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# Perception of Pregnant Women Regarding the Ministry of Health Initiative for "Supporting Maternal and Fetal Health"

Hoda Hosni Ahmed [1], Entesar Fatouh Abd Elmoneim [2], Hanan Fawzy Elsayed[3], Fatma Mansour Abdelazeem [4].

1. *Nursing Inspector at Beni suef Health Directorate,*
2. *Professor of Maternal and Newborn Health Nursing - Helwan University,*
3. *Professor of Maternal and Newborn Health Nursing - Helwan University,*
4. *Lecturer in of Maternal and Newborn Health Nursing - Helwan University.*

**Abstract**

**Background**: The Egyptian Ministry of Health has unveiled a comprehensive new initiative aimed at improving maternal and fetal wellbeing. **Aim of study:** assess perception of pregnant women regarding the ministry of health initiative for "supporting Maternal and Fetal wellbeing**. Design**: A descriptive study designed was utilized to conduct the study. **Setting**: three maternal and child health care center they are El-Marmah Mother and Child Care Center, Al-Ghamrawi Medical Center and., East Nile Medical Center at Beni-Suef governorate Egypt **Sample**: convenient sample through 3 months which include 140 of pregnant women, **Tools**: four tools were used; **Tool (I):** structured interviewing questionnaire, **Tool (II)**: Knowledge assessment questionnaire, **Too**l **(III)**: attitude assessment questionnaire, **Tool (IV)**: satisfaction assessment questionnaires. **The results:** less than three quarter of the studied pregnant women had unsatisfactory level of knowledge. More than two third of the studied pregnant women had negative attitude, also two third of the studied pregnant women had high satisfaction level. **Conclusion:** The study was concluded that the majority of the tested sample had a high level of satisfaction with the ministry of health's initiative, but they also lacked accurate knowledge and had a negative attitude toward initiatives. **Recommendations:** Construct and implement awareness –raising programs for all pregnant women during first visit of pregnancy about ministry of health initiative for supporting maternal and fetal health and its important preventing sexual transmitted disease to encourage pregnant women to support the Egyptian project.

**Key words:** *Maternal and Fetal Health, Ministry of Health, Pregnant women*

## Introduction

Maternal health pertains to the well-being of women during their pregnancy, childbirth, and the period following delivery. Each phase should provide a positive experience, enabling both women and their babies to achieve optimal health and wellness. Two decades after the initiation of the Safe Motherhood campaign in India in 1987, half a million women, primarily from developing nations, continue to lose their lives due to maternal complications each year. Essential healthcare measures can significantly prevent fatalities related to pregnancy (***WHO, 2024)***

The initiative, launched under the presidential "100 Million Health" initiative aims to ensure early detection of infection with Hepatitis B, human immunodeficiency virus (HIV), and syphilis for pregnant women, The Initiative also includes following up on the condition of the mother and the new born for 42 days after delivery to avoid any risk for the mother or the new born (***Abd El Ghaphar, 2023).***

Perceptions among pregnant women, coupled with various health systems, socio-economic and individual barriers, contributed to attendance rates for first trimester antenatal care in health care setting. Addressing knowledge gaps and overcoming barriers related to economic, individual and health care delivery can improve women's early antenatal care visits (***Nyando et al., 2023).***

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**Significance of the study**

Since launching the initiative in March 2020 the ministry has screened 1.8 million women. The mother and fetus health initiative aims to diagnose diseases transmitted from mothers to fetuses at an early stage and provide free treatment and medical care for those that require it. The initiative itself focuses on the early detection of Hepatitis B Virus (HBV), human immunodeficiency virus (HIV), and syphilis infections among pregnant women and on reducing the rate of maternal mortality from these diseases ***(Hamdy, 2023)***.

**Globally** the rate of transmission of human immunodeficiency virus from a mother living with (HIV) to child during pregnancy, labor, delivery or breastfeeding ranges from 15% to 45% ***(WHO, 2023).*** While the prevalence of Hepatitis B Virus(HBV) infection among pregnant women ranged between 2.3% to 7.9% ***(Alemu et al., 2020)*** and WHO estimated that prevalence of syphilis globally was 0.5% among pregnant females ***(WHO, 2017).***

**In Egypt** the percentage of pregnant women who infected HIV in Egypt is18% in 2021 ***(Ghazy et al., 2023)*** and according to the latest world health organization (WHO) data published in 2020 Syphilis Deaths in Egypt reached 0.03% of total deaths ***(WHO., 2020).*** Adherence to initiative plays a critical role to improve outcomes. For this reason, the aim of this study is to assess women's perception about this initiative**.**

**Aim of the Study**

This study aimed to assess perception of pregnant women regarding the ministry of health initiative for "supporting Maternal and Fetal wellbeing. Through the following objectives:-

1. Assess the women's knowledge regarding the ministry of health initiative for "supporting Maternal and Fetal wellbeing**"**
2. Assess the women's attitude regarding the initiative for "supporting Maternal and Fetal wellbeing"
3. Assess of women's satisfaction with the initiative for "supporting maternal and fetal wellbeing initiative

**Research question**

1. What is the level of knowledge of studied pregnant women regarding the ministry of health initiative for "supporting Maternal and Fetal wellbeing"?
2. What are the women attitude regarding the ministry of health initiative for "supporting Maternal and Fetal wellbeing"?
3. What is the level of satisfaction of studied pregnant women regarding the ministry of health initiative for "supporting Maternal and Fetal wellbeing"?

