Effects of Spontaneous Abortion upon Women's Physical and Spiritual Status

تأثيرات الإجهاض التلقائي على الحالة الجسمية والروحية للنساء

Sarab Nasr Fadhil, MSc.N*
Dr. Rabe'a Mohsen Ali, PhD**

* Assistant Instructor, Maternal and Child Health Nursing Department, College of Nursing, University of
Baghdad. Email : miragewis@yahoo.com
** Professor, Maternal and Child Health Nursing Department, College of Nursing, University of Baghdad.
Email : rabea_ali@ymail.com

المستخلص:

الخلفية : عرفت منظمة الصحة العالمية الاجهاض التلقائي على انه يعني فقدان الحمل قبل قدرة الجنين على العيش خارج الرحم ، الفقدان بوزن اقل من 500 غم ، وفقدان الجنين في عمر 20 اسبوع او اقل . كما اشارت احدى الدراسات الى ان معاناة الاجهاض هي اكثر الاشياء المدمرة والتي تحدث للمرأة وشريكها . كثير من النساء يح ملن بسهولة ولكن نفسيا وجسميا غير متهيئات لصدمة فقدان الطفل (Glenville,2001)

الهدف: لمعرفة تأثير الاجهاض التلقائي على الحالة الجسمية والمعتقدات الروحية . وكذلك لمعرفة العلاقة بين الحالة الجسمية والمعتقدات الروحية مع متغيرات الدراسة (الديموغرافية ،الإنجابية).

المنهجية: أجريت دراسة وصفية تحليلية على عينة غير احتمالية (غرضيه) من (200) امرأة تعاني من الإجهاض التلقائي متواجدة في ردهات النسائية والتوليد في اربعة مستشفيات في مدينة بغداد وتشمل مستشفى الكرخ للولادة ، مستشفى العلوية التعليمي للولادة ، مستشفى اليرموك التعليمي ، مستشفى بغداد التعليمي . استخدمت الاستبانة كأداة لجمع المعلومات للفترة من 3 شباط 2013 إلى 26 نيسان 2013 لتحقيق هدف الدراسة وتتكون من أربعة أجزاء تتضمن من الخصائص الديموغرافية، الإنجابية ، و المجال الجسمي والمعتقدات الروحية لنوعية الحياة. تم أجراء الدراسة الاستطلاعية لاختبار ثبات الاستبانة وجرى صدق المحتوى من خلال (20) خبير واستخدام الإحصاء الوصفي والاستدلالي في تحليل البيانات .

النتائج: أظهرت النتائج إن (26.5%) من النساء تتراوح اعماره ن بين (25-29) سنة و(27.5%) خريجات ابتدائية و (25%) من ازواجهن خريجون كلية أو معهد و (80%) منهن ربات بيوت و (54.5%) من الأزواج موظفون و (48%) منهن ضمن مستوى اقتصادي واطئ . أما عن المعلومات الإنجابية (66%) من النساء ما بين بكريه و متعددة الحمل و (25%) من النساء لديهن على الأقل ولادتين و (52.5%) لديهن إجهاض تلقائي واحد سابق. كذلك بينت الدراسة انه لا توجد علاقة بين الحالة الجسمية مع متغيرات الدراسة ، لكن توجد علاقة بين المعتقدات الروحية والخصائص الاجتماعية (المستوى التعليمي للنساء وأ زواجهن، مهنة النساء، والمستوى الاقتصادي). و لا توجد علاقة بين المعتقدات الروحية والمؤشرات الإنجابية.

التوصيات:- لقد أوصت نتائج الدراسة بعمل برنامج تعليمي للنساء خلال الحمل يتضمن (معنى الإجهاض التلقائي ،أسبابه،والوقاية منه). كما أوصت الدراسة بنشر الوعي عن هذه المشكلة من قبل وزارة الصحة من خلال عمل كتيب أو إقامة المحاضرات .

Abstract

Background: Spontaneous abortion means that a pregnancy is lost prior to viability, the loss of a fetus weighing less than 500 g, and the loss of an embryo or fetus at 20 weeks gestation or less (WHO, 2001). Glenville, (2001) has reported that suffering a miscarriage is one of the most devastating things that can happen to a woman, and to her husband. Many women conceive easily and are not emotionally or physically prepared for the shock of losing a baby.

Objective: To know effects of spontaneous abortion upon physical status and spiritual beliefs , also find out the association between physical status and spiritual beliefs with study variable (demographic & reproductive).

