Dhi-Qar University

College of Medicine

Department of Medicine

Life style and pregnancy loos

A project study

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By

Huda Abdulhussein Zughaier

Rusul Abdulrazaq Jassim

Zaineb Nassir Nafea

Hanin Jehad Rehan

Supervised By

Dr. Wasan Al-Khafaji

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بسم الله الرحمن الرحيم

﴿ قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ

الْعَلِيمُ الْحَكِيمُ ﴾

صَدَقَ اللهُ العَلِيُّ العَظِيم

﴿ البقرة/اية32 ﴾

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Praise be to God, Lord of the worlds, and prayers and peace be upon the most honorable of the prophets and messengers, our Master Muhammad, his family, his companions, and those who followed them with charity until the Day of Judgment.

I thank God Almighty for his bounty for allowing me to accomplish this work thanks to Him. Praise be to Him first and foremost.

Then I thank those good guys who extended a helping hand to me during this period, in the forefront of which is my professor overseeing the letter Dr. Wasan , who spared no effort in helping me, as is his habit with all students of knowledge. ..

Dedication

I dedicate my graduation to those who wished me success and success, my dear brother and sisters, to everyone who supported me and to everyone who wished me good and success, my family, friends, and colleagues, and a great thanks to the two greatest people, my father, my mother. Bring up with his eyes that never sleep.

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Abstract:

Background: It is known that lifestyle factors affect sporadic miscarriage, but the extent of this pregnancy loss is less well known.

Methods: A purposive (non-probability) samples. The target population (100) which was included in this study was from Bint Alhuda hospital**.**

Results: The study was conducted on 100 women with a mean age of 35.10 ± 10.37. The study participants were divided into two groups, one group was 50 normal pregnant not having an abortion and another group was 50 pregnant having an abortion .

Conclusions: There was no statistically significantly different in terms of smoking during pregnancy. The same results were observed for weight gain, hard-working at home, and exposure to radiation. It seems that there is an urgent need for promoting women knowledge and it is imperative to provide comprehensive training in the field of maternity and pregnancy care.

Chapter one: Introduction

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Spontaneous early pregnancy loss (or miscarriage) is described as any pregnancy that fails to progress beyond 24 weeks, resulting in death and often expulsion of the embryo or fetus[1]. It is the most common complication of early pregnancy, affecting 15–20% of all pregnancies[2]. pregnancy loss is defined by the European Society of Human Reproduction and Embryology (ESHRE) as 2 or more consecutive miscarriages, occurring in 1–2% of couples[3]. However, many other countries have adopted the term 'recurrent miscarriage' (RM), defined as the occurrence of 3 or more consecutive miscarriages occurring in 1% of couples.

Pregnancy loss is a complex disease where causation has been attributed to numerous factors including those related to chromosomal abnormalities, immunological and immunogenic, endocrinological, DNA fragmentation in the sperm, impairment in the biosensor function of the endometrium as well as lifestyle influences[4]. Standard investigations will be normal for many couples and the cause of RPL is deemed 'unexplained' in around 50% of cases.

Lifestyle factors are modifiable and in many instances optimisation of these enhances the chances of a positive reproductive outcome. Whilst the specific mechanisms leading to early pregnancy loss is still relatively unknown, poor lifestyle is associated with a hostile reproductive environment whereby optimal embryo implantation and securement of a pregnancy is compromised[5]. It is now clear that the peri-implantation intrauterine environment is a key determinant of pre-implantation embryo development and early programming[6]. For example, differences in a women's diet can significantly alter the amino acid milieu within human uterine fluid[7]. The literature studying the effects of various lifestyle

factors on pregnancy loss has not been comprehensively reviewed and current recommendations[3] are based on evidence from studies on a population who have had sporadic miscarriages. These findings may not be extrapolated to those with pregnancy loss. Isolated miscarriages are associated with an abnormal embryonic karyotype, however as the number of consecutive miscarriage increases, the frequency of abnormal embryonic karyotype significantly reduces[8]. This suggests that the impact of lifestyle may be more significant on the pregnancy loss population compared to those with an isolated early miscarriage.

This study will investigate the impact of female lifestyle factors, on pregnancy loss in the general population. This would help in understanding probable associations to improve patient management.

Chapter two: Methodology

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- **Design of the study:**

A descriptive study design using a purposive (non-probability) sample of Maternal knowledge about neonatal care. study design was used in this quantitative research to Maternal knowledge about neonatal care.

- **Setting place and timetable**

From 1st Apr to 11st May 2022. Study participants were recruited from Bint Alhuda hospital.

- **Patients and control Sampling method and sample size inclusion and exclusion criteria.**

A purposive (non-probability) samples. The target population (100) which was included in this study was from Bint Alhuda hospital**.**

- **Data Collection:**

The data collection started by using questionnaire format and fill out sampling was obtained from women. The process of collecting data for the researcher through the questionnaire form. The purpose of the study was explained to all participants through the title of the form.

