19	13.8
	Total	138	100.0

Table (1): The table shows that most of the study sample (71.7%) three quarter were between (18-30) years old . related to educational status the result show two fifth were institute or above college , also show (63%) less than two third of study sample were house wife ,related to financial status show high percentage (66.75) nearly two third some what enough , thable recorded(60.9%) less than two third were urban residency, the most of study sample (71.75) nearly three quarter were multi pregnancies, related to number of abortion the result show (57.2%) less than two third at one time ,also the time of last abortion recorded half related to 1-3 months, also this table show (53.6%) half study sample related to 1-3children, related to type of abortion (73.25) nearly three quarter of study sample were medical abortion ,also (57.2%) less than two thirds of sample not found complications after miscourage ,the high percentage (76.15) more than three quarter of sample were general ansthesia (86.2%) ,vast majority of study sample in hospital as place of abortion ,related to age of abortion the percentage(68.15) two thirds were

8-16 weeks, also the result recorded other reasons for miscarriage with percentage(47.15) less than half , related to marital kinship the percentage 56.5% with out marital relationship78.3%, more than three quarter of study sample with positave blood group,the percentage 64.5% less than two third related to number of birth with 1-4 birth, most of study sample 48.65 less than half were normal delivery, the result recorded 68.1% more than two third with 1 year as last birth, related to diseases the result recorded 86.2% majority were not found ,54.3% half of study sample have anxiety as aprevious medical history of mental diseases.

**Table 2: Psychological Impact of mental health of miscarriages**

No.	Depression			Anxiety		Stress	
	Levels	F.	%	F.	%	F.	%
1	Normal	31	22.5	22	15.9	14	10.1
2	Mild	63	45.7	56	40.6	48	34.8
۳	Moderate	28	20.3	35	25.4	43	31.2
ε	Sever	16	11.6	25	18.1	33	23.9
	Total	138	100.0	138	100.0	138	100.0

The table 2: shows level of psychological State 22.5% one quarter were normal Depression level 45.7%, less than half were mild Depression level 20.3%, one quarter were moderate Depression level and 11.6% less than one quarter were severe Depression level. Related to the level of Anxiety,15.9% less than one quarter were normal anxiety level, 40.6% two fifth were mild anxiety level, 25.4% one quarter were moderate anxiety level, 18.1% less than one quarter were sever anxiety level. Also,

related to level of Stress,10.1% less than one quarter were normal Stress level,43.8% less than half were mild Stress level,31.2% one third were moderate Stress level, 23.9% one quarter were sever Stress level.

# CHAPTER FOUR

## DISCUSSION of The Results

**Chapter four: Discussion of the Study Results****Discussion of the Study Results**

➤ Table 1): Socio- demographic characterizes of the sample.

**1. Age**

The table shows that most of the study samples (71.7%) were young within (18-30) years age group. This result not in the same line with another study conducted by Broen, et al 2004 who reported that mean age of samples were 30.1 years old (Broen et al.2004).

**2. Level of Education**

Regarding level of education, less than one thirds of respondents in the current study were academic degree 27.5% . This finding showed a similarity with a study conducted by Lok, et al. 2010 who reported that more than one third of study samples were having a secondary school a s level of education degree 34.1% (Lok et al.2010).

**3. Occupation**

Less than two thirds of study samples were housewife 63.0% this may be due to the lack of work opportunities in Iraq and the traditions that reject the idea of worker women in the society. These finding go along with another study reported that more than half of samples were housewife 51.5% (Neugebauer, R. 2003).

**4. Financial status**

The current study reported that less than two thirds of study samples were from urban area (60.9%) this finding in the same line with another study reported that more than half of respondents were from urban area 54.0% (Petts, R. J. 2018).

#### 5. Number of pregnancies

Women in the current study more than two thirds of them have multi pregnancy (71.7%). This finding go along with another study reported that most of respondents have more than one pregnancy 81.3% (Ali et al.2020).

#### 6. The number of abortions

More than half of women in the current study have abortion (57.2%). This results in the same line with another study that revealed more than two thirds of samples (68.8%) had abortions (Petts, R. J. 2018).

#### 7. The number of live children

This study revealed that more than half of women have 1-3 alive children with a percentage (53.6%). Another study reported that less than two thirds of mothers have at least two a live children 62.5% (Craig, M., Tata, P., & Regan, L. 2002).