**Research Design:**

A descriptive design was utilized for this study, Descriptive research design is a powerful tool used by researchers to gather information about a particular group. This type of research provides a detailed and accurate picture of the characteristics and behaviors of a particular population or subject.

**Setting:**

This study was conducted at the three maternal and child health centers, (Al-Ghamrawi Medical Center and., East Nile Medical Center and El-Marmah center at Beni-Suef governorate Egypt.

**Sampling:**

- **Type of the sample:**

Convenient sample was chosen, all available of pregnant women had selected through 3 months

**Sample size:**

The Sample Include 140 pregnant women are participated in the study..

**Tool I-**: **Structured interviewing questionnaire sheet**

A Structured interviewing questionnaire; it was developed by the researcher and it wrote in a simple clear Arabic language to avoid misunderstanding and consisted of three parts:

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**Part (1): Demographic data of studied women**

This part composed of (4) questions aimed to collect data about (age, educational level, marital status and Place of residence) **Questions from (1-4).**

**Part (2): Obstetric history:**

**This part composed of (5) questions** it aims to collect data related to obstetric history in terms of number of pregnancy, number of delivery, mode of delivery, place of birth, mode of delivery, previous complication from.**Question from (5- 10).**

**Part (3): Health history (family and medical and history).**

This part composed of (4) questions to collect data related to family and medical history in terms of pregnant women suffer from any sexual transmitting diseases? **Question from (11-15)**

**Tool II: Knowledge assessment questionnaire:**

This part composed of (19) questions to collect data related to Knowledge of woman regarding the Ministry of Health Initiative. It was aimed to assess knowledge of women regarding the initiative and the sexual transmitting diseases related to the Initiative Question **from (16-34) (*WHO. 2020)*.**

**Scoring system for Knowledge:-**

The questionnaire contained items (19) related to the initiative for "supporting Maternal and Fetal wellbeing "and the sexual transmitting diseases related to the Initiative. Each item had three points (0-2) related to three Liker scales. The complete answer scored as( 2 points, incomplete answer scored as 1 point and don't know scored as 0.)

**Total score of knowledge:**

Total score of (19) item was evaluated by giving score from (0-38), these scores were summed up and converted into a percent score. It was classified into 2 categories according to the following:-

- Satisfactory**:-** if the total scores ≥ 60% (23-38 points)
- Unsatisfactory: - if the total scores <60%. (0- 22 points )

**Tool III**: **Attitude assessment questionnaire**

It was aimed To assess attitude of studied pregnant women regarding to ministry of health initiative for "supporting Maternal and Fetal health " by a point Liker scale and it adapted from ***(Mohamed., 2022)*** and was modified by the researcher after review, it was included **13 statements includes** each woman responded as agree, disagree, and uncertainly disagree

**Attitude scoring system:-**

The questionnaire contained items (13) each item had three points (0-2) related to three Liker scales. The total scores of the scale ranged from (0- 26) points, using (Agree scored as 2 points, Uncertain scored as 1 point and Disagree scored as 0). These scores were summed up and converted into a percent score, It was classified into 2 categories according to the following:-

**Total score of Attitude**

- Positive attitude if the total scores ≥ 60% (16 -26 points)
- Negative attitude < 60%. ( 0-15 points)

**Tool IV: Satisfaction assessment questionnaire**

The researcher developed this tool and it wrote in a simple clear Arabic language to avoid misunderstanding a using national and international literature review using a literature review**.** It was aimed To assess Satisfaction of studied pregnant women regarding to ministry of health initiative. It adapted from ***(Fseha, 2019)*** and was modified by the researcher after review.

**Satisfaction Scoring system:-**

The questionnaire contained (15) items. Each item had three points (0-2) and each woman responded as (satisfied, neutral and unsatisfied). The scores ranged from (0- 30) points, satisfied scored as 2 points, neutral scored as 1 point and unsatisfied scored as 0. These scores were summed up and converted into a percent score and classified into 2 categories according to the following:-:

**Total score of Satisfaction**

- Satisfactory: if the total scores ≥ 60% ( 18- 30points )
- Unsatisfactory: if the total scores <60% ( 0-17points )

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**Validity: -**

The study tools were formulated and revised by jury of three professors in maternal and new born health nursing - Faculty of Nursing Helwan University to evaluate the items as well as entire tool as being relevant and appropriate to test what wanted to measure. The validity of the tools was evaluated, tested and necessary modifications were done.

**Reliability: -**

The reliability of the tools was tested to determine the extent to which the questionnaire items related to each other Cronbach's Alpha in this study found to be 0.89 for Knowledge, 0.82 for Attitude and 0.85 for Satisfaction.

**Ethical considerations:**

An official permission to conduct the proposed study was obtained from the Scientific Research Ethics Committee in faculty of Nursing -Helwan University at January2024.the Committee consists of fifth experts of Professor of Maternal and Newborn Health Nursing. The Participation in the study is voluntary and subjects given complete full information about the study and their role. The researcher clarified the purpose and nature of the study to the women, stating the possibility to withdraw at any time, confidentiality of the information. Ethics, values, and beliefs were respected.