Data analysis

Statistical analyses were performed using Statistical Package for Social Sciences (SPSS) for Windows 10. Decide significance of results by mean and p-value, frequency and percentage.

Chapter three: Results

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The study was conducted on 100 women with a mean age of 35.10 ± 10.37. The study participants were divided into two groups, one group

was 50 normal pregnant not having an abortion and another group was 50 pregnant having an abortion (Table 1).

Table 1: Distribution of 100 women according to their lifestyle.

Lifestyle	Normal	Abortion
Smoking	1 (2.0%)	2 (4.0%)
Weight gain	42 (84.0%)	32 (64.0%)
Hard-working at home	24 (48%)	23 (46%)
Exposure radiation	7 (14.0%)	5 (10.0%)
Healthy diet	19 (38.0%)	19 (38.0%)

Table 1shows the distribution of 100 women according to their lifestyle. The number of women who smoke during pregnancy was 1 (2.0%) in normal pregnant and 2 (4.0%) in the abortion group. Also, 42 (84.0%) women have weight gain during pregnancy, and 32 (64.0%) in the abortion group. 24 (48%) do hard work during pregnancy and 23 (46%) do in the abortion group. In addition, 7 (14.0%) were exposed to radiation in the normal pregnant group, and 5 (10.0%) in the abortion group. The same results were observed in following a healthy diet in both groups 19 (38.0%).

A Chi-square test was performed to see any significant difference between both groups (Table 2).

Table 2: comparison of lifestyle between both normal pregnant and abortion pregnant.

		Healthy diet	Smoking	Weight gain	Hard-working at home	Exposure radiation
		Frequency				
Groups	Normal	19	1	42	24	7
	Abortion	19	2	32	23	5
p-value		0.582	0.500	0.230	0.500	0.380

The number of women who follow a healthy diet was 19 in both groups, and there was no statistically significant different p=0.582. Also, there was no statistically significantly different in terms of smoking during pregnancy p=0.500. The same results were observed for weight gain, hard-working at home, and exposure to radiation p-values were 0.230, 0.500, and 0.380 respectively.

Chapter four: Discussion

Chapter four: Discussion

Concerns about the consequences of lifestyle abortion. especially lifestyle The main keys to reducing abortion are smoking, weight gain, hard work at home, radiation exposure, and a healthy diet (Nazario, 2017).

Our results shows there was no statistically significantly different in terms of smoking during pregnancy p=0.500. smoking increased the risk of spontaneous abortion, but not significantly, according to the findings of this study.Similar studies, on the other hand, found a link between smoking and an increased risk of abortion (Venners, Wang et al. 2004, Meeker, Missmer et al. 2007). There is no single stage of pregnancy when smoking is safe; therefore, pregnant women should avoid tobacco contamination.

Also, there was no statistically significantly different in terms of hard-working at home during pregnancy p=0.500. A higher level of job stress was reported to be associated with spontaneous abortion with an OR of 1.28 [95% CI: 1.05, 1.57] (Brandt and Nielsen 1992), In a nested case control study, there was an increased risk of an adverse pregnancy outcome, which was linked to spontaneous abortion with an OR. Due to recall issues, the reliability of the information obtained was a limitation because it was a case control study.

The number of women who follow a healthy diet was 19 in both groups, and there was no statistically significant different p=0.582. There have been few studies on the link between dietary patterns and the risk of miscarriage. The current study findings were inconsistent with two previous studies on dietary habits and the risk of miscarriage. Lower intakes of green vegetables, fruit, and dairy products, combined with higher intakes of fat, were linked to a higher risk of spontaneous early

miscarriage in an Italian case-control study (Di Cintio, Parazzini et al. 2001). In a population-based case-control study from the United Kingdom, lower intakes of fresh fruits and vegetables, dairy, and chocolate were linked to a higher risk of spontaneous abortion (Maconochie, Doyle et al. 2007). Although a direct comparison with our findings is difficult, we found no evidence that a diet high in fruits and vegetables (for example, the aMED or aHEI-2010) or dairy products (for example, the FD) was linked to pregnancy loss.

According to a study, certain occupational exposures experienced by nurses are linked to the risk of spontaneous abortion (Lawson, Rocheleau et al. 2012). In the current study there was no statistically significantly different in terms of exposure to radiation during pregnancy p=0.380.

Chapter five: recommendations conclusions

Chapter five: recommendations conclusions

There was no statistically significantly different in terms of smoking during pregnancy. The same results were observed for weight gain, hard-working at home, and exposure to radiation. It seems that there is an urgent need for promoting women knowledge and it is imperative to provide comprehensive training in the field of maternity and pregnancy care.

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