



Evaluation of pregnant mothers' knowledge about pregnancy stabilizers and their effect on the newborn

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Abstract

Background: Pregnancy is an important period in the life of a pregnant woman, as many health and environmental factors affect the health of the fetus and the mother. The most important of these factors are pregnancy stabilizers, which are one of the medications used to stabilize the pregnancy. However, adequate awareness of the methods of using these medications and their effect on the future baby is very important. Doctors usually recommend starting to use pregnancy stabilizers between the 16th and 20th week and continuing them until the 36th week of pregnancy. The goal of using pregnancy stabilizers is to maintain the health of the mother and fetus and also reduce the chances of miscarriage. One of the most important pregnancy stabilizers is the drug deprogesterin, which is a synthetic progestogen that is similar in molecular structure and pharmacological effects to the natural progestogen hormone. Unlike many other progestogenic compounds, deprogesterin does not produce any increase in temperature and does not prevent ovulation.

Aim of the study: To assess the level of knowledge of pregnant mothers about pregnancy stabilizers and their effect on the future baby, and to analyze the general understanding of the effect of these stabilizers on the health of the fetus and mother in the future, and to provide important recommendations to improve knowledge and enhance health awareness among pregnant mothers.

Methodology: This study was conducted in the city of Baghdad at the Sinbad Health Center located in the Al-Zafaraniya area, where the study was conducted on pregnant mothers who visit the health center for the purpose of health care. The sample size was 200 pregnant women, and the sample collection period continued from 1/1/2023 to 1/4/2024.

Results: The results of this study showed that a large percentage of pregnant mothers may not have sufficient information about pregnancy stabilizers and their harm to the future baby, as less than 50% of pregnant mothers knew the types of stabilizers and their effect on the fetus or the future baby, and some mothers had some misconceptions about the safety of using pregnancy stabilizers. This indicates the urgent need for more health education for pregnant mothers. As for the effect on the baby, mothers realized that the effect of pregnancy stabilizers on the baby or on the health of the baby was limited, as they did not have sufficient information about the potential risks and benefits regarding the effect of pregnancy stabilizers.

Conclusion: Pregnancy stabilizers are important medications to maintain pregnancy in certain cases, but these stabilizers must be used with caution and under medical supervision. Despite the presence of some potential risks, the potential benefits of these medications outweigh the risks in most cases, especially for pregnant women at risk of miscarriage. Pregnant women who use pregnancy stabilizers must discuss all the risks and benefits with their doctor and make the appropriate decision.

Keywords: Evaluation, pregnant mothers, knowledge, pregnancy, stabilizers, effect, newborn

Introduction

Pregnancy stabilizers are medications that contain the hormone progestin, which has a fundamental role in the female body, as it has a fundamental role in reducing and decreasing the risk of miscarriage, but taking them should only be under medical supervision ^[1]. Pregnancy stabilizers are generally taken in the first trimester of pregnancy, and the goal of using pregnancy stabilizers is to maintain the health of the mother and fetus, as well as reduce the chances of miscarriage ^[2].

However, sometimes the doctor may require the pregnant woman to continue taking these stabilizers for a period longer than the first three months, and this depends on the health condition of the pregnant mother. There are several types of pregnancy stabilizers, including vaginal suppositories [3]. Which may contribute to increasing the thickness of the uterine lining, but if the pregnant mother suffers from chronic diseases such as high blood pressure or diabetes or has other heart problems, she should not use this type of stabilizer and take another type [4]. The second type of pregnancy stabilizer pills is progesterone pills [5]. These pills may provide great protection for the pregnant woman from miscarriage, especially in the first three months. In some cases, the use of the pills may be stopped during the first months of pregnancy, or some cases may require continuing them until the pregnant woman reaches the ninth month of pregnancy [6]. It is also necessary to adhere to the dose prescribed by the doctor and not to stop pregnancy stabilizers or start using them except after consulting a doctor. One of the most important harms of pregnancy stabilizers is abnormal vaginal bleeding [7]. It may also cause menstrual disorders in the event of using the drug without a cord and other respiratory problems such as coughing and headaches. Pregnancy can also be stabilized naturally by taking folic acid daily, exercising, eating sources of vitamin C, controlling stress, maintaining a healthy weight, and refraining from smoking and alcohol. Pregnancy stabilizers are Duphaston, as this stabilizer contains the active ingredient dydrogesterone. Although this stabilizer is

