# Assessment of Risk Factors of Associated with occurrence of Premature Deliveries in Rania City

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**Abstract**

**Background:** Pre-term birth (PTB) is a major determinant of neonatal mortality, Morbidity and childhood disability and remains as one of the most serious problems in obstetrics (Al-Dabbagh, S.A, 2006).

Prematurity is now considered as the second-leading cause of death in children aged less than 5 years and as the most important cause of death in the critical first month of life (Liu et. al, 2012). There are about 13 million of PTBs annually worldwide. The incidence is about 11 % in North America, while 5.6% in Oceania and about 5.8% in Europe ( Kaempf et . al , 2006).

**Objective:** This study aims to identify the factors associated with the occurrence of premature deliveries and the relationship between some of socio demographic attributes and the factors related to premature deliveries.

**Methodology:** quantitative design A descriptive study, with sample of (consists of 60 woman) who attend the primary health care centers in Rania district, of the period from 10th July 2015 to 25th march 2016. Were selected questionnaire was constructed to investigate the potential risk factors of premature delivery; which consist of two part 1st sociodemographic data 2nd type of premature ,the data were collected through interviewing face to face technique. The dates were analyzed utilizing descriptive & inferential statistics in addition to SPSS.

**Conclusions:-** The present study concluded that Women aged more than 35 years are more affected by premature delivery and more common in the urban areas than rural area. This study has also concluded that Women's levels of education have an effect on the premature deliveries &Housewife women are more affected by premature deliveries than employee. According to the finding, factors such as previous history of preterm labor, hypertension, anemia and urinary tract infections during pregnancy rise premature birth.

**Recommendations:-**

1- Verbalizing nursing role to provide nursing management and to give advice to all pregnant women.

2- Collaborative work is needed between the Ministry of Higher Education and the Ministry of Health in prevention of risks of preterm labour and complication of prematurity. To develop an Nursing program regarding the risk of premature delivery.

4- Conducting of programs for women in primary health care centers for risky mother to increase their awareness of pregnancy and deliveries complication.

5-Intensive courses regarding the risk of premature deliveries have to be implemented for all Nursing ladder in educational agencies by University & Schools.

**Introduction**

Pre-term birth (PTB) is a major determinant of neonatal mortality, morbidity and childhood disability and remains as one of the most serious problems in obstetrics (Al-Taee, W.Y, 2006). Prematurity is now considered as the second-leading cause of death in children aged less than 5 years and as the most important cause of death in the critical first month of life. There are about 13 million PTBs annually worldwide. The incidence is about 11 % in North America, about 5.6% in Oceania and about 5.8% in Europe (Kaempf JW, Tomlinson M, Arduza C, et al. 2006).

In the US, on average, one preterm baby is born every minute. Since 1990, for reasons that are not fully understood, worldwide the preterm birth rate has risen by approximately 14%. The increase over the past decade may in part be explained by increasing iatrogenic preterm births .The shorter the term of pregnancy, the greater the risks of mortality and morbidity for the baby is primarily due to the related prematurity. Preterm-premature babies ("preemies" or "premmies") have an increased risk of death in the first year of life (infant mortality), with most of that occurring in the first month of life (neonatal mortality), prematurity wondered accounts for 10% of neonatal mortality, or around 500,000 deaths per year (Allen, 2008). In the U.S. where many infections and other causes of neonatal death have been markedly reduced, prematurity is the leading cause of neonatal mortality at 25 %( Mathew TJ, 2006).

New WHO estimates the global rates of preterm births indicate that of the 135 million live births worldwide in 2010, about 15 million babies were born too early, representing a preterm birth rate of 11.1% (- Martius JA, Steck T, et:al ,1998). Over 60% of preterm births occurred in sub-Saharan Africa and South Asia where 9.1 million births (12.8%) annually are estimated to be preterm The high absolute number of preterm births in Africa and Asia are related, in part, to high fertility and the large number of births in those two regions in comparison to other parts of the world. The variation in the rate of preterm birth among regions and countries is substantial and yield a different picture to other conditions in that some high - income countries have very high rates. Rates are highest on average for low-income countries (11.8%), followed by lower middle-income countries (11.3%) and lowest for upper middle- and high-income countries (9.4% and 9.3%). However, relatively high preterm birth rates are seen in many individual high-income countries where they contribute substantially to neonatal mortality and morbidity. Of the 1.2 million preterm births estimated to occur in high-income regions, more than 0.5 million (42%) occur in the United States.