Methodology: A descriptive Analytical study was conducted on Non-probability (purposive sample) of (200) women who have suffering from spontaneous abortion in maternity unit from four hospitals at Baghdad City which include Al-Elwiya maternity teaching hospital, and Baghdad teaching hospital , Al –karckh maternity hospital ,and Al-Yarmook teaching hospital. A questionnaire was used as a tool of data collection for the period of February 3rd 2013 to April 26th 2013 to fulfill with objective of the study and consisted of four parts, including demographic, reproductive characteristics, and physical status and spiritual beliefs. A pilot study was carried out to test the reliability of the questionnaire and content validity was carried out through the 20 experts. Descriptive and inferential statistical analyses were used to analyze the data.

Results : The results of the study revealed that (26.5%) of women their age range (25-29) years ,(27.5%) graduated from primary school, (25%) of their husband graduated from college or institute, (80%) of study sample were housewives, (54.5%) of their husband were employee, (48%) of study sample is within low category of socioeconomic status. And about the reproductive information (66%) of women were primi and multi gravida, and (25%) of women having at least previous two delivery, and (52.5%) have previous one abortion, also this study present there is no association between physical status and study variables ,but there is a correlation between spiritual beliefs and socio-demographic characteristics (women and husband

educational level, women's occupation and their socioeconomic status), but there is no association between spiritual beliefs and reproductive data.

Recommendations: The study recommends that structured teaching program can be presented to women during pregnancy with history of miscarriage which includes meaning, causes, and prevention of miscarriage. The study recommends that collaborative action can be taken by Ministry of Health to publish awareness between women towards the problem by presenting a booklet or lectures about miscarriage.

Keywords: Spontaneous Abortion , physical effect, spiritual effects

.

Introduction:

Spontaneous abortion, or miscarriage, is naturally occurring "delivery or loss of the products of conception before the 20th week of pregnancy without induction or instrumentation. It occurs in 12 to 24 percent of pregnancies, that means .That the miscarriage is a physically and emotionally difficult experience. The recovery time depends on how far along the pregnancy was at the time of the miscarriage[1&2]Also Physical, and spiritual health are deeply intertwined and have a profound effect on one another. On the other hand, when women feel spiritually connected and fulfilled, everything in their life including physical and emotional pain, are easier to deal with. They feel lighter and happier. There's no denying it when they feel connected and balanced spiritually they feel better physically and emotionally. Nourishing their spiritual self is as important as food, water and exercise [3].Some studies have reported that the patients want to be seen and treated as whole people, not simply as "diseases". A whole person has physical, emotional, social and spiritual dimensions. Ignoring any of these leaves the patient feeling incomplete and may even interfere with healing. For many patients, spirituality is an important part of wholeness[4].

Methodology:

A descriptive Analytical study was carried out upon (200) women who suffering from spontaneous abortion in maternity unit . Study implemented for the period of February 3rd 2013 to April 26th 2013. Data collection was gathered by questionnaire format, and interview with women. The period of data collection for all hospitals was three months. The research study was conducted in four hospitals at Baghdad City which include Al-Elwiya Maternity Teaching Hospital, and Baghdad Teaching Hospital at Al-Russafa sector. Al –karckh Maternity Hospital ,and Al-Yarmook Teaching Hospital at Al-karckh sector.Women who suffering from spontaneous abortion in maternity unit in their hospitals were selected as study sample. A questionnaire was used as a tool of data collection to fulfill with objective of the study and consisted of three parts, including demographic, reproductive characteristics ,and physical & spiritual domains of quality of life. A pilot study was carried out between the January 25th to January 31st of 2013, on (10) women who suffering from spontaneous abortion in maternity unit to determine the reliability of the questionnaire and content validity was carried out through the 20 experts. Descriptive and inferential statistical analyses were used to analyze the data.

Results:

Table 1. Distribution of Socio-Demographical Characteristics of (200) Women with Spontaneous Abortion

Variables	Groups	Freq.	%	C.S. (*) [P-value]
Age Groups (Per Years)	< 20	12	6	χ^2= 73.420 P=0.000 HS
	20 - 24	41	20.5	
	25 - 29	53	26.5	
	30 - 34	42	21	
	35 - 39	33	16.5	
	40 - 44	18	9	
	45 - 49	1	0.5	
	Mean ± SD	30.025 ± 7.00		
Educational level - wife	Illiterate	24	12	χ^2= 34.420 P=0.000 HS
	Reads and writes	20	10	
	Primary	55	27.5	
	Intermediate	28	14	
	Preparatory	23	11.5	
	Institute , college or above	50	25	
Educational Level Husband	Illiterate	17	8.5	χ^2= 26.200 P=0.000 HS
	Reads and writes	29	14.5	
	Primary	38	19	
	Intermediate	45	22.5	
	Preparatory	21	10.5	
	Institute , College or above	50	25	
Occupational Status of Wife	Housewife	160	80	χ^2= 338.120 P=0.000 HS
	Student	1	0.5	
	Employee	36	18	
	Free Jobs	3	1.5	
Occupational Status of the Husband	Official	75	37.5	χ^2= 154.640 P=0.000 HS
	Employee	109	54.5	
	Retired	1	0.5	
	Without Work	15	7.5	
Residential Environment	Rural	13	6.5	
	Sub urban	3	1.5	

