

Health Practices of Pregnant women to relive Urinary tract infections (UTI)

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الممارسات الصحية للنساء الحوامل لتخفيف حالة التهاب المجاري البولية

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Abstract :

Descriptive analytic study was conducted to identify the practices of pregnant women to relive urinary tract infections (UTI) during pregnancy.

Purposive sample of one hundred women selected from out patient department of Al-Elwyia maternity hospital & primary health care center (pHcC) in Shikh- Omar. For the period 15th July to 10th sept. 2005 Data was collected through Interview of study sample, questionnaire format was designed that consisted three parts, demographic variables, reproductive variables & variables related to health practices of pregnant women. Descriptive and inferential statistical procedures were used to analyze the data. The results of the study revealed that the highest percentage (45%) their age were ranged between (20-34) years and the highest percentage (60%) of them graduated from primary school & less. Most of them were house wives. (55%) of mother had (1-2) deliveries. also the study finding appeared were unsatisfied for some practices of study samples to relieve (UTI) also there are not significant relation ship between practices and same variables such as previous UTI & parity. therefore it is recommended that the necessity of visiting. MCH center as early as possible as well as the nurse must take the role as educator for reducing the Incidence of UTI.

المستخلص:

أجريت دراسة وصفية تحليلية للتعرف على الممارسات الصحية للحوامل لتخفيف حالة التهاب المجاري البولية خلال فترة الحمل تم اختيار عينة عمدية من مئة أم يراجعن العيادة الخارجية لمستشفى العلووية التعليمي لولادة ومركز رعاية الأمومة والطفولة في الشيخ عمر للفترة من الخامس عشر من تموزو لغاية العاشر من أيلول ٢٠٠٥. تم جمع البيانات عن طريق المقابلة لإفراد العينة وتم تصميم الاستمارة الاستبائية المتكونة من (٣) أجزاء (المتغيرات الديموغرافية للعينة، والمتغيرات الإيجابية، والمتغيرات المتعلقة بالممارسات الصحية للأمهات). استخدم الإحصاء الوصفي والاستدلالي لتحليل البيانات تشير نتائج الدراسة أن أعلى نسبة (٤٥%) من الأمهات أعمارهن تتراوح بين (٢٠-٣٤) سنة وأن أعلى نسبة (٦٠%) منهن خريجات الدراسة الابتدائية فما دون ومعظمهن ربات بيوت وأن أعلى نسبة (٥٥%) من الأمهات لديهن (١-٢) ولادة كذلك اظهرت النتائج أنها غير مقتنعة لبعض الجوانب المتعلقة بممارسات العينة لتخفيف حالة التهاب المجاري البولية وان هناك لم توجد علاقة ذات دلالة احصائية بين الممارسات وبعض المتغيرات مثل الاصابه السابقه بالالتهاب وعدد مرات الحمل لذا توصي الباحثة بضرورة زيارة مركز رعاية الأمومة والطفولة بوقت مبكر بالإضافة إلى أن تأخذ الممرضة دورها في التثقيف الصحي لتقليل نسبة حدوث التهاب المجاري البولية خلال فترة الحمل.

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Introduction :

Pregnancy is considered normal physiology process., but some time it is associated with minor discomfort.....[1]

The urinary tract infection (UTI) is an important complication that associated with pregnancy because it is too common and affecting health of fetus and pregnant women... [2]

The Incidence of bacteria during pregnancy in western populations is 2.5% - 8.7% which is almost equivalent to the 4% - 6% incidence of the general population. [3]

Some parameters that are commonly associated with Increased Incidence of (UTI) are poor socioeconomic status, duration of pregnancy, multiparity, sexual intercourse and use of condoms with spermicidal jelly [4:5]

Although frequent washing and post coital washing may reduce the incidence of UTI in areas where the water supply is contaminated (6) so the nurse can play an important role in teaching, advising, instructing pregnant women to reduce the incidence of UTI

Objectives:

1-To describe the demographically characteristics of the study sample .

2-To identify the reproductive characteristics of the study sample .

3-To identify the health practices of women regarding UTI.

4-To find out the relation ship between health practices and some variables as ,age of mother ,level of education ,SES, parity, previous UTI .

Methodology:

Design of the study:

Cross- sectional descriptive analytic study was employed to identify the health practices of mothers associated with urinary tract infections.

Setting of the study:

The study was carried out at the outpatient of two main Maternity Teaching Hospitals in Baghdad city which were:

1 -Al-Elwya Maternity Teaching Hospital.

2 - Maternity and Pediatric Teaching Hospital at Al-Sader city.