The etiology of preterm delivery is unclear, but is likely to be complex and influenced by genetics and environmental factors.A number of factors have been identified that are linked to a higher risk of a preterm birth: age at the upper and lower

end of the reproductive years, aged more than 35( Martius JA,1998) . Or less than 18 years of age ( Goldenberg, RL,2008)

Pregnancy interval makes a difference as women with a 6 months span or less between pregnancies have a two-fold increase in preterm birth (Dobbie. R ,2003). Studies on such type of work and physical activity have given conflicting results, but it is opined that stressful conditions, hard labor, and long hours are probably linked to preterm birth[7].Women who have undergone previous surgically induced abortions have been shown to have a higher risk of preterm birth (less than 37 weeks), as well as extreme preterm birth (less than 28 weeks(Mercer, B.M,1999). Adequate maternal nutrition is important. Women with a low BMI are at increased risk for preterm birth (Hendler, I,2005).

Moreover, women with poor nutritional status may also be deficient in vitamins and minerals. Adequate nutrition is critical for fetal development and a diet low in saturated fat and cholesterol may help reduce the risk of a preterm delivery. Obesity does not directly lead to preterm birth; however, it is associated with diabetes and hypertension which are risk factors by themselves (Iams, JD,2008)

Women with a previous preterm birth are at higher risk for a recurrence at a rate of 15–50% depending on number of previous events and their timing (, Moawad AH, et al. 2006). To some degree those individuals may have underlying conditions (i.e. uterine malformation, hypertension, diabetes) that persist. Genetic make-up is a factor in the causality of preterm birth. An intra- and Trans generational increase in the risk of preterm delivery has been demonstrated(Bhattacharya, S, 2010)

**Methodology**

A quantitative design descriptive study was carried out from 10th July 2015 to25 march 2016 in order to investigate the risk factors associated with occurrence of premature deliveries in Rania district. The present study was conducted in two Primary Health Care centers (PHC) and maternal and child hospitals at Rania District. (60) women who were attending the typical primary health care center and maternal and child hospitals were selected purposively . The questionnaire format was designed on relevant literatures. It was reviewed by the experts, who suggested changes in some items in order to improve internal validity and reliability of the questionnaire. All recommended modifications, were implemented. The study instrument was comprised of two parts socio-demographic characteristics and medical information about risk factors of premature delivery. Data were collected through using the questionnaire. by Interview technique with the woman was for PHCC attended done in the primary health care centers.

**Results:**

**Table (1) Pattern of socio demographic attributes of the sample:**

| Variables | | F | % |
|---|---|---|---|
| **Age group** | **less than 18** | 17 | 28.3 |
| | **18-26** | 16 | 26.7 |
| | **27-35** | 8 | 13.3 |
| | **more than 35** | **19** | **31.7** |
| **Total** | | **60** | **100** |
| **Address** | **Urban** | **34** | **56.7** |
| | **Rural** | 26 | 43.3 |
| **Total** | | 60 | 100 |
| **Level of Education** | **Illiterate** | 19 | 31.7 |
| | **Primary graduated** | **25** | **41.7** |
| | **Secondary graduated** | 10 | 16.7 |
| | **University graduated** | 6 | 10.0 |
| **Total** | | **60** | **100** |
| **Occupational status** | **Employer** | 20 | 33.3 |
| | **house wife** | **40** | **66.7** |
| **Total** | | **60** | **100** |
| **consanguinity** | **Relative** | **34** | **56.7** |
| | **non relative** | 26 | 43.3 |
| **Total** | | **60** | **100** |