#### 8. The type of Abortion

More than two thirds of women in the present study experienced medical abortion (73.2%). These results supported by another study which reported similar finding (69.2%) (Huffman et al.2015).

#### 9. Complications after miscarriage

This study reported that more than half of women reported no complications after miscarriage (57.2%). These results supported by another study which reported nearly results (61.47%) (Cumming et al.2007).

#### 10. Age of abortion

More than two thirds of women in this study experienced abortion between weeks 8-16 (68.1%). Another previous study

reported corresponding results (64.1%; 60.03%) respectively (Toffol et al.2013; Coomaraswamy et al.2021).

#### 11.Birth type

Less than half of respondents reported normal delivery 48.6%. Another study showed relative results (51.3%) in the same line with the presents study (Rellstab et al.2022).

#### 12.Do you have a previous medical history of mental disorders?

More than half of women (54.3%) reported that anxiety were the most frequent previous medical history. Another study reported similar finding (51.8%) (Ali et al.2020).

##### ➤ Table 2: Psychological Impact of mental health of miscarriages

Shows level of psychological State 22.5% one quarter were normal Depression level 45.7%, less than half were mild Depression level 20.3%, one quarter were moderate Depression level and 11.6% less than one quarter were severe Depression level. Related to the level of Anxiety,15.9% less than one quarter were normal anxiety level, 40.6% two fifth were mild anxiety level, 25.4% one quarter were moderate anxiety level, 18.1% less than one quarter were sever anxiety level. Also, related to level of Stress,10.1% less than one quarter were normal Stress level,43.8% less than half were mild Stress level,31.2% one third were moderate Stress level, 23.9% one quarter were sever Stress level.

Women with recurrent miscarriages experience higher rates of depression, anxiety, and stress compared to their spouses and women in the general population (Chen et al.2020). A stepwise multiple regression analysis of key predictors of depressive symptoms in women of childbearing age showed that 62.9% of the variance could be explained by stress, anxiety, and history of recurrent miscarriage. It is possible that the women had difficulty

in recognizing the feelings that they experienced, and the fear that they might never have a child may have led to arguments with their spouse, causing additional stress to already fragile marriages. One study investigating the psychological state of women in the first year after a miscarriage found that the rate of depression was 26.8% immediately after the miscarriage, 18.4% at 3 months, 16.4% at 6 months, and 9.3% at 12 months without any psychological intervention and (Chen et al.2020). Psychological support following spontaneous abortion is important; especially for women who wish to become pregnant within 1 year of the miscarriage (Farahat et al.2015). Education and counseling were found to be highly effective in reducing post abortion psychological complications [Lok et al.2010]. Cognitive-behavioral stress management was also shown to increase happiness in women with infertility, (Gould et al.2012) while a happiness program similar to the one used in the current study minimized stress in the mothers of children with cleft lip and palate (Hemati et al.2017). Thus, happiness programs can significantly reduce depression, anxiety, and stress symptoms in a variety of patient populations.



# **CHAPTER FIVE**

CONCLUSIONS AND

RECOMMENDATIONS

## **Chapter Five: Conclusions and Recommendation**

### **Conclusions**

According to the findings of the study, it can be concluded that:

1. The great number of studies concluded that most of women were young, most of them were housewife.
2. Most of the women have experienced with multi pregnancies.
3. More than half of samples had one abortion only. More than half of women have 1-3 alive children.
4. Medical abortion was the most frequent type of abortion. Majority of women placed their abortions at hospital.
5. More than half of women had anxiety as past medical history.
6. As regard to the Complications after miscarriage, the most result of the samples were not found complications.
7. The majority of samples were mild level of psychological State (Depression, anxiety and stress).