Sampling and Sample Selection:

Non probability sampling technique was used. A purposive sample of (100) women was selected from out-patient at two maternity Hospital mentioned above with equal sample size from each one for the period 15 July to 10th sept. 2006 .

Reliability and validity of the instrument were determined through a pilot study

a- validity, the investigator presented the questionnaire to (10) experts in different field results indicated that all experts had actually agreed upon the items of questionnaire

b- Reliability, the investigator applied internal consistency through the computation of alpha cronbach's correlation coefficient for internal, scale coefficient for mothers health practices $\alpha = 0.73$ which indicated that the questionnaire was adequately reliable measure of health practices of pregnant women who have UTI

Tools which were used for data collection:

Data was Collected through Interview of study sample. Questionnaire format was designed that Consisted three Parts were distributed as the following:

Demographic variables, Reproductive variables, variables related to the health practices of women.

Statistical Analysis:

1. Descriptive statistics
2. Inferential statistics,

Results: the demographic characteristic of study sample- were summarized in table (1) (45%) of the sample age (20-34) years. more than half of samples (60%) of them were their educational level is primary school and less the majority (78%) of the sample were house wives and the majority (60)% of them were low socio- economical status.

Table (1) the Demographic characteristics of study sample

Age / year	No	%
Less than 20 year	35	35%
20- 34 years	45	45%
> more than 35 year	20	20%
Level of Education	No	%
Illiterate	20	20%
Primary school & less	60	60%
Secondary School	10	10%
University & above	10	10%
Occupational status	No	%
Housewife	78	78%
Employed	22	22%
Socioeconomic status- (SES)	No	%
Low	60	60%
Middle	30	30%
High	10	10%
Total	100	100%

Table (2) shows that the highest percentage (64%) of them are multi gravid, (55%) of them had (1-2) deliveries, (55%) of study sample had previous UTI and the highest percentage (59%) of sample had practiced sexual activity more than twice weekly.

Table (2) Reproductive characteristics of study sample.

No of pregnancy	No	%
Primigravida	36	36%
Multi gravid a	64	64%
Parity	No	%
1-2	55	55%
3-4	30	30%
5 ⁺ above	15	15%
previous UTI	No	%
Yes	55	55%
No	45	45%
Sexual activity	No	%
1-2 Per Weeks	41	41%
> 2 per week	59	59%
Total	100	100%

Table (3) shows that the grand mean of score of items which is related to attendance of mother for the clinic or pHcC and measurement and observation are less than the cut off point (2) while the grand mean of scores of the item which is related to nutrient and fluid, activity of mother and treatment and management are more than the cut off point (2).

Table(3)practices of mother related to UTI

Items relate to practices	Always	Some time	Never	M.S	G.M.S
1- Attendance of mother for the clinic or pHcC A- Regular visit to clinic or pHcC	35	12	53	1.82	1.88
B- Return to Dr When she has Frequency, burning & dysurea.	46	2	52	1.94	
2- Measurement and observation. A- Empty the bladder when need	55	45	-	2.55	1.93
B- observation of amount, frequency and color of urine	19	14	57	1.32	
3- Nutrient & Fluids A- Drink a lot of fluid	30	70	-	2.3	2.3
B- Avoiding of spices Diet	40	50	10	2.3	
4- Activities of mother A- Wear cotton under wear	12	53	35	1.77	2.06
B-Wipe front to back after elimination	60	4	36	2.24	
C- used one of contraceptive method Such as condom before coital	8	12	80	1.27	
D- avoid abnormal sexual intercourse	50	28	22	2.28	
E- Practiced post coital washing	66	34	-	2.66	
F- taking a daily bath	30	60	10	2.2	
5- treatment and management A- taking treatment regularly	60	20	20	2.4	2.4
B- taking anti Biotic drugs	66	8	26	2.4	

Table -4- shows that relationship between health practices and age of mother

There was no significant relationship between study sample and age of mother it means that the highest percentage (20%) of study sample whose age were (20-34) year their practices were satisfied

Table (4)

Health Practices Age of Mother	Satisfied		Unsatisfied		Total		X ²	dF	Sig
	F	%	F	%	F	%			
Less than 20 Year	15	15%	20	20%	35	35%	0.273	2	P-value
20-34 years	20	20%	25	25%	45	45%			0.873
more than ≥ 35 years	10	10%	10	10%	20	20%			N.S
Total	45	45%	55	55%	100	100%			

Table (5) show that relationship between health practices and level of education there was no significant relationship between health practices and level of education the highest percentage (20%) of study sample was satisfied practices for primary school & less.