**Operational items:**

**Preparatory phase:**

It included reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of study using books, articles, internet, periodicals, and magazines to develop tools for data collection.

**Pilot study**:

The pilot study was conducted on (10%) of study sample pregnant which were 14 pregnant women (convenience sample) who received antenatal care services in maternal and child health care centres (MCH)to test the clarity of questions and time needed to complete the study tools. Based on the results, no modifications were done after conducting pilot study. All Subjects who participate on in the pilot study were included in the sample.

**Fieldwork:**

After receiving all necessary official approval, the three-month fieldwork began in early May 2024 and was finished in July 2024. The study sample was conducted in three maternal and child health centres (MCH), the East Nile Medical Center on Saturday. Ghamrawi Medical Center on Sunday; and the El-Marmah Maternal and Child Care Center(MCH) on Monday. The researcher began work at 10:00 am and worked until 1:00 pm.

**Preparation**

- During this six-visit phase, the researcher presented the manager of a few chosen centers with all the approvals and letters from health affairs and the nursing administration manager at Ben i-Suief governorate.
- Prior to the commencement of the trial, formal consent was obtained from the head nurse and general medical manager of each chosen MCH center.
- Each center's head nurse attested to the fact that three chosen centers had enough operational supplies.
- -Conversing with each center's head nurse to discuss the purpose, nature, and importance of the study in order to determine the best time and day to see the expectant pregnant women
- Because the center has a gynecologist and medical supplies on hand, the researcher and the head nurse chose a study day when the number of pregnant women visiting the center is higher than on any other day.

**Implementation phase:-**

- It took almost three months to collect the data, beginning in early May 2024 and ending at the end of July 2024.
- The researcher is really assisted by the nurses in selecting a secluded location (counseling room).

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- The consultation room offers privacy and confidentially, is well-ventilated, has enough lighting, is a nice color, has a door that closes tightly, and has a desk and several cozychairs.
- The researcher set up several medium-sized cookie boxes in the counseling room desk drawer. to offer the women as a token of appreciation and thanks
- Each pregnant woman was interviewed one-on-one to gather data. The researcher gave an introduction, explained the goal of the study, and got the women's verbal agreement to take part.
- Additionally, they were told that conducting an individual interview would not compromise their confidentially.

- The researcher filled out **Tool I-**: interviewing questionnaire sheet, **Part (1): Demographic** data of studied women**,** this part composed of (4) questions about (age, educational level, marital status and Place of residence) It took about 3 minutes
- **Part (2): Obstetric history:** This part composed of (5) questions it aims to collect data related to obstetric history in terms of number of pregnancy, number of delivery, mode of delivery, place of birth, mode of delivery, previous complication from.**Question from (5- 10).** It took about 3 minutes
- **Part (3): Health history (family and medical and history).** This part composed of (4) questions to collect data related to family and medical history in terms of pregnant women suffer from any sexual transmitting diseases as, Does the husband have one of these sexually transmitted diseases? If pregnant women suffer from other diseases as (diabetes, kidney diseases, heart diseases, hyper tensions, autoimmune diseases), **Question from (11-15)** It took about 4 minutes
- **Tool II: Knowledge assessment questionnaire:** This part composed of (19) questions..It was aimed To assess knowledge of women regarding the initiative and the sexual transmitting diseases related to the Initiative. **Q**uestion **from (16-34).** It took about 10 minutes
- **Tool III**: **Attitude assessment questionnaire.** It was aimed to assess attitude of studied pregnant women regarding to ministry of health initiative for "supporting Maternal and Fetal wellbeing "This part composed of (13) items. Each woman responded as (agree, uncertainly, and disagree.) It took about 10 minutes
- Pretest phase took more than half an hour to each woman then researcher explain to participant women that satisfaction assessment questionnaire sheet was completed after screening t test
- The researcher politely and tactfully asked the pregnant lady's permission to return again to complete the satisfaction assessment questionnaire sheet.
- The researcher politely stood up and opened the door for the lady, smiling and saying to her, "I will wait for you after you finish the test."
- A half hour after finishing the test, the women went back to the counseling room to see the researcher.
- The researcher welcomed the lady and offered her a packet of biscuits after opening the desk drawer
- The researcher asked her to fill out a satisfaction assessment questionnaire. The questionnaire contained (15) items. It was aimed To assess Satisfaction of studied pregnant women regarding to ministry of health initiative as (Ease of access to the place where the service is provided, Cleanliness of Service area, Waiting area cleanliness and comfort Access and cleanliness of toilet ….).
- The posttest portion was completed by the researcher right away, and it took roughly from (5-7) minutes for each lady to be completed. To make sure nothing was overlooked, the researcher went over each point with the woman.
- Each woman took about half hour minutes to finish the interviews, which were done in Arabic.The researcher documented the answers provided by the participants. The women were given the opportunity to ask any questions they had, this ensured that they had a clear understanding of the study and could seek clarification as needed.
- Lastly, the researcher shook the expectant woman's hand, expressed gratitude, and wished her well.

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**Statistical item:**

The collected data were organized, tabulated, and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 16, SPSS Inc. Chicago, IL, USA).. Qualitative data, which describes a definite set of data by frequency, percentage, or proportion of each category, using the Chi-square test ($X^2$). Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance.

