Risk Factors Contributed to Preterm Birth

عوامل الخطورة المساهمة في الولادة المبكرة

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ألخلاصة:

خلفية ألبحث: ألولادة ألمسبقة هي ألولادة ألمبكرة التي تحدث قبل إكمال ٣٧ أسبوع من ألحمل و ألحمل ألكامل يكون٤٠ أسبوع، علما إن ألنمو و ألتطور يكون خلال ألأشهر والأسابيع ألأخيرة من ألحمل .

هدف ألدراسة: تهدف هذه ألدراسة إلى تقييم ألولادات ألمبكرة عند ألحوامل، و تحديد ألعوامل ألخطرة ألتي تؤدي إلى ولادات مبكرة.

ألمنهجية: دراسة وصفية غرضيه أجريت في مستشفى ألزهراء ألتعليمي للولادة و ألأطفال ومستشفى ألحكيم ألعام في محافظة النجف الاشرف للفترة من ١ شباط لغاية ٣١ آذار (٢٠١٢) . تتكون عينة ألبحث من مائة (١٠٠) أم مع وليدها في ردهات ألأطفال ألخدج بواقع (٦٠) أم مع وليدها من مستشفى ألزهراء ألتعليمي و (٤٠) أم مع وليدها تم جمعها من مستشفى ألحكيم ألعام في ألنجف الاشرف. جمعت العينة بطريقة عشوائية لأمهات أعمارهن تتراوح ما بين (٣٧-١٤ سنة). تمت مقابلتهن باستخدام ألإستبانة بعد إجراء دراسة استطلاعية لإيجاد ألمصداقية و الثبات للبحث. تم تحليل ألنتائج إحصائيا بطريقة الإحصاء الوصفي (العددد و النسبة ألمئوية).

ألنتائج: إن معدل عمر ألأمهات في ألدراسة، كان ما بين (٣٤-٢٠) سنة، وأغلبيتهن (غير متعلمات وربات بيوت، و ذات مستوى اقتصادي متوسط) كذلك أظهرت ألنتائج إن كثرة ألاتصال ألجنسي عند ألحوامل خلال الإسبوع يؤدي إلى ولادة مسبقة لديهن،كما إن تعرض ألمرأة ألحامل لبعض ألإمراض و خاصة فقر ألدم، أسهم في حدوث ولادات مسبقة .

ألاستنتاج: أظهرت ألدراسة إن ألتدخين مضر بصحة ألمرأة ألحامل، حيث كان ألتدخين ألسلبي أحد ألعوامل ألمؤدية إلى ولادة (مسبقة) ٩٠%.

ألتوصيات: توصي ألدراسة إلى بذل ألجهود لمنع ألولادات ألمبكرة وذلك بالتركيز على الإقلال من ألعوامل التي تؤدي ولادة مسبقة، اعتماد برنامج ألتثقيف ألصحي للحوامل من خلال زيارة مراكز ألرعاية ألصحية ألأولية قبل ألحمل وخلال فترة ألحمل لمنع حصول ألمخاطر ألمؤدية إلى ولادات مبكرة. والتأكيد على تحسين نوعية ألخدمات ألرعاية ألصحية ألأولية ألمقدمة للحوامل ، و التأكيد على دور ألممرضة ألفعال في ألتقليل من حدوث ألولادات ألمبكرة.

مفتاح ألكلمات: عوامل، ألخطورة، ألمؤديه، ولادة، مبكرة.

Abstract

Background: Preterm labor is labor that happens too early, before 37 completed weeks of pregnancy. Premature birth is also known as preterm birth (or less than 37 weeks—full term is 40 weeks). Important growth and development occur throughout pregnancy especially in the final months and weeks.

Objectives: To assess preterm birth; and to determine risk factors contributed to preterm birth.

Methods : A descriptive study was carried out to identify the maternal risk factors which contribute to occurrence of preterm birth. A purposive sample of one hundred (100) women at age of (14-37) years, were selected with (60) women of preterm birth from Al- Zahra 'a teaching hospital and (40) women of preterm birth from Al- Hakeem general hospital at Al- Najaf Al-Ashraf Province, for the period of 1st February to 31st March, (2012). The sample was collected through interviewed of the involved women with their premature babies. Questionnaire format.Validity of the questionnaire was determined by conducting a pilot study. The data was analyzed through the   descriptive statistical method (frequencies and percentages).

Results: The study revealed that age of mothers was ranged between (20–34) years, and (the highest percentages of the sample were illiterate; most of them were housewives with a moderate socioeconomic status) .sexual activity with (2-3) times per week (80%), and medical diseases had also a contributed factor to preterm birth especially anemia (31%).

Conclusion: The passive smoking were more reliable to preterm labor .