(*) NS: Not Significant   S= Significant   HS=Highly Significant χ^2=Chi square
Freq. =Frequency   %= Percentage   C.S=Comparative Significant   P=Probability level

Table (1) shows that the highest percentage (26.5%)of study sample was at age group (25 – 29) years; and the mean and SD of age group was (30.025 ± 7.00). *The* highest percentage *(27.5%)* of study sample was graduated from primary schools while the highest percentage (25%) of their husband were graduated from Institute or college .The highest percentage (80%) of study sample was housewife, while the highest percentage (54.5%) of their husband were employees.
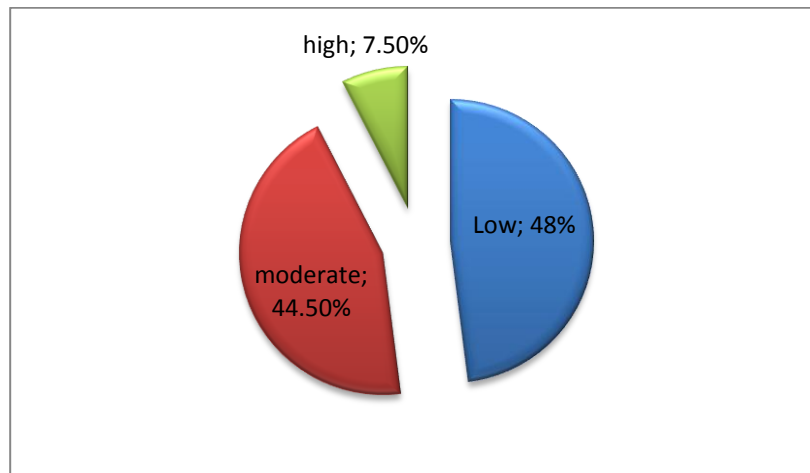
Figure (1): Socioeconomic Status of the Study Sample

This Figure shows that the vast majority of the study sample is within low category and accounted for (48.0%), then followed within moderate category of assessment and they account for (44.5%) and the remaining within high score and accounted for (7.5%).
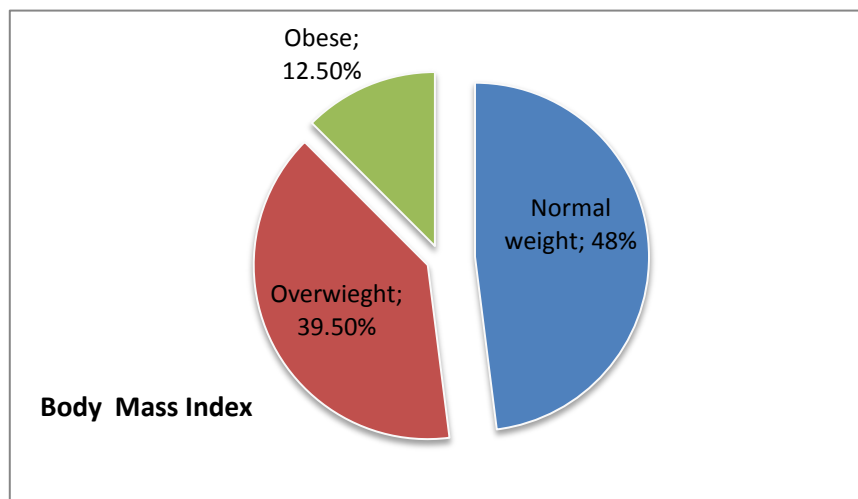

Figure (2): Body Mass Index Groups of the Study Sample

This Figure shows that the highest percentage of the study sample is within Normal weight group, and they are accounted (48.0%), then followed within Overweight group, and they are accounted (39.5%), and the remaining within Obese group, and they are accounted for (12.5%).