**Table (2):Type of risk factors and their association with the occurrence of premature delivery :**

| | | F | % | $X^2$tab. | P.value |
|---|---|---|---|---|---|
| **Smoking** | **YES** | **1** | **1.7** | **3.84** | **0.053** |
| | **NO** | **59** | **98.3** | | |
| **Heavy work** | **YES** | **37** | **61.7** | **3.84** | **0.034** |
| | **NO** | **23** | **38.3** | | |
| **Animals in house** | **YES** | **22** | **36.7** | **3.84** | **0.185** |
| | **NO** | **38** | **63.3** | | |
| **Domestic Violence** | **YES** | **23** | **38.3** | **3.84** | **0.264** |
| | **NO** | **37** | **61.7** | | |

This table shows that the Domestic violence had highly percentage and significant association with heavy work as a role of premature delivery occurrence.

**Discussion:**

Study shows that high percentage of women their age than 35y and the rate was 31.7% (table1). According to Abu Hamad and others (2007), the estimated prevalence is of the highest percentage with the present study (Abu Hamad, K.H,2007) . In addition the rate of premature deliveries was significantly greater for women age between 20–29 years .This finding is contradicts with the present study (Al-Dabbagh, S.A. 2006) **.**

A Study conducted in Palestine found that the occurrence of premature deliveries was higher among women aged between 36-43years and their rate was 67.4% (Ishraf , 2004). This finding is consistent of with the findings of the present study (Fararjeh, I.A.A.H., 2004). Shingariai &others (2004) found that the incidence of premature deliveries among women aged between 20-34 years and their rate was 71.7%.This finding is inconsistent with the findings of present study[15]. Finally, a study in Saudi Arabia showed no statistically significant associated with preterm births( Youssef and Hassan ,1994) .

**1.1 Residency:**

The results of study show that the women who lived in the urban areas had more chance to have premature deliveries than those living in the rural area. The percentage is 56.7% as show in (table 1) .

A study conducted in Palestine found that women in rural areas were at agreater risk to have premature delivery than women in urban areas. The percentage was (63%) (Abu Hamad & others ,2007).

A study found that women who lived in the urban areas are likely to have premature delivery than those living in the rural areas. The percentage was (88%).This finding is in agreement with the present study (Ghina . H, 2010).

While (Shingariai & others (2004) did not show any significant relationship between the residence of mothers and preterm birth of the present study (Youssef , 2000).

**1.2 educations**

The results of the study show that women who completed primary education and those who were illiterate education had similar chances for premature delivery as the percentages are (41.7%; 31.7%) see (Table 1) . A study in Mosul city in Iraq found that women who were illiterate had similar chances for premature deliveries (Al-Dabbagh, S.A,2006). This study agrees with the findings of in present study (Al-Taee, W.Y., 2006). The present study is incongruent with the study of (Shingariai & others ,2004) who found that the women who had completed secondary school had more risk to have premature deliveries than other level.

**1.3 Consanguinity**

The results of the present study show that Parental Consanguinity percentage is higher in relative consanguinity; the percentage is (56.7%) see (table1)page 5.

(Ghina et.al,2010) showed that infants of consanguineous parents had a statistically significant to birth prematurely. This finding agrees with the finding of our study in term of the relation between consanguinity and preterm labour.

(Youssef and Hassan, 1994) show that consanguineous marriages were at a great risk for preterm delivery .This finding is in line with our study findings that there is a relation between consanguinity and preterm labour.

**2 life style:**

A prevalent social problem in the United States is that approximately 44% of women experience domestic violence in their lifetime.( Thompson and other,2006). While the rates of intimate Partner Violence( IPV) reported by women seem to be higher, the actual numbers are most likely higher since the statistics are based on reported cases—which tend to be lower than the total number of victimizations (Rennison, 2003).

Young women between the ages of 16 and 24 years appear to be at the greatest risk for experiencing IPV (Rennison, 2003; Thompsonandother,2006).

