



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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التوثيق الإلكتروني والميكروفيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY

Effect of Nursing Guideline for Reducing Passive Smoking Hazards on Pregnancy Outcome

Thesis

*Submitted in Partial Fulfillment of the Requirements
for the Doctorate Degree in Nursing Science*

By

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Dedication

✍ *Great Thanks for*

*My Father, Mother, Sisters, Brothers
all My family, My husband, Daughters
and Son All my friends. For their
patience, love, encouragement and
Unlimited support.*

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List of Abbreviations

<i>Abbr.</i>	<i>Full term</i>
CPR	Cardio pulmonary resustation
CG	Control group
CHG	Child health group
COPD	Chronic obstructive pulmonary disease
CS	Cesarean section
ETS	Environment tobacco smoke
FCT	Framwwork convention on tobacco control
FHR	Fetal heart rate
HCG	Human chronic gonadotropin
DHHS	Department of Health and human services
HPL	Human placental lactogenic
IARC	International agency for research on cancer
IUGR	Intra- uterine growth retardation
LBW	Low – birth weight
NHS	National health service
NRT	Nicotine replacement therapy
PIH	Pregnancy induced hypertension
SGA	Small gestational age
SHS	Second – hand smoke
SIDS	Sudden infant death syndrome
V.S	Vital signs
WHO	World health organization

Abstract

The study aim: was to evaluate the effect of nursing guideline of reducing passive smoking hazards on pregnancy outcome. **Research design:** A quasi-experimental study **Sample:** a purposive sample include 214 pregnant women with passive smoking exposure from Ain Shams university maternity hospital. The total No. of the sample divided into two groups (control group and study group). **Tools:** five tools were used for data collection; structured interviewing questionnaire sheet, written exam tool (Pre/post/follow up test), attitude assessment tool, maternal and fetal assessment sheet, maternal and neonatal observation sheet, plus educational supportive material about effect of passive smoking on pregnant women and prevention. **The results revealed** that, there were 58.9%, 31.8%, 80.4%, and 62.6% of pregnant mothers among control group suffered from abnormal temperature, pulse rate, respiratory rate, and blood pressure respectively compared with, 93.5%, 72.9%, 72.0%, and 60.7% of them for study group had, there were 86.9% of mothers among study group delivered vaginally and 13.1% of them delivered by caesarean section while 70.1% of mothers among control group delivered vaginally and 28.0% of them, by caesarean section study group had newborn with good health conditions and good abgar score compared with 70.1% for mothers of control group. **Conclusion revealed that,** more than two third of studied sample “both group” represented poor knowledge and attitude about passive smoking hazards on pregnancy at 1st trimester while more than three quarter of study group who received specific nursing guideline were correct/ complete knowledge & attitude about passive smoking hazards at 2nd and 3rd trimester of pregnancy. **The study recommended that** the nursing guide line intervention for pregnant women in first trimester through session/ booklet or brochures and follow up tests were improved the women knowledge for reducing passive smoking hazards on pregnancy outcome.

Key words: passive smoking, pregnancy outcome, nursing guideline

INTRODUCTION

Pregnancy is a vulnerable time for a women s s health & tobacco smoke harms mother &their unborn children .in developing countries is uncommon for women to smoke while pregnant - but their exposure to second hand smoke during pregnancy is a lot higher, according to recent study by the demographic & health survey which was carried out in 30 developing countries (*Schramm et al., 2011*).

Smoking is an important risk factor for morbidity and mortality in every individual irrespective of age. When an individual stars smoking, dependency develops due to nicotine. A recent report of middle and low income counties show that a population –based prevalence of tobacco use was approximately 2.6%in middle low income counties. In Egypt which was surveyed in 2005 .the rates were 0.4% for cigarette smoking. 0.1% for smokeless tobacco &0.4& for any form of tobacco .data was obtained from demographic &health surveys. Which are routinely .conducted in middle & low income countryies (*WHO, 2013*).

Globally, an estimation of 33% of male non –smokers 35% of female non-smokers &40%of children are exposed to

SHS .it is prevalent in smoking area such as offices, restaurants, and other enclosed spaces when people burn tobacco products as cigarettes and water pipes. There is about 14.1 million smokers, representing 16.6% of the total population (*Center For Disease Control & Prevention, 2012*).

Smoking in Egypt is mainly masculine, as 33.3% of male are smokers compared to only 0.2% of females are smokers only 6 million smokers are in an urban compared to 8.1% million in rural. Inspite of more than 20 million individual are non –smokers but exposed to passive smoking inside the family, because of the presence of one or more smoking family member .85% of male &female are exposed to passive smoking .pregnant women who don't smoking can also be at hazard, from SHS in their environment such as; home, the work place, and others, like to smoking, through the pregnancy, being exposed to passive smoking. Result in serious risk for both, the mother & the embryo (*WHO, 2013*).

Tobacco smoke is put into three categoies: first – hand smoke which inhaled by the smoker. Second – hand smoke which is the smoke either exhaled by asmoker or released from the end of aborning cigarettes third-hand