# بسم الله الرحمن الرحيم


MONA MAGHRABY

# شبكة المعلومات الجامعية

# التوثيق الالكتروني والميكروفيلم

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التوثيق الإلكتروني والميكروفيلم

# جامعة عين شمس

# التوثيق الإلكتروني والميكروفيلم

# قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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***MONA MAGHRABY***

# Assessment of Maternity Nurses' Staff Perception and Practice Regarding Anti Phospholipids Syndrome

# Thesis

*Submitted for Partial Fulfillment of the Master Degree*
*in **Maternal and Neonatal Health Nursing***

# By

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**2019**

# Assessment of Maternity Nurses' Staff Perception and Practice Regarding Anti Phospholipids Syndrome

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*Submitted for Partial Fulfillment of the Master Degree in* ***Maternal and Neonatal Health Nursing***

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***Omyma Ragab Mohammed***

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# List of Abbreviations

| Abbreviations | The meaning |
|---|---|
| **APS** | Anti Phospholipid Syndrome |
| **APLs** | Anti Phospholipid Antibodies |
| **SLE** | Systemic Lupus Erythematous |
| **HCV** | Hepatitis C Virus |
| **EVTS** | Extra Villous Trohophoblast |
| **SGA** | Small for Gestational Age |
| **IUGR** | Intrauterine Growth Retardation |
| **VEGF** | Vascular Endothelial Growth Factor |
| **SNAS** | Syncytical Nuclear Aggregates |
| **HCG** | Human Chorionic Gondatrophin |
| **LAS** | Lupus Anticoagulation |
| **APTT** | Activated Partial Thromboplastin Time |
| **AACC** | American Association for Clinical Chemistry |
| **ACAS** | Anti Cardioplin Antibody |
| **UFH** | Un Fractionated Heparin |
| **LMWH** | Low Molecular Weight Heparin |
| **ANTIB2GP1** | Anti-B2 Glyco Protein |
| **HELLP** | Hemolysis, Elevated Liver enzyme,Low Platelet count |
| **ACL** | Anticardioplin Antibody |
| **ELISA** | Enzyme –Linked Immunosorbent assay |
| **DVT** | Deep Venous Thrombosis |
| **VTE** | Venous Thromboembolism |

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# Abstract

Antiphospholipid syndrome (APS) is a complex autoimmune disorder that increase risk thromboembolic events that result in various problem for pregnant woman as sever preeclampsia, miscarriage, still birth, preterm labor. **This study aimed** to assess maternity nurses' staff perception and practice regarding anti phospholipid syndrome. **A descriptive study** was **conducted at** high risk pregnancy unit at Ain shams university maternity hospital. **A convenience sample** was used to recruit two hundred twenty five staff nurses working in Ain Shams maternity university hospital. **Three tools** of data collection were used first was structure interviewing questionnaire, second tool was observation checklist, and third tool was Likert attitude scale. **The result of the study** shows that 79.6% of the studied nurses have unsatisfactory knowledge regarding APS. In addition, 84.4% of the studied nurses have incompetent practice. Furthermore, 80.4% of the studied nurses have negative attitude toward anti-phospholipid syndrome. **Conclusion and recommendations:** The study concluded that most of the studied maternity staff nurses have unsatisfactory level of knowledge, incompetent level of practice and negative attitude regarding antiphospholipid syndrome. **Accordingly, the following recommendation is proposed:** Developing a training program, booklets, and guidelines for maternity staff nurses for improving their level of knowledge and practice regarding antiphospholipid syndrome.

**Key Words:** Antiphospholipid syndrome, Maternity Nurses' Staff, Perception, Practice

# Introduction

Antiphospholipid antibody syndrome (APS) is an autoimmune thrombophilic syndrome characterized by recurrent venous, arterial or small vessel thrombosis and pregnancy morbidity ***(Cervera, 2017).*** The overall prevalence of antiphospholipid anti bodies and APS in the general population remains to be determined, as no robust epidemiological population based studies have been performed. The APS action group showed that 6% of patients with relevant pregnancy morbidity were positive for antiphospholipid antibodies. Recurrent miscarriage is the most frequent complication and is observed in the majority (54%) of women with obstetrical APS included in the European Registry on Obstetric Antiphospholipid Syndrome ***(Andreoli et al., 2013).***

APS classified into two types primary APS and secondary APS. APS that found in pregnant women having neither clinical nor laboratory evidence of another definite autoimmune condition these referred to as primary APS. While, APS that associated with other diseases, mainly systemic lupus erythematous (SLE), and also can be found in other autoimmune disease, occasionally during infections, malignancies and in response to some drugs,

these condition referred to as secondary APS ***(Gómez-Puerta, and Cervera, 2014 & Dhir and Pinto, 2014).***

There are many risk factors for developing APS during pregnancy; these include diabetes, hypertension or high blood pressure, hypercholesterolemia or high cholesterol, obesity, smoking, thyroid disease, migraine, multiple sclerosis and any underlying systemic autoimmune disease. In addition to, family history of antiphospholipid syndrome and environmental factors as life style, diet and stress ***(Sebastiani et al., 2016).***

Women with APS develop some clinical manifestation include signs of blood clots lead to stroke, heart attack, Deep Venous Thrombosis (DVT) and pulmonary embolism. Also Women with APS may develop thrombocytopenia and bleeding disorder, chest pain, and shortness of breath, upper body discomfort in arms, back, neck and jaw. Moreover, pregnant women can develop problems as miscarriage, still birth, abortion and pre-eclampsia ***(Oku et al., 2016).***

The diagnosis of APS requires at least one of the following clinical criteria and one of the following laboratory criteria. Clinical criteria which are episodes of arterial, venous, or small-vessel thrombosis in any tissue or

organ, thrombosis should be present without significant evidence of inflammation in the vessel wall, unexplained fetal deaths of morphologically normal fetuses at or beyond the $10^{th}$ week of gestation, premature births of normal neonates before the $34^{th}$ week of gestation because of eclampsia or severe pre-eclampsia defined according to placental insufficiency. Laboratory criteria include; Lupus anticoagulant is present in the plasma. It is detected by functional clotting assays (activated partial thromboplastin time) anticoagulant, anticardiolipinand anti-beta2-glycoprotein antibodies. Many patients may be positive for only a lupus anticoagulant or anticardiolipin antibody alone ***(Devreese, 2014).***

Obstetric complications are the hallmark of APS. Recurrent miscarriage, pre-term labor, oligohydramnios, prematurity, intra-uterine growth restriction, fetal distress, fetal or neonatal thrombosis, pre-eclampsia / eclampsia, HELLP syndrome, arterial or venous thrombosis and placental insufficiency are the most sever related complications of pregnant women ***(Prima et al., 2016).*** The current treatment strategy for the prevention of pregnancy complications in woman with obstetrical antiphospholipid syndrome, based on preventing thrombosis through use of low-dose aspirin and a prophylactic dose of (UFH)