Low birth weight and preterm birth occurred in 10.9% and 10.2% of the pregnant women, respectively. Logistic regression analyses indicated that injury due to physical abuse within the past year was significantly associated with both preterm births. This finding agrees with the present study as it found relation between violence and preterm birth(Neggers.Y,2002).

A 2004 systematic review of 30 studies on the relationship between intimate partner violence and birth outcomes concluded that preterm birth and other adverse outcomes, including death, are higher among abused pregnant women than among non-abused women ( ugboma and akani ,2004). This finding agrees with the present study as it found relation between violence and preterm birth.

**6.1 conclusions:-**

On the basis of the discussion of the results and their interpretation, the present study concluded that Women aged more than 35 years are more affected by premature deliveries than other ages and the premature deliveries are more common in urban areas than rural area. In addition Women's level of education can have effect on the premature deliveries &housewife women are more affected by premature deliveries than employee. According to the finding, factors such as previous history of preterm labor, hypertension, anemia and urinary tract infections during pregnancy rising premature birth.

**Recommendations:-**

1-Verbalizing nursing role to provide nursing management and to give advice to all pregnant women.

2- Collaborative work is needed between the Ministry of Higher Education and the Ministry of Health in prevention of risks of preterm labour and complication of prematurity.

3- Further research recommended with a larger sample.

4- Conducting of programs for women in primary health care centers for risky mother to increase their awareness of pregnancy and deliveries complication.

5-providng intensive course concerned with the risk of premature birth in nursing schools and colleges is suggested.

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**پوختە**

**پێشینە :لەدایکبونی پێش وەخت بڕیاردان لە سەر شتێك کە دەبێتە هۆی مردنی ساوایەك یان ژیانی یان منداڵی بێ توانا لاواز ،یان هێشتنەوەی یەکێك لەو هۆکارە ترسناکەکان لە کاتی منالْبون.**

**منالّی پێنەگەیشتوو ئیستا کرینگیەکی زوری هەیە بە دووەم هۆکاری مردن دادەنرێ لە منالْدا لەو تەمەنە کەلەخوار 5 پینج سالەوەن وە هەروەها هویەکی گرنکە بومردنی لەناکاو لەیەکەم مانگی تەمەنیاندا،13 ملیۆن منالّی لەدایکبوی پیشوەخت هەمو ساڵیك لەجیهانداهەیە ،رێژەی لە سەدا 11٪ لە ئەمریکای باکورە وە هەروەها لە سەدا5.6٪ لە ئاسیایە لو سەدا٪ 5.8لە ئەوروپایە**

**ئامانج:_هەدە فی ئەم توێژینەوەیە ناساندنی هۆکارەکانی کە پەیوەندیان هەیە بە لەدایکبونی پیش وەخت وە هە روەهادۆزینەوەی پەیوەندی لە نێوان ئاستی زانیاری هەندێ لە سیفەتی جوگرافی کەسەکان هەیە.**

**میتۆدۆلۆجی:_توێژینەوەیەکی وە سفیە بە شێوەی بڕی نمونەی توێژینەوەکە مە بەستدارە بۆنا هەرەمەکی پیکهاتوە لە 60 ئافرەت کە سەردانی مەلبەندە تەندروستیکانی شاری ڕانیە دەکەن لە بەرواری 10 تەموز 2015 بو 20 ی ئازار 2016 بو ئەو مە بەستەش ڕاپرسیەك نوسراوە بە شێوەی جاوپێکەوتن پرکراوەتەوە لەسەر هۆکارەکانی لە دایکبونی پیشوەخت و ە زانیاریان لە سەر ئەو پرسە.زانیاریو داتاکان بە شێوەی ئاماری شیکراوە بۆوەسفی و پەیوەندیداری بە بەکارهینانی ریژەی کەرتی هەروەها بە بەکارهێنانی ڕیژە ی چوارکۆشەی کای بۆزانینی ئاستی زانیاریو پەیوەندی نێوان داتاکان .**

