

## Introduction

Pregnancy is a critical event in a women's life that affects her health and well being (*Jant, 2002*). It is always accompanied by physiological and anatomic changes. The physiological changes that may occur during this periods may be accompanied by some problems and complications which are potentially life threatening to mother and the fetus (*WHO, 2005*).

All pregnant women by virtue of their pregnant status face some level of risk. Around 40% of all pregnant women develop some complications, and 15% need obstetric care to manage complications which are potentially life threatening to the mother and the fetus (*WHO, 2001*).

World wide, over 500, 000 women die from complications related to pregnancy and child birth each year. Over 99 percent of those deaths occur in developing countries such as Egypt. Reducing maternal mortality and morbidity due to pregnancy related complications will depend on improving the quality of antenatal care (*WHO, 2001*).

More than 40 percent of pregnant women, 50 million each year, experience pregnancy-related health problems during or after childbirth. Fifteen percent of these women suffer serious or long-term complications (*WHO, 1999; SMH, 2002*). These complications can be the result of many factors such as age, parity, blood type, socioeconomic status, psychological health, or preexisting chronic illness. Effective and regular prenatal care is directed toward identifying factors that increase a

---

---

pregnant woman's risk for optimal health of the mother and her fetus (*Drescher, 2003*).

Maternal mortality has been estimated as 600.000 maternal deaths per year from complications of pregnancy. Almost 95% of these deaths occur in developing countries (*WHO, 2005; Gobbo et al., 2002*).

In Egypt, according to the last statistics from ministry of health and population, maternal mortality rate is about 84/100000/ year women die from complications of pregnancy and childbirth (*Ministry of Health and Population, 2005*).

Moreover, 4.3 millions of fetal deaths were estimated by *WHO (2004)* to occur before or during delivery ad consequences of poorly managed pregnancies and delivery. In Egypt, 1.7 million babies are born; half of them die from the complication of pregnancy and childbirth (*Carl Haub, 2003*).

According to *WHO (2001)*, reduction of maternal and infant mortality and morbidity due to complications of pregnancy depends on improving the quality of antenatal care. Problems during pregnancy are underway to heighten public awareness of the importance of antenatal care and the need to seek timely medical attention.

Antenatal care refers to care that is given to the expectant mother from the time of conception until the beginning of labor. In addition to monitoring the progress of pregnancy (*Kathleen, 2004*). Improved prenatal care has reduced infant and maternal mortality. Detecting potential problems early leads to prompt assessment and treatment which greatly improves the pregnancy's outcome (*Patricia, 2001*).

---

---

*Littleton and Engebreston (2002)* pointed out that adequate prenatal care is a comprehensive process, which presents benefits to the client, her partner, her family, and healthcare team assuming responsibility for her care. Numerous teaching opportunities arise, especially regarding interpretation of normal and psychological changes during pregnancy.

Millions of women in developing countries lack access to adequate care during pregnancy (*SMH, 2002*). Only 65% of women in developing countries receive antenatal care. A third of pregnant women in Egypt still go through their pregnancies without any antenatal care. Apparently, there has been some improvement in antenatal care since 2000, when nearly half of mothers were going through their pregnancies without any antenatal care (*EDHS, 2001*).

Quality means developing aspects regarding the structure, process and outcomes standards that the health care delivery system must meet in rank for its populations to achieve optimum health gains (*Bethesda, 2001*). The quality of health care consists of proper performance (according standards) of intervention that are known to be safe affordable to society in question, and have the ability to produce an impact on mortality. Morbidity, disability and malnutrition (*Lowder et al., 2000*).

Quality nursing care was perceived to the degree to which patients physical, psychosocial, and extra care needs were met (*Williams, 2001*), the quality of nursing care has elements of traditional quality assurance approach, namely structure, process, and outcome standard (*Bohnic & Gradisor, 1999*). It also has various dimensions namely; appropriateness,

---

---

availability, continuity, effectiveness, efficiency, respect and caring, safety and timeliness (*Huber, 2000*).

The nurse plays an important role to improve the quality of antenatal care, which provides treatments and assessments ordered by the care provider. The nurse also teaches positive health practices in a way that is consistent with respectful of family's cultural practices. At the same time, the nurse can provide health promotional and psychological interventions with follow up. Nurses also share to achieve comprehensive services, which include health and nutrition education, counseling, social services, and appropriate referral (*Greehan, 2001*).

### ***Justification of the study:***

Millions of women in the developing countries are unable to receive antenatal care for a variety of factors. This results in increasing maternal and infant mortality and morbidity rates. The world Health Organization has estimated that of the 600.000 maternal deaths per year from complications of pregnancy, almost 95% occur in the developing countries (*WHO, 2001*).

The world health organization estimated that 4.3 million of fetal deaths occur before or during delivery as a consequence of poorly managed pregnancies and delivery (*WHO, 1999*).

In Egypt approximately 2.900 women die each year due to pregnancy-related complications. Additionally, another 58.000 to 87. 500 Egyptian women will suffer from disabilities caused by complications during pregnancy and child birth each year (*WHO, 2005*). While in kalubeya governorate, maternal mortality rate was reported as 51.1 maternal deaths per 100.000 live birth (*Ministry Of Health and Population 2004*) .

---

---