Summary

Childbearing can be a joyful experience for many women. However, at the same time, the dramatic physical, psychological, and social changes that accompany pregnancy can be overwhelming. Improved or adversely affected quality of life is frequently inferred from certain clinical conditions. Quality of life received little attention in the medical or public health literature, but since then the situation has been reversed. Despite its widespread use, the term "quality of life" has different meanings to different people. For some researchers and clinicians quality of life is an umbrella concept that refers to all aspects of a person's life, including physical health; psychological well-being; social well-being; financial well-being; family relationships; friendships; work; leisure; and the like. In contrast, some approaches to quality of life emphasize the social and psychological aspects of life, and contrast quality of life with quality of care.

The Aim of the Study:

To assess the quality of life among pregnant women medically diagnosed With kidney disorders this will be achieved through:-

Hypothesis:-

The majority of mothers with kidney disorders have unhealthy quality of life.

Study Design:-

A descriptive study design was used to assess the quality of life among pregnant women medically diagnosed with kidney disorders.

Setting:-

The study was conducted at Benha University Hospital at the maternal department.

Tools of data collection:

Two tools were used for data collection.

I- The first tool is an Interviewing Questionnaire:

It was designed in an Arabic form, with close and open ended questions. This tool was developed by the investigator after passing through extensive and relevant of literature. It consisted of three parts:

The first part: Assessed women general characteristics as, age, occupation, education.

The second part: Assessed the mother's obstetric history as gravidity, parity, complication from the present pregnancy, and the present and past medical history.

The third part: Assessed women's knowledge regarding kidney disorders.

II- The second tool:

A translated modified Arabic version of quality of life index scale was utilized adapted from Medical Outcomes Studies (MOS) Short Form, known as the SF-36, developed by John Ware and colleagues 1992, and adapted by the researcher to assess the quality of life for pregnant women medically diagnosed with kidney disorders.

Results:

The results of this study have showed the following results:

- The highest percentage of women's age (57%) ranged from 25-35 years, (74%) were from rural, (39%) were highly educated, and (67%) were housewives.

- The highest percentages of women (51%) were multigravida and (63%) had children.

- The highest percentages of women (77%) were affected by the disorders, (81.82%) had somatic effect followed by (68.83%) had psychological effect and (63.64%) had economic effect.

- There was highly statistically significant difference between age groups, residency, job and educational level and quality of life aspects.

- There was significant difference between gravidity, Parity and number of living children and quality of life aspects.

The present study, based on the finding of this study recommended that:

- Psychological follow up programs for those pregnant women with kidney disorders to help improvement of their quality of life.

- Health education programs for the pregnant women and their families to up grade their knowledge about the kidney diseases and the proper nutrition during the disease.

- Enforcement the nursing role in the area of managing the quality of life of the pregnant women specially those with kidney disorders, through training courses.

- Further studies in the area of this study are needed with different sample size and different methodologies to confirm the present results.