Table (5)

Health Practices Level of Education	Satisfied		Unsatisfied		Total		X ²	df	Sig
	F	%	F	%	F	%			
Primary school + less	20	20%	30	30%	50	50%	0.657	2	p-value
Secondary school	12	12%	18	18%	30	30%			0.720
University + above	10	10%	10	10%	20	20%			N.S
Total	42	42%	58	58%	100	100%			

Table (6) shows that relationship between health practices and socio economical status.

There was not significant relationship between health practices and (SES) the highest percentage (29%) of sample were satisfied practices at middle level status.

Table (6)

Practices SES	Satisfied		Unsatisfied		Total		X ²	dF	Sig
	F	%	F	%	F	%			
Low	18	18%	21	21%	39	39%	5.426	2	0.066
Middle	29	29%	12	12%	41	41%			N.S
High	10	10%	10	10%	20	20%			
Total	57	57%	43	43%	100	100%			

Table (7) shows that relationship between parity and health practices there was not significant. Relationship between health practices and parity the highest percentage (36) of sample were Satisfied practices whose number of delivery (1-2) deliveries.

Table (7)

Parity	Practices		Satisfied		Unsatisfied		Total		X ²	dF	Sig
	F	%	F	%	F	%					
1-2	36	36%	19	19%	55	55%					p-value
3-4	20	20%	10	10%	30	30%	0.016	2			0.992
5+	10	10%	5	5%	15	15%					N S
Total	66	66%	34	34%	100	100%					

Table (8) show that relationship between previous UTI at practices there was not significant. Relationship between health practical and previous UTI the highest percentage (33) of sample were satisfied practices whose have previous UTI

Table (8)

Practices Previous UTI	Satisfied		Unsatisfied		Total		Fisher exact test	dF	Sig p-value
	F	%	F	%	F	%			
Yes	33	33%	19	19%	52	52%			
NO	29	29%	19	19%	48	48%	0.097	1	N .S
Total	62	62%	38	38%	100	100%			

Discussion:

Table (1) shows that the age of mothers were range between (20-34) years and no significant relation ship between health practice & age of mother this result is consistent with results of study conducted by MOH which found that the age group (20-34) years was 59% from (23105) in survey population [7] for level of education there was no significant relationship between health practices and level of the education this result is contrast with results of other study which emphasized on the level of education and effect on the knowledge and practices of mother [8] also the same table shows the highest percentage (87%) of the mothers were house wives there was no significant different between working and non working women in regarding to health practices during pregnancy [9] the same table shows that there are not significant relationship between (SES) and health practices this results agreement with other study found that health practices may tie to of some factors such as level of education it means that lack of knowledge lead to poor skills [10].

Table (2) shows that the highest percentage (55%) of study sample were multi parity and not significant relationship between parity and health practices whose number of delivery (1-2), this result is contrast with result of the other study found that the presence of asymptomatic bacteriuria (ASB) and parity is the most common risk factors during pregnancy [4]

The same table shows that the highest percentage (55%) of study sample had previous UTI and not significant relationship between previous UTI and health practices this result is agreement with another study found that half of pregnant Women suffering from UTI and had a past history of infection" the woman should be taught to complete the course of antibiotic in order to prevent relapse; recurrence or worsening of this infection [11] [12]. Also the same table shows that the highest percentage (59%) of women had practices sexual activity more than twice weekly this finding agreed with another study who reported that coitus may be contribute to preterm labor because bacteria may reach to the amniotic fluid after coitus provoke [13]

Table (3) as a conclusion related to mothers health practices there is a large variety of practices that affect the health of women some of which are of benefit related to nutrient and fluids and activities of mother and some of these items have moderate effect as measurement and observation and some of items are have harmful and lead to impact on mother and fetus as attendance of mother for the clinic or PHC (less that cut off point) the role of the health services with respect to such practices is to support those which are positive in respect to these that are neutral and replace or bolish those that are negative.

Conclusion:

1-most of study sample age (20 -34) year , low educational level , house wives and low socioeconomic status (S E S) .

2-grand mean of score for items which is related to attendance of mother for clinic or PHcC and measurement and observation are less than cut off point .

3-most variables mention have not significant relation ship due to asymptomatic bacteria is more common ,so that obstetricians believe that treatment is warranted .

Recommendations :

- 1- Improve health personal knowledge and a practice specifically nurses to take their role in teaching and giving advice and instructions during prenatal care about UTI.
- 2- Establishing educational programs for pregnant women concerning UTI should be designed.
- 3- Preventive treatment of recurrent infection.
- 4- Following-up patient after treatment via urine culture and insuring eradication of urinary tract infection.
- 5- Further studies should be done with large sample.

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