Recommendation: The study recommends to emphasize on efforts to prevent preterm births should be focus on reducing modifiable risk factors; improving health education programs for the pregnant women in prenatal and post natal periods as early as possible; and improving the quality of health care services at the primary health care centers to pregnant women. Emphasizing on the importance role of a nurse in reducing the incidence of preterm birth among the pregnant women.

Keywords: Risk, factors ; preterm, birth.

INTRODUCTION

A Preterm birth is a labor that occurs before the end of 37th week of gestation. It occurs approximately 9% to 10% of all pregnancies, any women having persistant four uterine contraction every 20 minutes should be considered to be in labor[1]. A woman is documented as being in actual labor if she is having uterine contraction that cause cervical effacement over 80% and dilation over 1 cm. A preterm labor is always serious because if it is results in the infant's birth the newborn may be premature. Preterm birth are responsible for almost of infant deaths in the neonatal period[2]. A Preterm birth is a global problem of great importance in reducing the neonatal morbidity and mortality.[3] The objective of healthy people (WHO for 2015) are related to reducing maternal and neonatal mortality, low birth weight, premature labor, fetal deformity and improving the health of mothers[4]. Nearly a half million babies in United States that 1 out of every 8 are born premature each year [1]. Abortion raises risk of premature birth among women who abort their first pregnancy.[5]

OBJECTIVES

. To assess preterm birth; and
. To determine risk factors contributed to preterm birth.

METHODOLOGY

Design of the study: A descriptive study was carried out to identify the maternal risk factors which contribute to occurrence of preterm birth.

Sample and Setting:

A purposive sample of one hundred (100) women with preterm births, at age of (14-37) years, interviewed to select (60) mothers with preterm births from Al Zahra 'a teaching hospital (maternity wards); and (40) mothers with preterm births from Al Hakeem general hospital at Al Najaf Al Ashraf Province, for the period of 1st February to 31st March, (2012).

METHODS:

The sample was collected through interviewed of the involved women with their premature babies. Questionnaire format was designed into 4 parts: 1. Demographic variables; 2. Reproductive variables; 3. Factors related to preterm births; 4. Medical diseases related to preterm births. Validity of the questionnaire was determined by conducting a pilot study. The data was analyzed, using a descriptive statistical method for parameters (frequencies and percentages %).
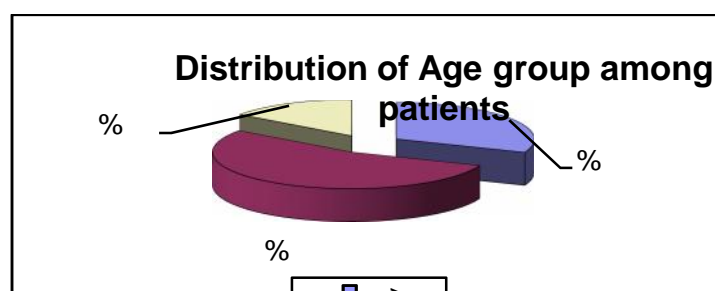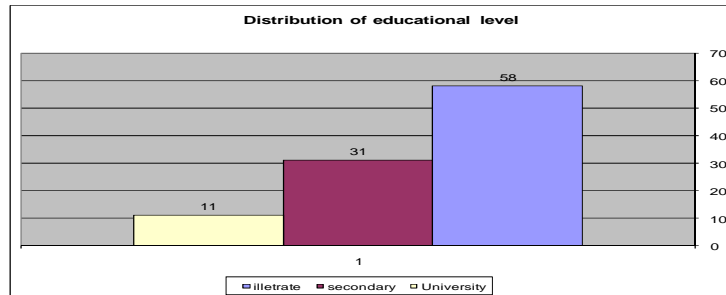
RESULTS

Figure 1: **Age-groups of the study sample**
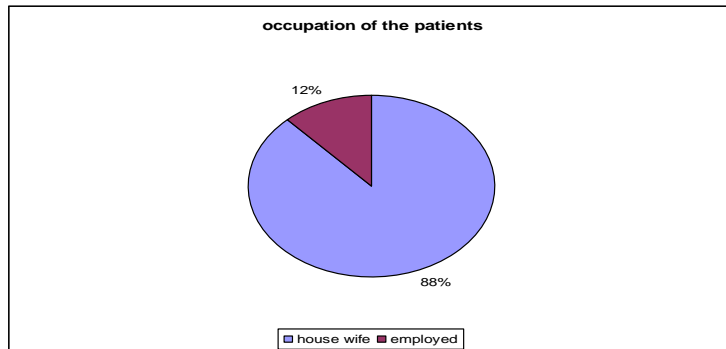
Figure 2: Educational Status

