

Develop a Nursing Guideline for Pregnant Women Suffering from Hepatitis(c) Virus

Thesis
Submitted for Partial Fulfillment of the
Requirements of Doctorate Degree in
Nursing Science
(Maternity and Neonatal Nursing)

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Contents

Introduction and Aim of the study	1
Review of literature.....	
Pregnancy	8
Hepatitis c virus	30
Nursing management of pregnant women suffering from hepatitis c virus.....	49
Subjects and methods.....	81
Results.....	91
Discussion.....	119
Conclusion and Recommendations.....	133
Summary.....	135
References.....	139
Appendices	
Arabic summary.....	



LIST OF TABLES

Table No.	Title	Page
<i>Results</i>		
1	Nurses' general characteristics.....	92
2	Nurses' knowledge regarding care of pregnant women with hepatitis C virus.....	95
3	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus.....	97
4	Nurses' needs regarding knowledge in care of pregnant women with hepatitis C virus.....	98
5	Nurses' source of knowledge regarding hepatitis C.....	99
6	Nurses' practices regarding care of pregnant women with hepatitis C virus during initial visit.	100
7	Nurses' practices total score regarding care of pregnant women with hepatitis(c) virus during initial visit	102

LIST OF TABLES (CONT.)

Table No.	Title	Page
8	Nurses' practices regarding care of pregnant women with hepatitis(c) virus during return visit	103
9	Nurses' practices total score regarding care of pregnant women with hepatitis C virus during return visit.....	105
10	Nurses' needs regarding practices in care of pregnant women with hepatitis C virus.....	106
11	Nurses' attitude regarding care of pregnant women with hepatitis C virus.....	107
12	Nurses' attitude total score regarding care of pregnant women with hepatitis C virus	109
13	Nurses' needs regarding attitude in care of pregnant women with hepatitis C virus.....	110
14	Correlation between nurses' knowledge score and practice score pre& post.....	111
15	Correlation between nurses' knowledge score and attitude score pre& post.....	112

LIST OF TABLES_(CONT.)

Table No.	Title	Page
16	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus by their age.....	113
17	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus by their education.....	114
18	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus by experience years.....	115
19	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus by their residence.....	116
20	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus by their job.....	117
21	Nurses' knowledge total score regarding care of pregnant women with hepatitis C virus by their job.....	118

List of Figures

Figure No.	Title	Page
<i>Review of Literature:</i>		
1	HCV viral components	31
2	Natural history of chronic hepatitis C.....	36
3	Algorithm for testing hepatitis C infection.....	40
<i>Results</i>		
1	Nurses' experience years.....	94

List of abbreviations

ACOG	: American College of Obstetricians and Gynecologists
ALT	: Alanine aminotransferase
EDHs	: Egyptian Demographic Health Surveys
EIA	: Enzyme immunoassay
FSH	: Follicle Stimulating Hormone
GFR	: Glomerular Filtration Rate
GH	: Growth Hormone
G I	: Gastrointestinal Intestinal
GnRH	: Gonadotropin Releasing Hormone
HA	: Hepatitis A
HBV	: Hepatitis B Virus
hCG	: human Chorionic Gonadotropin
HCV	: Hepatitis C Virus
HELLP	: Hemolysis Elevated Liver enzymes and Low Platelets
HIV	: Human Immunodeficiency Virus
hPL	: human Placental Lactogen
INR	: International Normalized Ratio
LH	: Luteinizing Hormone
NSAIDs	: Non-Steroidal Anti Inflammatory Drugs
PCR	: Polymerase Chain Reaction

List of abbreviations (CONT.)

PROM	: Premature Rupture Of Membranes
RBCs	: Red Blood Cells
RNA	: Ribonucleic Acid
RPR	: Rapid Plasma Reagin
SPSS	: Statistical Package of Social Science
STIs	: Sexually Transmitted Infections
TSH	: Thyroid – Stimulating Hormone
VDRL	: Venereal Disease Research Laboratory



LIST OF APPENDICES

Appendix (I) : Protocol.

Appendix (II) : Structured interviewing questionnaire.

Likart attitude scale

Observational performance checklist

Appendix (III) : Booklet instruction.

