INTRODUCTION

Pregnancy is a normal physiologic process; it shows adaptations in all major body systems including the urinary system that shows significant anatomic and physiologic alterations [(1)]. The kidneys are one of the most hardworking organs in the body. The paired organs are essential in the production of urine and aids in the elimination of liquid wastes from the body. In the long run, if a kidney problem is ignored, it can lead to renal failure that can cause death. The problems and complications associated with kidney problems are magnified during pregnancy. This is because the fragile condition of pregnancy can make it difficult for a woman to get treatment for the condition without posing possible harm to either the mother's or baby's health [(2)].

Kidney disease describes a condition that occurs when the nephrons (tiny structures that filter wastes and toxins from the blood) have become damaged. Such damages results in reduced kidney function [(3)].

Kidney disorders and kidney failure are rising globally, particularly in developing countries where the major underlying causes, diabetes and hypertension, are also on the rise. Thus, detecting kidney disorder early and managing the underlying causes are key to saving lives [(4)]. Features of kidney disease during pregnancy depend on the type of kidney disease. However, common features are body swelling, increased blood pressure, changes in urinary pattern (frequency, volume, color) and changes in normal bodily functions (appetite) [(5)].

Women who have a kidney disorder are at high risk for pregnancy complications, including miscarriage, stillbirth, preterm birth, and preeclampsia [(6)].

The cconcept of Quality of Life (QoL) has emerged as an important psychological dimension within pregnancy [(7)].

The term quality of life is used to evaluate the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging [(8)].

Within the field of healthcare, quality of life is often regarded in terms of how it is negatively affected, on an individual level, by disease. Researchers at the University of Toronto's Quality of Life Research Unit define quality of life as "The degree to which a person enjoys the important possibilities of his or her life" (UofT). Their Quality of Life Model is based on the categories "being", "belonging", and "becoming", respectively who one is, how one is connected to one's environment, and whether one achieves one's personal goals, hopes, and aspirations [(9)].

Assessment of health related quality of life (HRQoL) could be helpful in monitoring the management of women with Kidney disease (KD). It does not just refer to satisfaction with longer survival, but more importantly to enjoying this longer survival with maximum attainable state of wellbeing. Furthermore, this assessment of quality of life (QoL) could help health care providers in modulation of treatment approaches to respond to identified patient's needs and problems [(10)].

The significance of the problem

There is no previous studies in Benha University Hospital to investigate the quality of life among pregnant women with kidney disorders, so this study assessed the quality of life among pregnant women with kidney disorders. The prevalence of asymptomatic bacteriuria has been reported as high as 5% to 6%, pyelonephritis complicates 1 to 2 percent of all pregnancies [(11)]. Acute pylonephritis occurs in 1 to 2 percent of all pregnancies [(12,13)]. Incidence of acute renal disease during pregnancy is 1/10,000 and the rate of live birth to women of all races and ages with a history of renal disease was 7/1000 [(14)]. About 20% of pregnant patients with moderate renal insufficiency progressed to end stage renal disease, and 45% of patients progressed to end stage renal disease within a year after delivery. Acute renal failure during pregnancy is rare in the developed world with an incidence of approximately 1:15,000, but access-to-care problems, even in the US, contribute to a low renal recovery rate [(15)].

Assessment of quality of life among pregnant women with kidney disorders help to identify mothers/ fetus needs and to plan care to motivate these women to develop positive coping pattern. No statistics in maternity Benha University regarding pregnant women with kidney disorders.

The Aim of the Study

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

1- Assessment of woman's knowledge regarding kidney disorders (signs and symptoms, causes, and complication) during pregnancy.
2- Evaluation of quality of life among pregnant women with kidney disorders.