**Results**

**Table (1) shows** that more than half of the pregnant women were in age group 25 ≤ 30 years with mean age (29.04±3.21) and had preparatory education, respectively, while the majority of them (93.9%) were married and less than three quarter of them lives in urban area.

**Table (2): Illustrate that**, the majority of pregnant women had gestational age from 20≤ 29 week (95.7%). while, more than half of them were twice gravida, once parity and hospital was the place of last delivery (58.6%, 57.1% and 57.1%) respectively. Also, more than two third of them underwent caesarean section during the last delivery (62.9%). In addition, the majority of them didn't report any previous complications during delivery

**Table (3-a) shows that,** the majority of the studied pregnant women had no history of chronic diseases **(**84.3%**).** Moreover, more than two fifth of them had family history of chronic disease (47.1%). Also more than half of them suffering from Diabetes Mellitus (63.6%), and more than two third (36.4%). suffering from Heart disease**.**

**Table (3-b) illustrated that**, almost of studied pregnant women neither had history of sexually transmitted diseases nor do husband sexually transmitted diseases (95.7%, 94.3%) respectively, in the opposite side only (4.3%) of them get hepatitis (B) infection. In addition almost of them had history cesarean section (95.7%).

**Table (4) revealed that**, less than three quarter of the studied pregnant women had incorrect answer regarding risk factors for syphilis infection (71.4%). Also, more than two third of them had incorrect answer regarding modes of transmission of hepatitis B infection **(**68.6%**).** Additionally, two third of them had incorrect answer regarding precautions to prevent passing of HIV infection from infected mother to baby (60.0%). Moreover, more than half of them had incorrect answer regarding the first sign of syphilis infection and modes of transmission of syphilis infection (58.6%, 55.7%) respectively**.**

**Figure (1) illustrates that**, less than three quarter of the studied pregnant women had unsatisfactory level of knowledge (72.9%), while the remaining had satisfactory level of knowledge regarding the ministry of health initiative for "supporting maternal and fetal health (27.1%).

**Table (5) shows that,** less than half of the studied pregnant women reported uncertain regarding diseases prevent stillbirth and regarding vaccinations that help prevent these diseases (48.6%, 47.1%) respectively. Additionally, more than two fifth of the studied pregnant women reported uncertain regarding maternal and fetal health initiative reduce maternal mortality and contributes to reduces mortality rate of new born (44.3%, 42.9%) respectively.

**Figure (2) illustrates that**, more than two third of the studied pregnant women had negative attitude (65.7%) while the remaining of them had positive attitude regarding the ministry of health initiative for "supporting maternal and fetal health (34.3%).

**Table (6) shows that,** less than three quarter of the studied pregnant women were satisfied regarding health team worker is well trained and confident (70.0%). Also, more than two third of them were satisfied regarding primary health care provider and easy access to the place where the service is provided (68.6%, 62.9%) respectively. Additionally, more than half of women were satisfied regarding service area cleanliness, access and availability of drugs and supplies (54.3%, 57.1%). and neutral regarding results are registered with the initiative card, while of the studied pregnant women were neutral regarding waiting time to see health worker (60.0%).

**Figure (3) illustrates that**, two third of the studied pregnant women had high satisfaction level (60.6%)

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while the remaining of them had moderate and low level of satisfaction (23.9%, 15.5%) respectively regarding the ministry of health initiative for "supporting maternal and fetal health.

**Table (1):** Distribution of the studied pregnant women according to their demographic data

| Personal characteristics | N | % |
|---|---|---|
| **Age** | | |
| 20 ≤ 24 years | 14 | 10 |
| 25 ≤ 30 years | 80 | 57.1 |
| 31 ≤ 35 years | 46 | 32.9 |
| 36 ≤ 39 years | 0 | 0 |
| More than 40 years | 0 | 0 |
| **Mean± SD** | 29.04±3.21 | |
| **Level of education** | | |
| Illiteracy | 16 | 11.4 |
| Elementary | 10 | 7.1 |
| Preparatory | 78 | 55.7 |
| Higher education | 34 | 24.3 |
| Post graduated | 2 | 1.5 |
| Master | 0 | 0 |
| Marital status | | |
| Married | 132 | 94.3 |
| Widow | 2 | 1.4 |
| Divorce | 6 | 4.3 |
| Place of residence | | |
| Rural | 40 | 28.6 |
| Urban | 100 | 71.4 |

**Table (2):** Distribution of the studied pregnant women according to their obstetric history (n=140)

| Obstetric history | N | % |
|---|---|---|
| **Gestational age** | | |
| Less than 20 weeks | **2** | **1.4** |
| From 20≤ 29 week | **134** | **95.7** |
| from 30≤ 38 week | **4** | **2.9** |
| Other | **0** | **0** |
| Mean ± SD | **25.26±5.99** | |
| **Gravida** | | |
| Once | **22** | **15.7** |
| Twice | **82** | **58.6** |
| More than twice | **36** | **25.7** |
| Other | **0** | **0** |
| **Parity** | **(n=118)** | |
| Once | **82** | **57.1** |
| Twice | **34** | **24.3** |
| More than twice | **2** | **2.9** |
| **Method of last birth** | **(n=118)** | |
| Normal vaginal | **30** | **21.4** |
| Caesarean section | **88** | **62.9** |
| Vaginal with instrumentals | **0** | **0** |
| **Place of birth** | **(n=118)** | |
| Hospital | **80** | **57.1** |
| A house | **4** | **2.9** |
| Private clinic | **34** | **24.3** |
| **Are there any previous complications** | | |
| **Yes** | **24** | **17.1** |