Table 2. Distribution of Reproductive Parameters of (200) Women with Spontaneous Abortion

Reproductive Parameters	Groups	Freq.	Percent	C.S. [*] [P-value]
Gravida	1 - 2	66	33	χ^2= 122.92 P=0.000 HS
	3 - 4	66	33	
	5 - 6	41	20.5	
	7 - 8	17	8.5	
	9 - 10	9	4.5	
	11 - 12	1	0.5	
Para	0	49	24.5	χ^2= 291.54 P=0.000 HS
	1	41	20.5	
	2	50	25.0	
	3	26	13.0	
	4	16	8.0	
	5 +	18	9.0	
Abortions	1	105	52.5	χ^2= 35.140 P=0.000 HS
	2	41	20.5	
	3	34	17	
	4	12	6	
	5	6	3	
	6	1	0.5	
	7	1	0.5	

[*] **NS= Not Significant   S= Significant   HS=Highly Significant χ^2=Chi square**
Freq. =Frequency   C.S=Comparative Significant   P=Probability level

Table (2) shows that the highest percentage (33%) of study sample (1-4) gravida or number of pregnancy, The highest percentage (25%) of study sample had two deliveries. The highest percentage (52.5%) of the study sample had abortion (previous one).

Table 3. Distribution of (200) Women with Spontaneous Abortion according to Cutoff Point for the Studied Questionnaire's Items at the Three sub domain of Physical Domain of Quality of Life

Item No.	Physical Domain	Groups	F	%	No.	MS	SD	RS	Ass.
				1- Sub Domain (Sleep)					
1.1	I find it difficult to sleep	Never	54	27	200	2.12	0.81	70.67	F
		Sometimes	67	33.5					
		Always	79	39.5					
2.1	I feel the need to sleep	Never	67	33.5	200	2.04	0.85	68.00	F
		Sometimes	57	28.5					
		Always	76	38					
3.1	I have nightmare which bothers me in my sleep	Never	106	53	200	1.68	0.81	*56.00	P
		Sometimes	51	25.5					
		Always	43	21.5					
4.1	My sleep became disturbed	Never	64	32	200	2.10	0.86	70.00	F
		Sometimes	52	26					
		Always	84	42					
				2- Sub Domain (Discomfort)					
1.2	I feel upset and discomfort after an abortion	Never	7	3.5	200	2.51	0.57	83.67	F
		Sometimes	84	42					
		Always	109	54.5					
2.2	Feel uncomfortable when I have an effort	Never	18	9	200	2.42	0.65	80.67	F
		Sometimes	79	39.5					
		Always	103	51.5					
3.2	Feel uncomfortable and stability	Never	17	8.5	200	2.45	0.65	81.67	F
		Sometimes	76	38					
		Always	107	53.5					
				3- Sub Domain (Activity (Energy)					
1.3	Felt weak spirits	Never	14	7	200	2.56	0.62	85.33	F
		Sometimes	60	30					
		Always	126	63					
2.3	Abortion makes me lose my activity	Never	15	7.5	200	2.43	0.63	81.00	F
		Sometimes	83	41.5					
		Always	102	51					
3.3	I'm afraid that my activities are determined after an abortion	Never	21	10.5	200	2.37	0.67	79.00	F
		Sometimes	84	42					
		Always	95	47.5					
4.3	Felt fatigue	Never	30	15	200	2.40	0.74	80.00	F
		Sometimes	59	29.5					
		Always	111	55.5					

%= Percentage , NO= Number , MS= Mean of Scores **F=Frequency, *Cutoff point =2 , ASS. = Assessment**
***P= Pass Assessment for Negative Scale Scoring under cutoff point *RS= Relative Sufficiency,**
SD= Standard Deviation, *RS= <66.66 low   High= ≥66.66. F= Failure assessment

Table (3): Result regarding women responses to "Physical Domain" in the light of sleep sub domain shows "Failure – (F)" assessment at the items "I find it difficult to sleep, my sleep became disturbed, and I feel the need to sleep", with relative sufficiency upper than cutoff point (66.66%) and they are accounted 3(75.0%), while the leftover items reported "Pass – (P)" assessment at the items " I have nightmare which bothers me in my sleep", with relative sufficiency under cutoff point (66.66%), and they accounted 1(25.0%).

Regarding women's responses to ***"Discomfort***" sub domain", the result shows "Failure – (F)" assessment in the items " I feel upset and discomfort after an abortion, feel uncomfortable when I have an effort, and feel uncomfortable and stability ", with relative sufficiency upper than cutoff point (66.66%) for negative scale scoring and they are accounted 3(100.0%).

Regarding women's responses to ***"Activity (Energy) "***, subdomain the result shows "Failure – (F)" assessment at all items "Felt weak spirits, Abortion makes me lose my activity, I'm afraid that my activities are determined after an abortion, and Felt fatigue ", with relative sufficiency upper than cutoff point (66.66%) and they are accounted 4(100.0%).