**Recommendation**

1. More research recommended on this issue, with higher number of samples in larger area with more items of questionnaire.
2. The present study indicates that health and social policy should be implemented in all countries with greater awareness by introducing training for medical personnel in the field of professional support in difficult situations related to motherhood, management algorithms and control of their implementation, as well as by providing appropriate psychological help, which is not received by patients to a sufficient degree.
3. Proper conduct of medical personnel and support from relatives may contribute to the optimization of obstetric care and minimization of negative effects on the mental health of patients after pregnancy loss and positively affect their psychophysical condition, health, and quality of life.
4. Pregnant women are given pharmaceutical anxiolytics before to surgery to reduce their anxiety.
5. Every pregnant woman undergoing a preoperative cesarean section should have her anxiety level evaluated because a high level could endanger her life during anesthesia. The anesthetist should also plan an additional counseling session with her.
6. Creating educational programs for expectant mothers who are scheduled for Caesarean sections to improve their understanding of the issues and diseases that may be exposed to the mother during pregnancy in order to avoid and control its to lower the risk to the mother and fetus.

7. There is also a significant lack of studies involving men their perspectives on how they should be supported by health professionals during their partner's miscarriage.

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## APPENDIX – A

وزارة التعليم العالي والبحث العلمي

كلية التمريض / جامعة بابل

عزيزي / عزيزتي

بين يديك استبانة لبحث التخرج

(Assessment of the mental health of miscarriages)

(تقييم الصحة النفسية للإجهاض)

يروم الباحث الى دراسة (تقييم الصحة النفسية للإجهاض) وبما أن مشاركتكم في هذه الدراسة ذات قيمة كبيرة، فالرجاء اختيار الإجابة التي تحدد ما تشعر به بالفعل، علماً أنه لا - طالما تعبر عن حقيقة فقط- توجد إجابة صحيحة وأخرى خاطئة، وانما اجاباتكم تعد صحيحة شعورك تجاه ما تحمله العبارة. لاتضع أكثر من علامة أمام عبارة واحدة مع التأكد من عدم ترك أي عبارة بدون إجابة، علماً ان الاستبانة بدون اسم وسوف نتعامل مع أجابتك بخصوصية وسرية مطلقة وتستعمل الاستبانة لغرض البحث العلمي فقط

. يرجى التحقق من أنك أجبت على كافة الأسئلة .

مع خالص الشكر والامتنان لتعاونكم معنا خدمة لأهداف الدراسة

الباحث  
طلبة بحث التخرج  
جامعة بابل / كلية التمريض

الجزء الاول: المعلومات الديموغرافية:

١-العمر :

٢-المستوى التعليمي

- لا تقرأ ولا تكتب  خريجة ابتدائية  
 خريجة ثانوية  خريجة معهد فما فوق

٣-المهنة

- ربه بيت  موظفة  
 طالبة  أخرى

٤-الوضع المادي

- يكفي  يكفي الى حد ما  لا يكفي

٥- الاقامه

- مدينة  ريف

٦-عدد مرات الحمل

- حمل أول  حمل متعدد

٧-عدد مرات الإجهاض

- مرة واحد  اكثر من واحد

٨- وقت آخر إجهاض (بالأشهر)

٩-عدد الأطفال الاحياء

١٠. نوع الاسقاط

• اسقاط جراحي

• اسقاط طبي

١١. مضاعفات بعد الاسقاط

١٢. نوع التخدير

• موضعي

- عام
- ١٣. مكان الاسقاط
- مستشفى
- عيادة
- بيت
- ١٤. عمر الحمل
- ١٥. سبب الإجهاض (العنف الاسري، حادث ، امراض وراثية، اخذ ادوية دون وصفة طبية، اخرى).
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- ١٨. فصيلة دم الزوج :.....
- ١٩. نوع الاسقاط ( قانوني، غير قانوني)
- ٢٠. عدد مرات الحمل :.....
- ٢١. عدد الولادات :.....
- ٢٢. عدد الأطفال :.....
- ٢٣. نوع الولادات:.....
- ٢٤. يوجد اجهاض سابق:.....
- ٢٥. عدد الإجهاض ان وجد:.....
- ٢٦. اخر ولاده :.....
- ٢٧. الامراض:.....
- ٢٨. الامراض الوراثية:.....
- ٢٩. الحالة المادية : كافي ، غير كافي
- ٣٠. هل لديكي تاريخ مرضي سابق للاضطرابات النفسية