Appendix (IV) : Administrative letter.



ABSTRACT

The present study aimed to develop a nursing guideline for pregnant women suffering from hepatitis C virus. This quasi – experimental study was carried out at obstetrics and gynecology hospital- Ain Shams University. The current study includes 47 nurses in different age, level of education, and socioeconomic standard. Four tools were used for data collection; structured interviewing questionnaire sheet, observational performance checklist, Likart rating attitude scale and Supportive material. Data collection took 9 months. The main results of the study were: there was a statistical significant difference in nurses' knowledge, practice and attitude before and after guidelines. There was significant positive correlation between nurses' knowledge score and their practices and attitude score post guidelines. As well as significant relations were detected between nurses' knowledge and their level of education, experience years and training courses $p < 0.05$. In conclusion, the study recommended that ongoing education, training courses and seminars must be conducted for nurses regarding care of women with hepatitis c during pregnancy, labor and post-partum period.

INTRODUCTION

Hepatitis C is a global health problem worldwide and an emerging disease as the first cause of liver disease necessitates, further HCV infection most often leads to an asymptomatic chronic state, which can later progress to active liver disease, liver failure, primary hepatocellular carcinoma and liver transplantation. It is estimated that approximately 130 –210 million individuals, 3% of the world population are chronically infected with HCV, and HCV-related liver deaths are expected to be triple by the year 2020(*Craxi & Pawlotsky, 2011*).

Hepatitis C Virus (HCV) parenteral exposure is the most efficient mean of transmission. Infections are primarily due to intravenous, contaminated blood transfusions, and to a lesser degree to unsafe medical or surgical procedures, infected organs from transplant donors, shared equipment that breaches skin or mucosal surfaces such as razors, toothbrushes and hair clippers (*Boesecke & Vogel, 2011*) Parenteral transmission via tattooing or acupuncture with unsafe materials is also implicated in occasional transmissions and mother to-infant transmission (*Van de Laar et al., 2010*).

Hepatitis C Virus (HCV) related liver disease progresses slowly with few or no symptoms, infected persons are often unaware of it and therefore do not seek prevention, care, or treatment (*Morgan et al., 2013*). Living with hepatitis C brings with it an array of potentially serious consequences. Physically, symptoms can be extremely debilitating. Nausea, fatigue and abdominal pain are common and may result in an inability to cope with everyday life (*Rosdahl & Kowalski, 2012*). There is a good deal of anecdotal evidence that people living with hepatitis C experience stigma and discrimination in many aspects of their lives, including in health care settings (*Temple-Smith et al., 2006*).

Pregnancy is an exciting critical time in the woman's life. Pregnant women are at increased risk for getting some infections because of the hormonal changes that occur during pregnancy, which cause woman's immune system to become suppressed, thereby increasing the chance of infection, so that it is harder to fight off infections(*Shaikh et al.,2009*)

Women are expected to be the major victims of HCV infection. Many risk factors for the acquisition of HCV infection are specific to women. Any medical or gynecological intervention during pregnancy, labor, and the puerperium or thereafter may be a risk factor for HCV

infection because of greater exposure to syringes, blood, contaminated needles and blood products (*Khan et al., 2008*).

The incidence of HCV is rising most rapidly in between 20 to 45 year age group, implying that HCV will be seen more and more commonly in women of childbearing years (*Ades et al., 2000*). HCV is transmitted vertically in 5-15% of all pregnancies in HCV positive women. Increased number of congenital anomalies and obstetric complications, lower birth weights in children born to HCV infected women (*Al-Kubaisy et al., 2002*).

Hepatitis C Virus requires effective instruction in order to be competently managed. Nurses have an important role to play in the management of hepatitis C, in terms of assisting people with hepatitis C to live safely and in good health with this disease, as well as in working to reduce the risk of spreading hepatitis C (*Di Bisceglie et al., 2002*). There are currently no vaccines available for the prevention of HCV infection. HCV transmission can only be avoided by education and strict adherence to hygienic standards (*Torresi et al., 2011*).

As a part of their teaching and assessment skills, nurses should be able to educate and counsel patients with HCV or those who are at risk for exposure to HCV. To do this, nurses need to know the functions and description of