**ئەنجام :- توێژینەوە کە دەریخست ئە و ئافرەتانەی کە تەمەنیان لە سەروی 35 ساڵەوەیە زیاتر کاریگەریان لە سەرە بۆبونی منالّی پێنەگەیشتوو واتە پێش وەخت وە هە روەها وە کە مت ئەمە ڕوودەدات لەوانە ی لە ناو شار ئەژین وەك ئەوانەی لە ناو گوندو ناحیەکان ئەژین،وە لەم توێژینەوەیا دەرکەوتوە ئەو کاریگە ریانە دەرکەوتوە لە سەر ئەو ئافرتانەی ژنی مالەوەن وە کۆمەڵێ هۆکاری تر کاریگەریان هەیە لە سە رلەدایکبونی منالّی پێشوەخت وەکو بەرزبونەوەی پەستانی خوین وە ئیلتیهابی میزڵدان لە کاتی سکپریدا .**

**پێشنیارەکان:- لەم توێژینەوەیەدا پێشنیارکراوە کە پلانو پرۆگرامو ئاموژگاری تایبەت هەبێ بە ئافرەتی سکپڕ ،وە هەروەها لەگەل وەزارەتی تەندروستی کە پلانو پرۆگرامی تۆکمە دابنرێ بو ڕونکردنەوەو جارەسەرکردنی هۆکارەکانی لە دایکبونی پیشوەخت،هەروەها دانانی کورسی تایبەت ئامادەبکرێ بو پەرستاری هە مو بە شەکان لە ناو خستەخانەو مەلبەندە تەندروستیەکان.**

## الخلاصة

**الخلفية:** الولادة ماقبل الاوان تعتبر من اكبر المشاكل الحقيقة التي تواجة الاطفال المولودين حديثا من ناحيتي نسبة الوفيات ونسبة المشكلات الصحية والعوق، وكذلك تبقى المصدر الاول للمخاطر الحقيقية عند عملية الولادة. الولادة ماقبل الاوان تعتبر اليوم السبب الرئيسي الثاني لنسبة الوفيات بين الاطفال خلال السنوات الخمس الاولى من اعمارهم والسبب الرئيس الاول للوفيات خلال الشهر الاول من عمر الطفل. وهناك حوالي 13 مليون من الوفيات سنويا في ارجاء العالم بسبب الولادات ماقبل الاوان.

**الاهداف:** تهدف الدراسة للتعريف بالعوامل المرافقة لحدوث الولادة مافبل الاوان والعلاقة مابينها وبين بعض الصفات الديموغرافية المرافقة لهذه الحالة.

**منهجية البحث:** دراسة وصفية بتصميم كمي، واشتملت عينة البحث على 60 امرأة من اللواتي حضرن للمراكز الرعاية الاولية في قضاء رانية للمدة من العاشر من تموز 2015 ولغاية الخامس والعشرون من أذار 2016. وصمت استبانة لهذا الغرض لمعرفة المخاطر الجدية للولادة ماقبل الاوان وتشمل على جزئين الاول منها المعلومات الديموغرافية لعينة البحث والجزء الثاني نوع المعطيات والاسباب . وتم جمع المعلومات من خلال اسلوب المقابلة وجها لوجه. وتم تحليل المعطيات من خلال الاحصاء الوصفي والتفريقي باستخدام برنامج الـSPSS.

**النتائج:** توصلت الدراسة الى ان اعمار الامهات الاكثر من 35 سنة هن اكثر تعرضا لحالات الولادة ماقبل الاوان وكذلك الساكنين في الحضر اكثر من القرى. وكذلك توصلت الدراسة ان المستوى العلمي له تاثير على الموضوع وكذلك وجدت ان ربات البيوت هن اكثر تعرض للولادة ماقبل الاوان من النساء الموظفات. وحسب معطيات المسببات المرافقة وجدت ان هناك علاقة بين حدوث الولادة ماقبل الاوان والتأريخ السابق للمرأة وكذلك مع حالات ارتفاع ضغط الدم وفقر الدم والتهابات المجاري البولية خلال فترة الحمل.