## الجزء الثاني: الجوانب النفسية عند المجهضات

مقياس الاكتئاب والقلق والضغط النفسي

ت	العبارات	لا ابدا	قليل	متوسط	دائما
١.	اجد صعوبة في الاسترخاء والراحة				
٢.	اشعر بجفاف في فمي				
٣.	لم يبدو لي أن بإمكانني الإحساس بمشاعر إيجابية على الإطلاق				
٤.	اشعر بصعوبة في التنفس (شدة التنفس السريع، اللهثان بدون القيام بمجهود جسدي مثلاً)				
٥.	اجد صعوبة في أخذ المبادرة بعمل الأشياء				
٦.	أميل إلى ردة فعل قوية مفرطة للظروف والأحداث				
٧.	اشعر برجفة (باليدين مثلاً)				
٨.	اشعر بأنني أستهلك الكثير من قدرتي على تحمل التوتر العصبي				
٩.	اخاف من مواقف قد أفقد فيها السيطرة على أعصابي واسبب إخراجاً لِنفسي				
١٠.	اشعر بأن ليس لدي أي شيء أتطلع إليه				
١١.	اشعر بأنني مضطرب ومنزعج				
١٢.	اجد صعوبة في استعادة هدوئي بعد انزعاجي من شيء ما				
١٣.	اشعر بالحزن والغم				
١٤.	لا أستطع تحمل أي شيء يحول بيني وبين ما أُرغب في القيام به				
١٥.	اشعر بأنني على وشك الوقوع في حالة من الرعب المفاجئ بدون سبب				
١٦.	أفقد الشعور بالحماس لأي شيء				
١٧.	اشعر بأن قيمتي قليلة كشخص				
١٨.	اشعر بأنني أميل إلى الغضب بسرعة				
١٩.	اشعر بضربات قلبي بدون مجهود جسدي (زيادة في معدل الدقات، أو غياب دقة قلب، مثلاً)				
٢٠.	اشعر بالخوف بدون أي سبب مقنع				
٢١.	اشعر بأن الحياة ليس لها معنى				

## Appendix C

Ministry of Higher Education and Scientific Research  
College of Nursing / University of Babylon  
Questionnaire

Dear

You have a questionnaire for graduation research

(Assessment of the mental health of miscarriages)

The researcher aims to study (Assessment of the mental health of miscarriages) and since your participation in this study is of great value, please choose the answer that determines what you actually feel, knowing that there is no right or wrong answer, but your answers are correct - only - as long as they express How do you feel about what the phrase implies. Do not put more than one mark in front of one statement, making sure that no statement is left without an answer, knowing that the questionnaire is without a name and we will deal with your answer with absolute confidentiality and confidentiality. The questionnaire is used for the purpose of scientific research only

. Please check that you have answered all the questions.

With sincere thanks and gratitude for your cooperation with us to serve the objectives of the study :

1. Age:
2. The educational level
  - Do not read or write
  - elementary school graduate

- High school graduate
- institute graduate or above
- 3. Profession
  - An employee
  - Housewife
  - Student
- 4. Financial condition
  - Enough
  - Somewhat
  - Not enough
- 5. Residential
  - Rural
  - Urban
- 6. The number of pregnancies
  - 1-3 Children
  - 4-6 Children
  - Not found
- 7. The number of abortions
  - one time
  - more than one
- 8. Time of last abortion (in months)
- 9. The number of live children
- 10. Complications after miscarriage
- 11. The type of anesthesia
  - Topical
  - General

12. Drop off location

- Hospital
- Clinic
- A House

13. Gestational age

14. The reason for the abortion (domestic violence, accident, hereditary diseases, taking medications without a prescription, etc.).

15. Marital kinship... .. :

16. Blood type..... :

17. The husband's blood type.....:

18. Type of drop (legal, illegal)

19. Number of pregnancies.....:

20. The number of births..... :

21. Number of children.....:

22. Type of childbirth..... :

23. There is a previous miscarriage.....:

24. The number of abortions, if any.....:

25. His last birth..... :

26. Diseases..... :

27. Genetic diseases..... :

28. Physical Status: Sufficient, Not Enough

29. Are you addicted to some bad habits (smoking, alcohol, narcotics)

30. Do you have a previous history of mental disorders?

Second Part: Psychological Aspects among Aborted Women's Depression,  
Anxiety and Stress Scale (DASS)