Table 4. Distribution of (200) Women with Spontaneous Abortion according to Cutoff Point for the Studied Questionnaire's Items at the of Spiritual Beliefs of Quality of Life

Item No.	Spiritual Beliefs Domain	Groups	F	%	No.	MS	SD	RS	Ass.
		1-Sub Domain (Positive Beliefs)							
1.1	Abortion is the expiration of sins	Never	155	77.5	200	1.39	0.75	46.33	F
		Sometimes	13	6.5					
		Always	32	16					
2.1	What I'm going through now taught me patience and endurance	Never	6	3	200	2.79	0.48	93.00	P
		Sometimes	30	15					
		Always	164	82					
3.1	It isa test for my faith strength	Never	11	5.5	200	2.79	0.53	93.00	P
		Sometimes	20	10					
		Always	169	84.5					
4.1	I read divine books or pay charity	Never	40	20	200	2.18	0.74	72.67	P
		Sometimes	83	41.5					
		Always	77	38.5					
		2-Sub Domain (Negative Beliefs)							
1.2	Abortion is penalty of God	Never	162	81	200	1.27	0.61	*42.33	P
		Sometimes	21	10.5					
		Always	17	8.5					
2.2	Abortion made me cut my Prayer	Never	57	28.5	200	2.04	0.78	68.00	F
		Sometimes	78	39					
		Always	65	32.5					
3.2	It made me not to forgive the mistakes of others and omissions	Never	147	73.5	200	1.37	0.66	*45.67	P
		Sometimes	33	16.5					
		Always	20	10					
4.2	It made me ask myself what have I done to deserve this	Never	50	25	200	2.28	0.84	76.00	F
		Sometimes	43	21.5					
		Always	107	53.5					

%= Percentage , NO= Number , MS= Mean of Scores **F=Frequency, *Cutoff point =2 , ASS. = Assessment** *P= Pass Assessment for Negative Scale Scoring under cutoff point *RS= Relative Sufficiency, **SD= Standard Deviation, *RS= <66.66 low High= ≥66.66. F= Failure assessment**

Regarding women's responses of Part 1 of "Spiritual Beliefs Main Domain" in light of ***"Positive Beliefs"***, the table shows "Pass – (P)" assessment at the items "What I'm going through now taught me patience and endurance, it is a test for my faith strength, andI read divine books or pay charity", since their relative sufficiency were upper cutoff point (66.66%) and they are accounted 3(75.0%), while the leftover item is reported "Failure – (F)" assessment, since their relative sufficiency are under cutoff point (66.66%) and accounted 1(25.0%).

Regarding women's responses of Part 2 of "Spiritual Beliefs Main Domain" in light of *"Negative Beliefs"*, the table shows "Pass – (P)" assessment at the items " Abortion is penalty of God, andIt made me not to forgive the mistakes of others and omissions ", since their relative sufficiency were under cutoff point (66.66%) for negative scale scoring and they are accounted 2(50.0%), while the leftover item were reported "Failure – (F)" assessment, since their relative sufficiency are upper cutoff point (66.66%) and accounted 2(50.0%).

Table 5. Association between Socio-Demographical Characteristics Variables with Main Domains according to "Under/Upper" Cutoff Point

Demographical Characteristics X Overall(QoL) Assessment	Physical Domain		Spiritual Beliefs Domain	
	C.C.	Sig.	C.C.	Sig.
Age Groups	0.198	0.227	0.187	0.300
Education Level -wife	0.104	0.820	0.366	0.000
Education - husband	0.159	0.396	0.237	0.037
Occupation – wife	0.110	0.481	0.205	0.033
Occupation -husband	0.135	0.291	0.084	0.701
Residency	0.124	0.212	0.100	0.361
Place of work	0.234	0.519	0.182	0.719
Nature of work	0.101	0.940	0.243	0.486
Housing type	0.065	0.359	0.124	0.077
Family type	0.097	0.170	0.084	0.235
Consanguinity	0.113	0.107	0.042	0.555
Socioeconomic Status	0.115	0.260	0.195	0.019

[*]**NS = Not Significant at P>0.05 ; S =Significant at P<0.05 ; HS = Highly Significant at P<0.01**'
[*]**Sig: Significant, C.C= Contingency Coefficients**

The table demonstrates the association between the socio demographic characteristics and the quality of life domains, there are statistical significant differences between women and husband educational level and spiritual beliefs are (p=0.000)(0.037) respectively, women's occupation with spiritual beliefs is (p=0.033),and finally between socioeconomic status and spiritual beliefs. While there is no significant difference with leftover characters.