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| | | |
|---|---|---|
| **No** | **116** | **82.9** |
| **If the answer is yes (n-24), complications were** | | |
| In Pregnancy | **22** | **15.7** |
| At Labor | **0** | **0** |
| Post-partum period | **2** | **4.3** |

**Table (3-b) :**-Distribution of the studied pregnant women according to Medical and family history(n=140).

| **Medical and family history** | **No** | **%** |
|---|---|---|
| **Presence of sexually transmitted diseases for women** | | |
| Yes | 6 | 4.3% |
| No | 134 | 95.7% |
| **If the answer is yes (n=6)** | | |
| **Hepatitis B** | 6 | 100% |
| **Presence of husband sexually transmitted diseases** | | |
| Yes | 8 | 5.7% |
| No | 132 | 94.3% |
| **If the answer is yes (n=8)** | | |
| **Hepatitis B** | 8 | 100% |
| **Previous surgeries** | | |
| Yes | 92 | 65.7% |
| No | 48 | 34.3% |
| **If the answer is yes (n=92)** | | |
| Cesarean section | 88 | 95.7% |
| Appendectomy | 4 | 4.3% |

**Table (4): Distribution of the studied pregnant women according to their knowledge (n=140).**

| **Knowledge of woman** | **Complete correct** | | **Incomplete correct** | | **Incorrect or don't know** | |
|---|---|---|---|---|---|---|
| | **N** | **%** | **N** | **%** | **N** | **%** |
| Definition of Ministry of Health initiative for "supporting maternal and fetal health" | 30 | 21.5 | 52 | 37.1 | 58 | 41.4 |
| Target group in initiative for "maternal and fetal health | 50 | 35.7 | 58 | 41.4 | 32 | 22.9 |
| Diseases discovered by the initiative | 34 | 24.3 | 46 | 32.8 | 60 | 42.9 |
| The places where the initiatives are provided | 54 | 38.6 | 52 | 37.1 | 34 | 24.3 |
| People who are providing the service in the initiative | 18 | 12.9 | 84 | 60 | 38 | 27.1 |
| Definition of sexually transmitted diseases from mother to fetus | 6 | 4.3 | 102 | 72.9 | 32 | 22.8 |
| Definition of hepatitis B disease | 16 | 11.4 | 70 | 50 | 54 | 38.6 |
| Signs and symptoms of hepatitis B infection | 22 | 15.7 | 68 | 48.6 | 50 | 35.7 |
| Modes of transmission of hepatitis B infection | 16 | 11.4 | 28 | 20 | 96 | 68.6 |
| Health recommends administering the hepatitis B vaccine | 28 | 20 | 50 | 35.7 | 62 | 44.3 |
| Complications of Hepatitis B on the new born | 24 | 17.1 | 48 | 34.3 | 68 | 48.6 |
| Definition of Syphilis | 16 | 11.4 | 64 | 45.7 | 60 | 42.9 |
| The first sign of syphilis infection | 6 | 4.3 | 52 | 37.1 | 82 | 58.6 |
| Modes of Transmission of syphilis infection | 42 | 30 | 20 | 14.3 | 78 | 55.7 |
| Complications of syphilis on pregnancy and childbirth | 14 | 10 | 68 | 48.6 | 58 | 41.4 |
| Risk factors for syphilis infection | 26 | 18.6 | 14 | 10 | 100 | 71.4 |
| Definition of acquired immunodeficiency | 14 | 10 | 84 | 60 | 42 | 30 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| syndrome (AIDS) | | | | | | |
| Modes of transmission of HIV infections | 6 | 4.3 | 82 | 58.6 | 52 | 37.1 |
| Precautions to prevent passing of HIV infection from infected mother to baby | 22 | 15.7 | 34 | 24.3 | 84 | 60 |

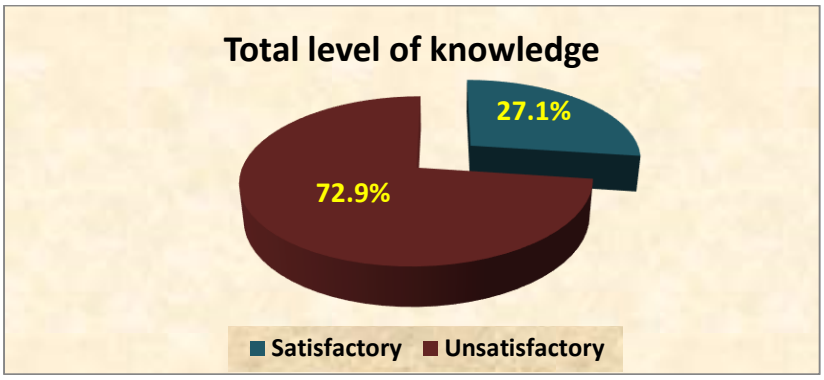


**Figure (1):** Percentage Distribution of the studied pregnant women according to their total level of knowledge regarding the Ministry of Health initiative for "supporting maternal and fetal wellbeing (n=140)