NO.	Paragraph	Never	Little	Average	Always
1	I find it difficult to relax and rest				
2	My mouth feels dry				
3	It didn't seem like I could feel positive emotions at all				
4	I feel difficult to breathe (extremely rapid breathing, panting without physical exertion for example)				
5	I find it hard to take the initiative to do things				
6	I tend to overreact to circumstances and events				
7	Feel a shiver (for example, with the hands)				
8	I feel like I'm consuming too much of my stress tolerance				
9	I am afraid of situations in which I may lose control of my temper and cause myself embarrassment				
10	I feel like I have nothing to look forward to				



11	I feel confused and upset				
12	I find it hard to calm down after being upset about something				
13	I feel sad and sad				
14	I can't stand anything between me and what I want to do				
15	I feel like I'm about to fall into a fright for no reason				
16	Lose enthusiasm for anything				
17	I feel like I have little value as a person				
18	I feel like I tend to get angry quickly				
19	Feel my heart beating without physical exertion (increased heart rate, or no heartbeat, for example)				
20	I feel afraid without any compelling reason				
21	I feel that life has no meaning				

جمهورية العراق

Ministry Of Health Babylon Health Directorat Email : babyltraining@gmail.com لأجل عراقنا الأخضر عسكنا... سنعمل معا لتوسيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث		وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث العدد: ١٧٨٧ التاريخ: ٢٠٢٢/ ١٤/ ١٥
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إلى / مستشفى الأمام الصادق (ع)  
مستشفى بابل للنسائية والاطفال  
مستشفى الهاشمي العام

م/ تسهيل مهمة

تحية طيبة ...  
أشارة إلى كتاب جامعه بابل /كلية التمريض / شعبة الشؤون العلمية ذي العدد ٤٥٥٢ في  
٢٠٢٢/١٢/٨ ...

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

(assessment of the mental health of miscarriages)

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

... مع الاحترام .

الأسماء :-

- ١- حنين مجيد عبد الكاظم
- ٢- دعاء علي جواد
- ٣- دلال مرزوق بريهي صبيح
- ٤- رتاج محمد عبد الرضا

وزارة الصحة  
محافظة بابل  
مركز التدريب والتنمية البشرية  
محمد عبد الله عجرش

مدير مركز التدريب والتنمية البشرية  
٢٠٢٢ / ١

محمد مجيد حماد  
MSC

نسخة منه إلى:

مركز التدريب والتنمية البشرية / وحدة إدارة البحوث .... مع الأوليات .

جمهورية العراق

Ministry Of Health Babylon Health Directorat Email : babyltraining@gmail.com لأجل عراق الحضر مستدام .. يعمل مع لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث		وزارة الصحة دارة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة ادارة البحوث العقد: ١٧٨٧ التاريخ: ٢٠٢٢/١٢/١٥
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إلى / مستشفى الأمام الصادق (ع)  
مستشفى بابل للنسائية والاطفال  
مستشفى الهاشميه العام

م/ تسهيل مهمة

تحية طيبة ...  
أشارة إلى كتاب جامعه بابل / كلية التمريض / شعبه الشؤون العلمية ذي العدد ٤٥٢ في  
٢٠٢٢/١٢/٨ ...  
تسهيل مهمة الطلبة المدرجة أسمائهم أدناه من الجامعة أنفا لإجراء بحث التخرج الموسوم  
والخاص بالتخرج بعنوان :-

**(assessment of the mental health of miscarriages)**

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

... مع الاحترام

الأسماء :-

- ١- حنين مجيد عبد الكاظم
- ٢- دعاء علي جواد
- ٣- دلال مرزه بريهي صبيح
- ٤- رتاج محمد عبد الرضا



محمد عبد الله عجرش

٢. مدير مركز التدريب والتنمية البشرية

٢٠٢٢ / ١

الإدارة  
تعلم التمريض  
أ. جاسر  
ق. جاسر

نسخة منه الي:  
مركز التدريب والتنمية البشرية / وحدة إدارة البحوث .... مع الأوليات .