Table (6): Association between Reproductive Parameters with Main Domains according to "Under/Upper" Cutoff Point

Reproductive parameters X Overall(QoL) Assessment	Physical Domain		Spiritual Beliefs Domain	
	C.C.	Sig.	C.C.	Sig.
Gravida	0.070	0.963	0.198	0.146
Para	0.153	0.439	0.209	0.102
Number of abortion	0.176	0.383	0.153	0.567
Type of current abortion	0.151	0.588	0.130	0.750

[*]**NS = Not Significant at P>0.05 ; S = Significant at P<0.05 ; HS = Highly Significant at P<0.01**[*]**Sig: Significant**

The table demonstrates the association between reproductive parameters and the (QoL) domains, there are no statistical significant differences between the domain and leftover reproductive parameters.

Discussion

Regarding to Socio Demographic Characteristics:(Table 1)

The results of the present study shows that the highest percentage (26.5%) of the study sample are at age group ranged (25 – 29) years; and the mean with SD of age group (30.025± 7.00).as shown in table (1).This finding is consistent with that women in their childbearing years, the chances of having a miscarriage can range from 10-25%, and in most healthy women the average is about a 15-20% chance.[5] the highest percentage (27.5%) of the study sample was graduated from primary schools , while the highest percentage (25%) of their husband were graduated from Institute or college . This finding is consistent with Norsker et,al. study that indicate that women with <10 years of education had an elevated risk of spontaneous abortion when compared with women with >12 years of education[6]. It is reported that the educational level of fathers is correlated with the type of the fathers' occupation[5]. The highest percentage (80%) of study sample work was housewife, while the highest percentage (54.5%) of their husband are employees. This finding supportive evidence is available in that the significant work factors are directly correlated with adverse pregnancy outcomes including: fewer household helpers, standing at work for more than 17 hours per day, working in hot environments, commuting, walking, and carrying and lifting heavy weight[7]

Socioeconomic status

Figure (1): The result of the study result illustrate that the highest percentage (48%) of study sample is within low category of socioeconomic status .These findings supportive evidence is available that the social and economic circumstances under which women live influence their reproductive behavior. Poor families tend to marry off their daughters at a young age, which usually means these young wives start having children right away. This often perpetuates a vicious cycle of poverty, low education, and high rates of unintended pregnancy and fertility, and have poorer health status because their limited access to resource inhibits access to good food and health care[8&9]

Body Mass Index

Figure (2) shows the highest percentage (48.0%) of the study sample is within normal weight group, these result of present study supported evidence is available in the study stated that the miscarriage rate was 2.3% in the obese category (n=217), compared with 3.3% in the overweight category (n=329), and 2.3% in the normal BMI group (n=621). Its means that the rate of spontaneous miscarriage is low and is not increased in women with BMI>29.9 kg/m(2) compared to women in the normal BMI category[10]

Reproductive Parameters

(Table2) shows that the highest percentage (66%) of study sample had (1-4) gravida is reported , at these finding of present study supported evidence is available in the study stated that the risk of miscarriage is 13% with the first child. With subsequent pregnancy, the risk of miscarriage is 8%, 6% and 4% with the second, third and fourth child, respectively[11].The highest percentage (25%) of study sample had two deliveries. This result is in agreement with women of parity two and three had a slightly higher rate of miscarriage than primipara women[8]. The highest percentage (52.5%) of study sample had previous one spontaneous abortion. It is supported evidence is available in the stated that the risk of a new miscarriage, after first pregnancy, is approximately 28%,[12].

(Sleep)

Table (3) Result regarding women responses to "Physical Domain" in the light of sleep sub domain shows "Failure – (F)" assessment at the items "I find it difficult to sleep, my sleep became disturbed, and I feel the need to sleep", with relative sufficiency upper than cutoff point (66.66%) and they are accounted 3(75.0%), while the leftover items reported "Pass – (P)" assessment at the items " I have nightmare which bothers me in my sleep", with relative sufficiency under cutoff point (66.66%), and they accounted 1(25.0%).This finding supportive evidence is available in that over 79% of women have reported that their sleep is different than at any other time; however, no distinction has been made as to which aspect of sleep the women are describing.[13]

(Discomfort)

Table (3): Regarding women's responses to *"Discomfort"* sub domain", the result shows "Failure – (F)" assessment in the items " I feel upset and discomfort after an abortion, feel uncomfortable when I have an effort, and feel uncomfortable and stability ", with relative sufficiency upper than cutoff point (66.66%) for negative scale scoring and they are accounted 3(100.0%).This finding supportive evidence is available in that some women experience severe cramping and abdominal pain-like a really bad period-while others have a severe lower backache. Cramping gradually fades within few days after the miscarriage[14].