**Table (5):** Distribution of the studied pregnant women according to their attitude regarding the Ministry of Health initiative for "supporting maternal and fetal wellbeing (n=140).

| Attitude | Agree | | Uncertainly | | Disagree | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Initiative provides a necessary service | 44 | 31.4 | 52 | 37.1 | 44 | 31.4 |
| Diseases can be reduced | 50 | 35.7 | 48 | 34.3 | 42 | 30 |
| Initiative help spread health awareness | 32 | 22.9 | 56 | 40 | 52 | 37.1 |
| The maternal and fetal health initiative is to reduce maternal mortality. | 36 | 25.7 | 62 | 44.3 | 42 | 30 |
| Diseases prevents stillbirth | 24 | 17.1 | 68 | 48.6 | 48 | 34.3 |
| The Initiative contributes to referral | 32 | 22.9 | 56 | 40 | 52 | 37.1 |
| The medical team is trained to provide the services. | 28 | 20 | 60 | 42.9 | 52 | 37.1 |
| Vaccinations that help prevent these diseases. | 34 | 24.3 | 66 | 47.1 | 40 | 28.6 |
| The Initiative contributes to reduces mortality rate of new born | 30 | 21.4 | 60 | 42.9 | 50 | 35.7 |
| received the service perfectly | 46 | 32.9 | 42 | 30 | 52 | 37.1 |
| Feel safe when I go to health unit to receive the service. | 42 | 30.0 | 56 | 40.0 | 42 | 30.0 |
| Feel satisfied that there is such an Initiative. | 40 | 28.6 | 52 | 37.1 | 48 | 34.3 |
| The maternal and fetal health initiative is available in health units | 44 | 31.4 | 52 | 37.1 | 44 | 31.4 |

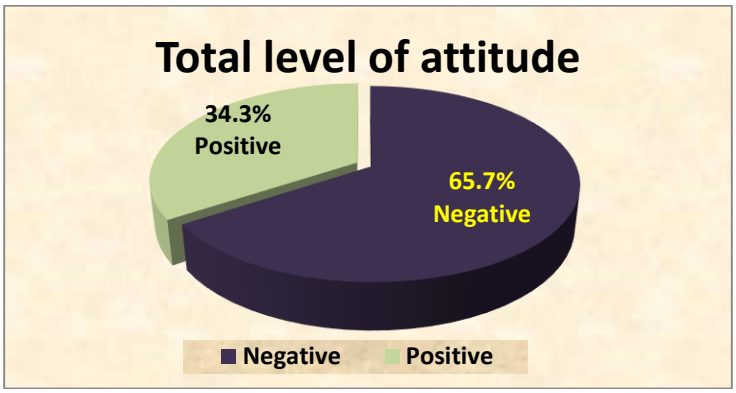


**Figure (2):** percentage Distribution of the studied pregnant women according to their total level of attitude regarding the Ministry of Health initiative for "supporting maternal and fetal health (n=140).

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**Table (6):** Distribution of the studied pregnant women according to their satisfaction regarding the Ministry of Health initiative for "supporting maternal and fetal health (n=140).

| Satisfaction | Satisfied | | Neutral | | No satisfied | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Ease of access to the place where the service is provided | 88 | 62.9 | 46 | 32.9 | 6 | 4.3 |
| Service area cleanliness | 76 | 54.3 | 46 | 32.9 | 18 | 12.9 |
| Waiting area cleanliness and comfort | 54 | 38.6 | 62 | 44.3 | 24 | 17.1 |
| Access and cleanliness of toilet. | 56 | 40.0 | 70 | 50.0 | 14 | 10.0 |
| Waiting time to see health worker | 54 | 38.6 | 84 | 60.0 | 2 | 1.4 |
| Courtesy and respect | 68 | 48.6 | 68 | 48.6 | 4 | 2.9 |
| Privacy, Confidentiality and trust are available | 62 | 44.3 | 70 | 50.0 | 8 | 5.7 |
| Completeness of information about initiative(objective and its related diseases) | 70 | 50.0 | 66 | 47.1 | 4 | 2.9 |
| Access and Availability of drugs and supplies | 76 | 54.3 | 60 | 42.9 | 4 | 2.9 |
| Computerized results and registered data. | 74 | 52.9 | 56 | 40.0 | 10 | 7.1 |
| appropriate time for results to emerge | 62 | 44.3 | 74 | 52.9 | 4 | 2.9 |
| The initiative card is used to record the results. | 58 | 41.4 | 80 | 57.1 | 2 | 1.4 |
| Quality of services performance | 72 | 51.4 | 62 | 44.3 | 6 | 4.3 |
| The health team worker is well trained and confident | 98 | 70.0 | 38 | 27.1 | 4 | 2.9 |
| satisfied with primary health care provider | 96 | 68.6 | 40 | 28.6 | 4 | 2.9 |