جمهورية العراق

Ministry Of Health Babylon Health Directorat Email : babiltraining@gmail.com لأجل عراق الخضراء مستدام .. نلتصق معا لترشيده استهلاك لطاقة الكهربائية والمحافظة على البيئة من التلوث		وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث العدد: ١٧٨٧ التاريخ: ٢٠٢٢/ ١٢ / ١٥
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إلى / مستشفى الأمام الصادق (ع)  
مستشفى بابل للنسائية والاطفال  
مستشفى الهاشمية العام

م/ تسهيل مهمة

تحية طيبة ...  
أشارة إلى كتاب جامعه بابل /كلية التمريض / شعبه الشؤون العلمية ذي العدد ٤٥٥٢ في  
٢٠٢٢/١٢/٨ ...  
تسهيل مهمة الطلبة المدرجة أسمائهم أنناه من الجامعة أنفا لإجراء بحث التخرج الموسوم  
والخاص بالتخرج بعنوان :-  
(assessment of the mental health of miscarriages)  
للتفضل بالاطلاع وتسهيل مهمة الموما إليهم وحسب الضوابط والإمكانيات على أن لا تتحمل  
مؤسساتكم أية تبعات مادية وقانونية....

... مع الاحترام .

الأسماء :-

- ١- حنين مجيد عبد الكاظم
- ٢- دعاء علي جواد
- ٣- دلال مرزوق بريهي صبيح
- ٤- رتاج محمد عبد الرضا

لصالحها  
مدرسة الجامعة للاختصاص  
ويطو كوريم الطيحاكي  
مدرسة الجامعة للاختصاص



الدكتور  
محمد عبد الله عجرش  
مدير مركز التدريب والتنمية البشرية  
٢٠٢٢ / ١

مؤيد لكاظم  
تعاليم تريب

الدكتور  
عبد مستطير الهادي ابي اسحاق

نسخة منه إلى:

مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات .



جمهورية العراق  
وزارة الصحة  
مركز تدريب وتطوير الملاكات  
شعبة ادارة المعرفة

## استمارة اجراء بحث لطلبة الدراسات الاولية

استمارة الموافقة المبدئية لمشروع بحث يمكن الحصول على النموذج من موقع وزارة الصحة الالكتروني  
[www.moh.gov.iq](http://www.moh.gov.iq)

عنوان مشروع البحث (باللغة العربية / الانكليزية)  
Assessment of the mental health of mis carriagees

تقييم الصحة النفسية للآليات الاجنافية

الغاية من اجراء البحث :

هو تقييم المرحلة النفسية للآليات الاجنافية تعرضت لها ضحايا

اسم الباحث الرئيسي والباحثين المشاركين :

- 1- د. حنين مجيد عبد الكاظم
- 2- د. حفاة علي جواد ضحان
- 3- د. جليل نوري بريك صريح
- 4- د. راج محمد عبد الرضا بدر
- 5- د. امير شرف العشي وشار غنم والاشخاص
- 6- د. علاء احمد كاظم جابر
- 7- جامعة بابل / كلية التمريض - تمريض صحة نفسية والعقلية
- 8- طريقة اجراء البحث

الدكتور  
علي احمد كاظم الحطاب  
مدير فرع الصحة النفسية / صحة المجتمع

تصريح  
تفويض  
تفويض

البيانات المطلوبة لإجراء البحث :

التصاريح

لأماكن المقترحة لأجراء البحث فيها

المرافقة العلمية (الأستاذ الدكتور محمد عبد الوهاب)	م. إدارة بحوث
إيمان محمد عبد الوهاب	م. مدير عام بحوث (م)
إيمان محمد عبد الوهاب	م. مدير عام بحوث (م)

المعهد القومي للتربية والتعليم  
 وحدة التطوير المهني المستمر  
**C.M.E**

طريقة العمل (خطة البحث) والغايدة المرجوة منه

أخذ مجموعة من عينات الدراسة من الإحقة الماديه تعرضين  
 لأجلاف من فلكل مخرج مجموعة من الاسئلة الخاصه بالسبيان  
 لتقييم الصحة النفسية لهم

التوقيع  
 رئيس اللجنة العلمية  
 التوقيع العلمي

التوقيع  
 عضو اللجنة العلمية  
 التوقيع العلمي

التوقيع  
 ام الباحث الرئيسي  
 والباحثين المشاركين  
 التوقيع العلمي

الموقع ادناه ..... المعهد قلمي البيانات والمعلومات المأخوذة من مؤسسات وزارة الصحة بكل صدق وامانة دون تحريف وان حصل ضمن القوانين والنظم والتعليمات المقررة وصوابه العمل في وزارة الصحة.