Activity (Energy):

Regarding women's "Activity (Energy) ",table (3) shows Failure – (F)" assessment at the items "Felt weak spirits, Abortion makes me lose my activity, I'm afraid that my activities are determined after an abortion, and Felt fatigue ", and they are accounted 4(100.0%). This finding supportive evidence is available in that the woman should consider taking a few days' leave in order to be able to react to work through their loss in their own way before resuming their normal lives. In this way, resurgence of reactions to the loss in other subsequent situations may be avoided. Staying home from work for only a day is not enough time to work through the loss associated with a miscarriage[15].

Positive and Negative Beliefs.

Table (4) shows that the vast majority of the women who have positive feelings toward spontaneous abortion believed that their spontaneous abortion is an exam from God to teach them patience and endurance, also it is decrease. These groups are accounted for 3(75.0%), and the leftover is reported 1(25.0%) about read divine books or pay charity. While in negative believes, women are accounted for 2(50.0%) about spontaneous abortion that is penalty of God, and It made them not to forgive the mistakes of others and omissions. While the leftover are accounted for 2(50.0%) said that the spontaneous abortion made them cut the

supportive evidence is available in that the women who are spiritual may utilize their beliefs in coping with illness, pain, and life stresses. This indicates that those who are spiritual tend to have a more positive outlook and a better quality of life. Spirituality, and personal beliefs are regarded as important components of health. Spirituality, in simplicity, deals with meaning, purpose and direction in life. The significance of providing spiritual care to pregnant women is to benefit her but more importantly, the future generation. It would be interesting to find out whether maternal and fetal health can be enhanced through spiritual empowerment[16,17,18,19].

Spiritual Beliefs and Women's Educational Level

The study has reported that low level of women education is accounted for most women and due to that they have experienced negative personal, spiritual beliefs. They believe that the miscarriage is a punishment of God and some of them they ask themselves what they have done to deserve this. This result supportive evidence is available in that spirituality serves a central role in influencing maternal health behaviors and attitudes for many women and may also indirectly affect birth outcomes and have a protective effect on this women[20].

Spiritual Beliefs(Negative and Positive Beliefs) and Husband Educational Level

The educational level of husband has great impact upon their perception of their acceptance to the miscarriage and how deal with spiritual beliefs, according to the findings of this study majority of husband have height level of education and due to that they had a positive experience of spiritual beliefs. They believe it is a test from God and taught them patience. Some of them form a support to their wives who have experienced negative personal, and spiritual beliefs.

Women's Occupation and Spiritual Beliefs

The majority of women are housewives. So the consequence of facing this traumatic experience can have severe psychological consequences on women due to these women belief that her physical activity in home, burden responsibility effect on them. Beliefs for some are positive and others are negative according to their status. This result supportive evidence is available in that beliefs that spiritual or religious activities can aid coping with miscarriage[21].

In additional results of the present study supportive evidence is available in the study stated that when patients view a crisis as a punishment from God, have excessive guilt, or have absolute belief in prayer and a cure and then can't resolve their anger when the cure does not occur. Generally, however, spirituality leads to positive coping. Patients seek control through a partnership with God, ask God's forgiveness and try to forgive others, draw strength and comfort from their spiritual beliefs, and find support from a spiritual or religious community. These actions lead to less psychological distress[22].

Regarding Socioeconomic Status and its Relation with Spiritual Beliefs

The results of the study show that the height percentage of women were low socioeconomic status according to WHO scale. The low socioeconomic status of women can affect on women to care for themselves and cover their pregnancy needs, and made them had negatives beliefs because they feels failed to protect child due to socioeconomic status. This finding supportive evidence is available in the study stated that that socioeconomic status, and place of residence, affect the risk of miscarriage. Women in the lowest income quintiles

prayer, and ask themselves what have they done to deserve this. This finding had an increased risk of spontaneous abortion[23].

Recommendations: The study recommends that structured teaching program can be presented to women during pregnancy with history of miscarriage which includes meaning, causes, and prevention of miscarriage. The study recommends that collaborative action can be taken by Ministry of Health to publish awareness between women towards the problem by presenting a booklet or lectures about miscarriage.

References :-

1. Stephen V. Bowles: Acute and Post-traumatic Stress Disorder After Spontaneous Abortion. **Am Fam Physician**,15 Mar,20061(6),pp:1689-1696.

