

Introduction

The many anatomical and physiological changes occurring during pregnancy affect the entire urinary tract. Accentuation of these changes can become pathological, alter renal function and induce various urological diseases which can be life-threatening to the fetus and/or the mother. Some changes can persist postpartum **Hooten , (2000).**

Urinary tract infections are the most common medical complications of pregnancy. That may be either asymptomatic or symptomatic .Which may occur in one or more parts of the urinary tract and includes asymptomatic bacteriuria, cystitis and pyelonephritis. Bacteria may ascend through the urethra to the bladder or through the ureters to the kidneys, enter by the hematogenous route (rare) **Constance, (2004) and Creasy, and Resnik, (1999).**

Urinary tract infection (UTI) is one of the most common reasons for people to seek medical consultation and is also one of the most frequently occurring nosocomial infections **Gupta , et al, (2001)**.

Urinary tract infection is asymptomatic and symptomatic. Asymptomatic bacteriuria (ASB) is bacteriuria without apparent symptoms of urinary tract infections. The importance of ASB is a major risk factor for the development of symptomatic UTI **Haddad, (2005).**

Asymptomatic bacteriuria occurs in 2 – 8% of pregnancies. Investigation and treatment will prevent about 40% of pyelonephritis and a two-fold higher premature delivery rate **Saidi, et al, (2005).**

The common symptoms of lower (UTI) are bloody in the urine (hematuria), cramps or pain in the lower abdomen, pain during sexual intercourse, chills, fever, sweats, leaking of urine (incontinence) pressure or

tenderness in the area of the bladder, Pain or burning (discomfort) when urinating, the need to urinate more often than usual, a feeling of urgency during urination, Urine that looks cloudy, smells foul or unusually strong, When bacteria spreads to the kidneys (Pyelonephritis): may experience: flank pain, chills, fever, nausea, vomiting, malaise, and cost vertebral angle tenderness **Siddighi, et al, (2006).**

During pregnancy, UTIs are more common in women who are older, of higher parity, of lower socioeconomic status, have a past history of UTI, have an anatomical or functional urinary tract abnormality, or have the sickle cell trait or diabetes **MacLean, (2000)**

Maternal UTI during pregnancy is associated with preterm birth, premature rupture of membranes (PROM), fetal death ,low Apgar scorea, mental retardation, intrauterine growth retardation IUGR, low fetal birth weight, hypertension, and early pregnancy loss, may have been overestimated **MacLean,(2000) and Mazor-Dray ,(2009).**

Self-care is a part of every day living. It is the care taken by individuals towards their own health and well-being, and includes the care extended to their children, family, friend and other in neighborhoods and local communities **Darracott, (2005).**

Nurse provides the women with information to help her recognize the sign and symptoms of a urinary tract infection to facilitate early identification and treatment of future infection. The nurse should also reinforce instructions and answer any additional questions the women may have regarding the prescribed antibiotic, the type and amount of liquid to ingest, and the reasons for these treatments. Urinary tract infections usually respond quickly to treatment but follow-up clinical evaluation and cultures are important **Old, et al,(2004).**

JUSTIFICATION OF PROBLEME

Urinary tract infections (UTIs) are a common complication of pregnancy. Several anatomical and hormonal changes in pregnant women lead to ureter dilatation and urinary stasis **Briggs, et al, (2004)**. Symptomatic UTI occurs in 1% to 2% of pregnancies, while asymptomatic bacteriuria has been reported in 2% to 13% of pregnant women. (**Pillitter, (2010) and Dwyer and Reilly, (2002)** the study **Dimetry, (2007)** revealed that the incidence of UTIs during pregnancy was (31, 3%) in Egypt. But **Okonko, et al, (2009)** at Nigeria, The results showed that the incidence of UTIs in this study population was (47.5%).which contribute to the increased risk of developing UTIs. Untreated UTIs can lead to complications, such as pyelonephritis, low-birth-weight infants, premature delivery, and stillbirth, therefore, prompt treatment of symptomatic UTIs and asymptomatic bacteriuria is warranted in pregnant women. So the present study aimed to: assess the self care measures used by pregnant women for urinary.

AIM OF THE STUDY

To assess the self care measures used by pregnant women for urinary tract infection through:

- Assessing knowledge about urinary tract infection.
- Evaluate self care practice used by pregnant women for urinary tract infection.

RESEARCH QUESTIONS

What are self care measures uses by pregnant women for urinary tract infection?