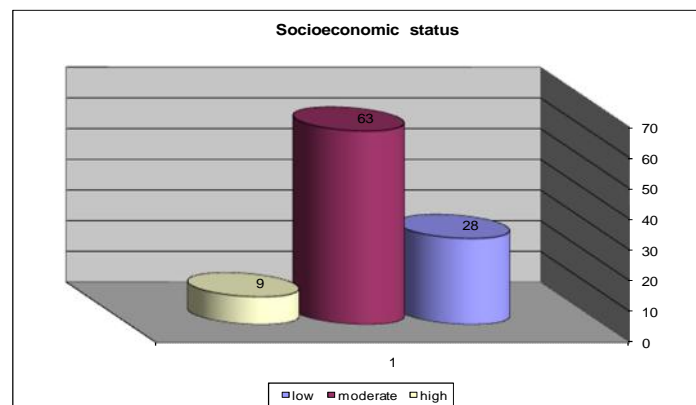**Figure 3: Occupational Status of mothers**

Figure 4: Socioeconomic Status of the study sample

Table (1): Reproductive characteristics of the study sample

Parameters	Variables	Frequency	%
Gravidity	Prim	52	52
	2 – 4	25	25
	5 and above	23	23
Total		100	100
Parity	1 – 2	58	58
	3-4	28	28
Total		100	100
Previous abortion	Non	67	67
	1 – 2	27	27
	3 – 4	4	4
	5 and above	2	2
Total		100	100

Table 2 shows that (52%) of the involved mothers were prim gravid a. While, the parity of pregnancy were higher (58 %) within (1-2) parity. But, (67%) of the study sample had no previous abortion.

Table (2) : Distribution of the risk factors contributed to preterm birth

Parameters	Variables	Frequency	%
Smoking	Active	10	10
	Passive	90	90
Total		100	100
Previous premature rupture of membrane	Sudden	34	34
	Artificial	66	66
Total		100	100
Sexual activity	2 – 3 weekly	80	80
	4 times and more per week	20	20
Total		100	100
Presentation and position of fetus	Normal	82	82
	Abnormal	18	18
Total		100	100
Mode of delivery	Normal vaginal delivery	59	59
	Cesarean section	41	41
Total		100	100
Pervious delivery	Normal vaginal delivery	72	72
	Cesarean section	28	28
Interval of pregnancy	Less than 2years	58	58
	2 years and more	42	42
Total		100	100

Table (3): Shows factors that contributed to preterm births, these factors are: Women with passive smoking were (9o %); Previous artificial premature rupture of the membrane was (66 %); Sexual activity per week (80 %) was higher within (2-3) times Presentation and position of the fetus during their pregnancy were higher (82%) among normal presentation. Mode of delivery was higher (59%) among normal vaginal delivery; Previous delivery was greater (72%) among women with normal vaginal delivery, but only (28%) of the involved women who had cesarean Section. Interval of pregnancy was increased (58 %) among women with less than 2 years intervals of pregnancy.

Table (3): Distribution of Medical diseases contributed to preterm birth

Medical diseases	Frequency	Percentage %
None	17	17
Urinary tract infection	8	8
Diabetes Mellitus	6	6
Anemia	31	31
Hypertension	15	15
Oligohydroamnios	3	3
Bleeding	4	4
Trauma	10	10
Polyhydroamnios	1	1
Respiratory disease	5	5
Total	100	100

Table (4): Shows that (31%) of the preterm's mothers complained from anemia, which was higher than any other medical diseases during their pregnancies of the study sample.

DISCUSSIONS

The present study found that age of women (20–34) years was (54 %) which is risk factor contributed to preterm birth, which was approved by the another study who found that women < 15 and ≥ 35 years of age are contributed to preterm birth. [2] The educational status of the study's women reveals that most of involved women were illiterates (58%) which was a greater risk factor for preterm birth. This result was positive with result [2]. Stated that women with ≤ 12 years of education had been risk factor contributed to preterm birth. Other risk factors that contributed to preterm births in this study were passive smoking (90%); Sexual activity (2-3) times /week were (80%); Interval of pregnancy was (58%) less than 2 years intervals. These risk factors were in agreement with [2], who studied the singleton preterm risk factors and association with assisted other factors.

CONCLUSION

The passive smoking were more reliable to preterm birth and majority of the sample were having sexual activity with (2-3) times per week, and medical diseases had also a contributed factor to preterm birth especially anemia.

RECOMMENDATIONS:

The study recommends:
1- To emphasize on efforts to prevent preterm births should be focus on reducing modifiable risk factors.
2- Improving programs of health education and communication regarding pregnant women with prenatal and postnatal periods as early as possible
3- Improving quality of health care services in the primary health care centers.
4- Mass media should be emphasized on the importance role of nurse in reducing the incidence of preterm births and risk factors.

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