2. Zagata D.: **coping with miscarriage**, Thursday, October 2007.Avaliable[online] at: **www.familylobby.com**

3. Perkins C.: Holistic Health Solutions for Your Chronic Illness or Chronic Pain, California, 2007, available[online]at: http://www.holistichelp.net

4. Russell D' Souza,The importance of spirituality in medicine and its application to clinical practice. **(Med J): Medical journal,** Aust ,2007,186 (10),pp: 57.

5. American Pregnancy Association (APA):**Pregnancy Complication (Miscarriage)**,updated November, 2011.Avialable [Online] at **http://www.amirecanpregnancy.org.**

6. Norsker F. Nyboe ; Laura Espenhain; Sofie á Rogvi; Camilla Schmidt Morgen; Per Kragh Andersen, and Anne-Marie Nybo Andersen: Socioeconomic position and the risk of spontaneous abortion: a study within the Danish National Birth Cohort. **BMJ Open**, 25June,2012,2(3).Available at: **http:// www. ncbi.nlm.nih.gov/pubmed**

7. Banerjee B.: Physical Hazards in Employment and PregnancyOutcome. **Indian Journal of Community Medicine**. April,2009, 34(2), pp:89-90.

8. Sundari, T. : Can health education improve pregnancy outcome? : Report of a grassroots action education campaign. **The Journal of Family Welfare.** 15 March 2007,39(1), P: 1-12.

9. Family Health International, "Egypt: **The Social and Behavioral Outcomes of Unintended Pregnancy,",** accessed on 25,Oct. 2009. Available[online]at**www.fhi.org/en/RH/P ubs/wsp/fctshts/Egypt4.htm**

10. Turner MJ.; Fattah C.;O'Connor N.; Farah N.; Kennelly M,and Stuart B.; Body Mass Index and spontaneous miscarriage. **Eur. J. Obstet Gynecol**., 2010 , 151(2), Aug ,pp:168-70.

11. Adolfsson A.: **Miscarriage Women's Experience and its Cumulative Incidence,** Division of Obstetrics and Gynaecology, Department of Molecular and Clinical Medicine Faculty of Health Sciences, Linkping University, Sweden, 2006.

12. Regan L, Rai, R. Epidemiology and the medical causes of miscarriage. **ClinObstetGynaecol**, 2000; 14:p839.

13. MindellJ., and Jacobson B.: Sleep disturbances during pregnancy. **J. ObstetGynecol Neonatal Nurs.**, 2000, 29,pp 590–597.Avialable [online] at **http://www.ncbi.nlm.nih.gov.**

14. Hughes P.: **Physical Recovery after Miscarriage**, posted on 15 February,2007.Avialable [online] at: **http://www.families.com.**

15. Adolfsson A.; Larsson P.:Applicability of general grief theory to Swedish women's experience after early miscarriage, with factor analysis of Bonanno's taxonomy, using the Perinatal Grief Scale.**(Ups) :Upsala Journal of Medical Sciences**, August ,2010, 115(3), pp: 201–209.

16. O'Connell, K.; and Skevington S.:To measure or not to measure? Reviewing the assessment of spirituality and religion in health-related quality of life.**Chronic illness**, 2007, 3, pp:77-87

17. Peterman, A.; Fitchett, G., Brady, M.J., Hernandez, L., and Cella, D. :Measuring spiritual well-being in people with cancer: the functional assessment of chronic illness therapy-Spiritual Well-being Scale (FACIT-sp). **Ann Behav Med**, 2002,24, pp:49-58.

18. WHOQOL SRPB GROUP, A cross-cultural study of spirituality, religion, personal beliefs as components of quality of life. **Scoial Science & Medicine,** 2006, 62,pp: 1486-1497.

19. Cahn, R., and Polich, J.: Meditation states and traits: EEG, ERP, and neuroimaging studies. **Psychological Bulletin,** 2006, 132,pp:180 –211.

20. Page R.:Positive pregnancy outcomes in Mexican immigrants: What can we learn? *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 2004.33,*pp: 783-790.

21. Olga BA Van den Akker: The psychological and social consequences of miscarriage, Expert Rev. **Obstet. Gynecol**., 2011, 6(3).Available [online] at: **http:// www.expert-reviews .com**.

22. hristina M. Puchalski: **The role of spirituality in health care(Baylor University Medical center Proceedings**. October, 2001,14(4), pp: 352–357.

23. Carlson, E., and M. Mourgova.: Demographic Consequences of Social Inequality in Pregnancy Outcomes. **GenusLIX**, 2003, (2),pp:11-28.