commonly used to stabilize pregnancy, this stabilizer also has other uses [8]. The effect of Duphaston pills depends on the reason for its use. In each case, the goal of its use is to stabilize pregnancy and prevent miscarriage. Birth control pills can be used after ensuring the pregnancy and seeing the fetal heartbeat [9]. But the goal of its use is to stabilize a natural pregnancy. The harms of pregnancy stabilizers on the mother can cause her lumps in the breast or difficulty speaking or affliction or numbness in the arm or leg and shortness of breath and chest pain and swelling in the face or throat or tongue and the chance of some deformities occurring in the fetus in all cases of pregnancy ranges between three to 5% and this percentage does not differ when using pregnancy stabilizers and the use of pregnancy stabilizers does not lead to any of the specific harms or deformities on the fetus [10, 11], but some harms may occur when used incorrectly or unnecessarily [12, 13]. Some studies have shown that the risk of developing a congenital deformity known as hypospadias in males is increased and this condition is represented by the opening of the shoe in an abnormal place and it forms in the correct place in the penis of the fetus. Surgery can be performed to correct this difficult problem and it can also affect the occurrence of changes in the function of walking from the usual by causing the narrowing of the blood vessels and then reducing the extension of oxygen and nutrients to the fetus from and sometimes the result may be the birth of a child who is underweight and not fully developed and also it can [14, 15].

Table 1: Distribution of a study sample according to different socio. Demographic

Variable	Response	Number(200)	%
Age	15-19	45	22.5
	20-24	40	20
	25-29	50	25
	30-34	35	17.5
	35-39	20	10
	40-44	10	5
Occupation	Employee	60	30
	housewife	140	70
Education level	Primary school graduate	45	22.5
	Middle school graduate	40	20
	Preparatory school graduate	35	17.5
	Bachelor's degree	20	10
	Postgraduate studies	20	10
Number of children	None children	10	5
	1-2 children	80	40
	3-4 children	90	45
	More than 4 children	20	10

Table (1) shows the demographic characteristics of the studied sample in terms of age. The majority of participants were between 25 and 29 years old, and their percentage reached (25%). Regarding profession, the majority of participants were housewives, and their percentage reached

70%. As for the level of education, the majority of them had a primary education, and their percentage reached (22.5%). The majority of participating pregnant women had three to four children, and their percentage reached 45%)

Table 2: Knowledge of pregnant mothers regarding pregnancy stabilizers

Variable	Response	Number(200)	%
Current stage of pregnancy	The first three months	100	50
	From 4-6 months	80	40
	From 7-9 months	20	10
Do you know what pregnancy stabilizers are?	Yes	80	40
	No	120	60
What are the side effects of pregnancy stabilizers?	High body temperature	60	30
	Dizziness	20	10

	Headache	20	10
	Shortness of breath	80	40
	Whole body swelling	10	5
	Diarrhea	10	5
How many times a day should I take pregnancy stabilizers?	Once a day	70	35
	Twice a day	130	65
Does the pregnancy stabilizer prevent miscarriage?	Yes	60	30
	No	140	70
Are pregnancy stabilizer pills necessary for every pregnant woman?	Yes	130	65
	No	70	35
Does pregnancy stabilizer reduce pregnancy contractions?	Yes	145	72.5
	No	55	27.5
Do pregnancy stabilizers cause difficulty in childbirth ?	Yes	90	45
	No	110	55

Table (2) shows the knowledge of pregnant mothers regarding pregnancy stabilizers. Regarding the stage of taking pregnancy stabilizers, the majority of mothers answered that pregnancy stabilizers are taken during the period of four to six months, and their percentage was 40%. As for the knowledge of pregnant mothers regarding whether it is necessary to take pregnancy stabilizers, their answer was no, and their percentage was 60%. As for the symptoms of pregnancy stabilizers, the majority of women answered that one of the most important symptoms of pregnancy stabilizers is shortness of breath, and their percentage was 40%.