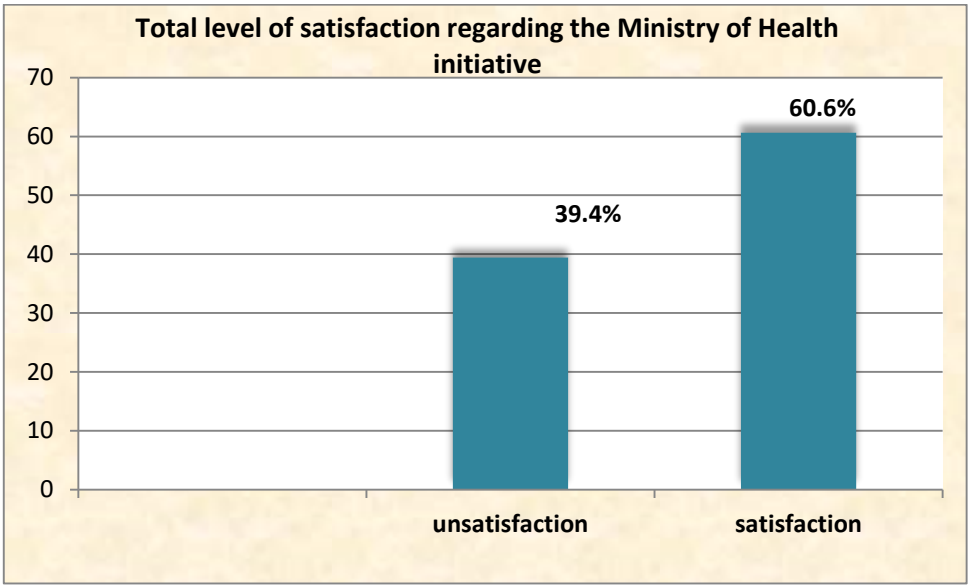


Figure (3): Distribution of the studied pregnant women according to their total level of satisfaction regarding the Ministry of Health initiative

**Discussion**

Immunodeficiency virus (HIV), hepatitis B and syphilis can be transmitted from infected mothers to their infants, causing significant morbidity and mortality. However, transmission of these infections can be prevented by simple and effective interventions, including the prevention of new infections among people of reproductive Human age, antenatal screening, and treatment of infected pregnant women, follow-up and vaccination of infants born to infected mothers (***WHO., 2020)***

**The main results of this study were as follow:**

**According demographic data,** the present study revealed that more than half of the pregnant women were in age group 25 ≤ 30 years and had preparatory education respectively. The majority of them was married and lives in urban area.

In relation to place of residence, the present study represented that, majority of women lived in urban areas, **from the researcher point of view;** this could be related to that. Location of MCH center which

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study was performed located in an urban area, so it serves the residents around it in its region.

The current result is agree with ***Sitot et al., (2022)*** who conducted the study entitled "Assessment of knowledge, attitude and practice towards ante natal exercise among pregnant women attending antenatal care at Health centers of Mekelle, " Most respondents were in the age groups 25–29 years. The majority of articipated in this study, were married, Most of the respondents were secondary school.

**Regarding to knowledge of the studied pregnant women about hepatitis B infection** the present study revealed that more than two third of them had incorrect answer regarding modes of transmission of hepatitis B infection and result of current study is harmony with ***Dagnew et al., (2020)*** who conducted the study entitled " Knowledge, Attitude, and Associated Factors-towards Vertical Transmission of Hepatitis B Virus-among Pregnant Women Attending Antenatal: A Cross-Sectional Study" and report that The majority of pregnant-women had poor knowledge about the mode of hepatitis B virus transmission -from mother to child and vaccine for hepatitis B virus..

**From the researcher point of view** the observation of very low knowledge of pregnant women about transmission and prevention of HBV in this study might be due to the low level of education; more than half of the study participants had no formal education. **This calls for the Ministry of Health to** promote health education on hepatitis virus transmission and its prevention through mass media like television, radio, mobile phone, and using health extension workers through door-to-door and health professionals in public health institutions. Furthermore, raise national awareness of viral hepatitis by promoting the national plan

On the contrary, a study conducted entitled " Knowledge and Practice of Hepatitis B Screening Services Among Pregnant Women in Enugu South Local Government Area" showed that pregnant women who demonstrated good knowledge regarding the transmission of HBV from mother to child were recognized by 72.9% of respondents. **From the researcher point of view** the importance of targeted educational interventions to improve awareness and knowledge levels among pregnant women regarding these infections,

**The study examined pregnant women's overall level of knowledge of "The Ministry of Health initiative for**

The current study illustrates that, less than three quarter of the studied pregnant women had unsatisfactory level of knowledge, while the remaining had satisfactory level of knowledge regarding the ministry of health initiative for “supporting maternal and fetal wellbeing. **From the researcher point of view, this could be related** to lack of awareness and attachment with varies social media as television, radio and lack of antenatal care visits during pregnancy**.** Additionally, pregnant women's educational attainment reflects their dissatisfied attitude toward the Ministry of Health's goal to "promote maternal and fetal health."