التوقيع  
 ولعله من

APPENDIX -D

اسماء السادة الخبراء للحكم على صلاحية الفقرات المعدة للقياس

التسلسل	الاسم	الدرجة العلمية	مكان العمل	الاختصاص الدقيق
١	م.د. امير صلاح الدين عبدالرزاق	مدرس	جامعة بابل /كلية التمريض	تمريض الصحة النفسية والعقلية
2	م.م.زمن احمد حريفش	مدرس مساعد	جامعة بابل /كلية التمريض	تمريض الصحة النفسية والعقلية

## المستخلص

**خلفية:** يعتبر الإجهاض حدثًا صعبًا ومزعجًا للمرأة. يمكن أن يسبب القلق والاكتئاب ، ويمكن أن يتعرض أيضًا لصدمة في الحياة ، ويقدر أنه يؤثر على ٢٥ ٪ من النساء الحوامل في سن ٣٩ عامًا.

الأهداف: لتقييم مستوى التأثير النفسي على الصحة النفسية للإجهاض.

**المنهجية:** تم استخدام تصميم دراسة وصفية لتقييم الصحة العقلية لحالات الإجهاض. أجريت هذه الدراسة في مستشفى بابل النسائي بمستشفى الهاشمية العام بمستشفى الإمام صادق. تم اختيار عينة ملائمة (غير احتمالية) قوامها (١٣٨) مريضاً من مستشفين حكوميين. أربعة مقاييس تستخدم لتأثيرات النساء المجهضات على الصحة النفسية.

**نتيجة:** يظهر مستوى الحالة النفسية ٢٢,٥ ٪ ربع كان طبيعياً مستوى الاكتئاب ٤٥,٧ ٪ ، أقل من النصف كان معتدلاً مستوى الاكتئاب ٢٠,٣ ٪ ، الربع كان معتدلاً مستوى الاكتئاب و ١١,٦ ٪ أقل من الربع كان مستوى الاكتئاب الحاد. فيما يتعلق بمستوى القلق ، ١٥,٩ ٪ أقل من ربع كان مستوى القلق الطبيعي ، ٤٠,٦ ٪ ٢ الخامس كان مستوى قلق خفيف ، ٢٥,٤ ٪ ربع كان مستوى قلق معتدل ، ١٨,١ ٪ أقل من ربع كان مستوى قلق شديد. أيضا ، فيما يتعلق بمستوى الإجهاد ، ١٠,١ ٪ أقل من ربع كان مستوى إجهاد طبيعي ، ٤٣,٨ ٪ أقل من النصف كان مستوى إجهاد معتدل ، ٣١,٢ ٪ ثلث مستوى إجهاد معتدل ، ٢٣,٩ ٪ ربع كان مستوى إجهاد شديد.

**الاستنتاجات:** كان الإجهاض الدوائي أكثر أنواع الإجهاض شيوعاً. وضعت غالبية النساء عمليات الإجهاض في المستشفى. كان لدى أكثر من نصف النساء القلق مثل التاريخ الطبي السابق. فيما يتعلق بمضاعفات ما بعد الإجهاض ، فإن معظم النتائج لم يتم العثور على مضاعفات. كانت غالبية العينات ذات مستوى معتدل من الحالة النفسية (الاكتئاب والقلق والتوتر).

**التوصيات :** يوصى بإجراء المزيد من الأبحاث ، والموظفين الطبيين والدعم من الأقارب قد يسهم في تحسين رعاية التوليد وتقليل الآثار السلبية على الصحة العقلية للمرضى بعد فقدان الحمل مزيلات القلق قبل الجراحة لتقليل قلقهم. إنشاء برامج تعليمية.





وزارة التعليم العالي  
والبحث العلمي  
جامعة بابل  
كلية التمريض



## تقييم الصحة النفسية للإجهاد

مشروع التخرج مقدم لكلية التمريض / جامعة بابل كتنفيذ جزئي لمتطلبات شهادة  
البكالوريوس في علوم التمريض مجلس كلية التمريض

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### بأشرف

م.د.علي أحمد الحطاب

رمضان / ١٤٤٤

ابريل / ٢٠٢٣ ميلادي

هجري