Regarding the number of times pregnancy stabilizers are taken, the majority of women answered that the contraceptive medication is taken twice a day, and their percentage was 65%. As for the fact that contraceptives prevent miscarriage, the majority of women answered with the word no, and their percentage was 70%. As for whether contraceptives are necessary for pregnant women, the majority of women answered with the word yes, and their percentage was 65%. As for the fact that contraceptives help reduce pregnancy cramps, their percentage was.

Table 3: Sources of information for mothers about pregnancy stabilizers

Variable	Number(200)	%
Doctor	100	50
Friends	10	5
Family	10	5
Internet	80	40

Table (3) shows the sources of information for pregnant mothers about pregnancy stabilizers. The majority of pregnant mothers answered that their sources of information

about pregnancy stabilizers are from doctors, which amounted to 50%, and also from the Internet, which amounted to 40%.

Table 4: Mothers' knowledge about types of pregnancy stabilizers

Variable	Response	Number(200)	%
Progesterone injections	Yes	90	45
	No	110	55
Duphaston tablets	Yes	60	30
	No	140	70
Vaginal suppositories	Yes	145	72.5
	No	55	27.5

Table 4 shows the types of pregnancy stabilizers. The most important types known to pregnant women were **Progesterone injections**, pregnancy stabilizers injections,

which accounted for 45%, and also stabilizer suppositories, which accounted for 72.7%.

Table 5: Mothers' knowledge about the harm of pregnancy stabilizers on the newborn

Variable	Response	Number(200)	%
Problems with growth and physical and mental development Death.	Yes	135	67.5
	No	65	28
Death	Yes	75	37
	No	125	62.5
Changes placental function, Causes narrowing of blood vessels;	Yes	145	72.5
	No	55	27.5
.Causes contraction of the uterine muscles, which leads to constriction of the fetus	Yes	100	50
	No	100	50
Premature birth	Yes	122	61
	No	78	39

Table 5 shows us mothers' knowledge about the harms of contraceptives on the newborn. The majority of mothers answered that the harms of pregnancy stabilizers on the newborn include problems with mental development and the possibility of death, and their percentage reached 67.5%. Also, the majority of them answered that pregnancy stabilizers cause contractions in the uterus and uterine muscles, and their percentage reached 50%. Also, 61% of pregnant mothers answered that pregnancy stabilizers lead to the birth of an underweight child.

Discussion

Pregnancy stabilizers are among the medications that many pregnant women resort to during pregnancy, especially women who have had many miscarriages or women who are threatened with miscarriage. These medications play a crucial role in maintaining and continuing pregnancy, but many questions have been raised about the potential side effects on the health of the fetus in the future. In this study, with regard to the knowledge of pregnant mothers about the effect of pregnancy stabilizers on the future baby in this study, with regard to age, most of the participants were young adults between the ages of 25 and 29 years. The vast majority of the participants was housewives and had a primary education level. Most pregnant women had more than three to four children. This study is consistent with the study conducted by Mohammed, *et al.* 2019^[16]. As for mothers' knowledge about pregnancy stabilizers, most mothers believed that pregnancy stabilizers are taken during the period of 4 to 6 months of pregnancy, and the majority of mothers believed that pregnancy stabilizers are not necessary. As for the symptoms that most mothers suffered from, according to their knowledge, they were shortness of breath. The most common dose for taking pregnancy stabilizers was twice a day. Many mothers believed that using pregnancy stabilizers prevents miscarriage, and most women believed that contraceptives help reduce pregnancy contractions. This study is consistent with the study conducted by, Devall AJ *et al* 2020^[17]. Most of the symptoms that mothers suffer from while using pregnancy stabilizers are shortness of breath. Also, using pregnancy stabilizers prevents miscarriage and helps reduce cramps and contractions during pregnancy. As for women's sources of information about pregnancy stabilizers, most women answered that their sources of information were doctors and the Internet, and this is consistent with the study conducted in by Tzeng in 2019^[18]. Regarding the types of pregnancy stabilizers, the majority of pregnant women had knowledge about progesterone injections and also about pregnancy stabilizer suppositories the study conducted by Tzeng in 2019^[18]. Regarding the perceived harms of pregnancy stabilizers on the fetus, some pregnant women believe that the expected harms of pregnancy stabilizers on the fetus are the birth of an underweight child and problems with mental development. This study is consistent with the study conducted in. Lykke. 2010^[19].

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