The current study is agree with ***(Mengistie et al., 2023)*** who conducted the study entitled" Assessment of knowledge and attitude of pregnant women towards antenatal ultrasound in University of Gondar comprehensive specialized hospital at antenatal care clinic, Northwest Ethiopia “Who shows that, more than two third of pregnant women are not-knowledgeable about obstetric ultrasound whereas only more than third of them had better knowledge about obstetric ultrasound with high percentage. This study is in contrary to ***(Mahmoud et al, 2022)*** who conducted the study in Egypt entitled" Women's Perception Regarding the Ministry of Health Initiatives Plan for Early Detection of Breast Cancer. “Who shows that, more than half of the studied sample had correct knowledge regarding initiatives for early detection of breast cancer. While, less than half of them have incorrect knowledge.

**Regarding the pregnant women's overall attitude toward the Ministry of Health's program to "support maternal and fetal wellbeing,** “The current study is provide that, more than two third of the studied pregnant women had negative attitude, regarding the ministry of health initiative for “supporting maternal and fetal health.. **From the researcher point of view, this could be related to lack of awareness regarding importance of antenatal care visits during pregnancy and lack of attachment with varies social media as television, and radio**

This finding is agree with ***(Mahmoud et al, 2022*)** who conducted the study in Egypt entitled" Women's Perception Regarding the Ministry of Health Initiatives Plan for Early Detection of Breast

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Cancer. "Who reveals that, more than two third of the studied sample had negative attitude regarding the Egyptian ministry of health national initiatives for early detection of breast cancer, while, less than third of them had positive attitude.

In other hand The current study disagree with **El-Shrqawy, *et al., (2024)*** who conducted the study entitled "the effect of antenatal education on pregnant women's knowledge, attitude and preference of delivery mode" he showed that the total attitude toward vaginal delivery, study findings shows that more than three-quarters of the intervention group had a positive attitude toward vaginal delivery.

Resent finding illustrates that, more than half of the studied pregnant women disagree about, that Ministry of Health initiative for "supporting maternal and fetal health help in spread health awareness and contributes to referral. Furthermore, more than two fifth of the studied pregnant women disagree about that, the maternal and fetal health initiative is to reduce maternal mortality. In the same context with current study, ***Mahmoud.et al., (2022)*** mentioned that there was more than two third of the studied sample had negative attitude regarding the Egyptian ministry of health national initiatives in the study that assessed.

**In relation to total level satisfaction of the studied pregnant women regarding the Ministry of Health initiative for "supporting maternal and fetal wellbeing**

The present study showed that two third of the studied pregnant women had high satisfaction level, **In researcher point of view this result is Due to the presence of recently designed counseling rooms in the MCH center**, medical centers, and maternal and child care centers that include the service at Beni Suief units, and within these rooms, the health team, which has recently been trained in the communication skills and effective communication, and In additionally Health education and communication in the local language post-test as well as interpersonal relationship with those providing the care

The current study in the same line with ***Adedeji et al (2023)*** who conduct the study entitled" Assessment of antenatal care satisfaction amongst postpartum women at the University College Hospital, Ibadan, Nigeria" and reported that Overall, new mothers were satisfied with the antenatal care services provided in the antenatal clinics.

The result of present study was disagree with ***Ismail &Essa (2017),*** Who conducted the study in El-Beheira Governorate " Pregnant Women's Satisfaction with the Quality of Antenatal Care At Maternal and Child Health Centers in El-Beheira Governorate " Who reveals Findings revealed that client's sources of dissatisfaction include negative behavior of caregivers (ineffective communication, neglect and unfriendliness).

**Also in according to satisfaction of pregnant women regarding to easy access to the place, primary health care provider and easy access to the place where the service is provided** the result finding shows that, less than three quarter of the studied pregnant women were satisfied regarding health team worker is well trained and confident, more than two third of them were satisfied regarding easy access to the place where the service is provided respectively. Additionally, more than half of women were satisfied regarding service area cleanliness, access and availability of drugs and supplies.

The current study results in the same line with ***Alhaqbani and Bawazir, (2022)*** who conduct the study entitled" who conduct the study entitled" Assessment of pregnant women's satisfaction with model of care initiative: antenatal care service at primary health care in cluster one ", and reported that more than half of the studied women were satisfaction regarding easy access to the care services and access to availability of medication.

Conversely, this study was disagreed with ***Ismail, et al., (2017)*** Who conducted the study in El-Beheira Governorate " Pregnant Women's Satisfaction with the Quality of Antenatal Care At Maternal and Child Health Centers in El-Beheira Governorate "Who reveals that More than three-fifths of the study subjects were unsatisfied with setting's accessibility. And the majority of them were unsatisfied with the availability of drugs, equipment's & supplies. **In researcher point of view this result is Due to unavailability of drugs, equipment's and lack of supplies**

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**Conclusion: -**

Based on the results of the current study, the research questions were answered, and it was found that the majority of the sample knew little about efforts aimed at "supporting maternal and fetal health." Additionally, activities aimed at "supporting maternal and fetal health" were seen negatively by over two-thirds of the sample that was evaluated. Furthermore, two-thirds of the sample expressed high levels of satisfaction with the ministry of health's initiative to "support maternal and fetal wellbeing."

**Recommendations: -**

- Construct and implement awareness –raising programs for all pregnant women during first visit of pregnancy about ministry of health and its important preventing sexual transmitted disease to encourage pregnant women to support Egyptian project.

**In Services:**

- Publishing posters containing services provided during health initiative for supporting maternal and fetal health in all different health care settings to increase awareness

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