

Exploration of Knowledge and Practices among Pregnant Women Regarding Uterine Prolapse

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Abstract

Background: Uterine prolapse is a frequent condition caused by weakened pelvic support, often linked to childbirth and aging. **Aim:** Assess the pregnant women's knowledge and practices level regarding uterine prolapse. **Research design:** A cross sectional descriptive approach was used. **Setting:** The study was carried out in the Women's Health Hospital's prenatal clinic at Assiut University. **Sample:** Convenient sample, 300 pregnant women visiting prenatal clinic made up the handy sample. **Tool of data collection:** Data was gathered using a structured interview questionnaire that included three tools: **Tool (1):** Women's assessment questionnaire (Sociodemographic data, Obstetrical data, and Clinical data), **Tool (2):** Assessment sheet for Knowledge and **Tool (3):** Reported practices assessment sheet. **Results:** Demonstrated that 63% of the participated women had inadequate knowledge scores about uterine prolapse, and 57.3% of them had unsatisfactory practices score level to prevent uterine prolapse. **Conclusion:** The findings concluded that inadequate knowledge and suboptimal preventive practices regarding uterine prolapse among women, significantly influenced by sociodemographic and obstetric factors. **Recommendation:** application of educational programs and workshops to pregnant women in order to increase their understanding of uterine prolapse.

Keywords: Exploration, Knowledge, Practices, Pregnant Women & Uterine Prolapse.

Introduction

In pelvic organ prolapse (POP), weak ligaments or muscles cause the pelvic structures to descend into the vaginal canal, profoundly affecting the quality of life and well-being of menopausal women, particularly those over 70 years, as its incidence is notably higher in postmenopausal compared to premenopausal women. (Moradi et al., 2023)

Uterine prolapse is staged according to the degree of uterine descent relative to the vaginal canal and hymenal ring, usually with the Pelvic Organ Prolapse Quantification (POP-Q) or Baden-Walker halfway system, ensuring precise staging for effective management and complication anticipation (Li et al., 2025)

The etiology of UP is multifactorial, involving pregnancy, childbirth, connective tissue disorders, pelvic nerve dysfunction, aging, menopause, and factors contributing to sustained elevated intraabdominal pressure, including multiparity, prolonged labor, inadequate postpartum recovery, and strenuous physical activity (Thanasa et al., 2023)

Uterine prolapse may precede or occur during pregnancy typically in the third trimester, uterine prolapse may spontaneously resolve postpartum. Its principal etiology involves pelvic floor disorders (PFDs) resulting in weakened structural support (Deshpande et al., 2023)

Pregnancy induces physiological changes such as cervical softening, ligament relaxation, and vaginal wall modifications, mediated by hormones influences like progesterone and relaxin, increasing susceptibility to pelvic organ prolapse in multiparous women (Houmaid et al., 2024)

Management of uterine prolapse in pregnancy generally prioritizes conservative strategies including bed rest, observation, and pessary application. If unsuccessful, surgical intervention may be considered, typically during the early second trimester, depending on individual cases. Manual repositioning techniques, such as gauze packing of the cervix, have demonstrated efficacy in reducing edema and preventing cervical injury during delivery (Tachibana et al., 2024)

Nursing professionals play a pivotal role in supporting and educating women diagnosed with uterine prolapse by offering reassurance, information about possible outcomes, and management options, thus encouraging informed decision-making and active involvement in their care (Eid, et al.2023).

Significance of the study

Pelvic organ prolapse represents a significant health challenge worldwide, affecting women's physical, emotional, and sexual well-being, as well as their social interactions and occupational abilities.

Although not life threatening, POP sustainability reduces quality of life. In Egypt, 25.75% of 2000 women from various governorates had pelvic organ prolapse in the first year following childbirth (**Mahmoud et al.2023**)

Globally, POP affects approximately 20-30% of women over the age of 20, with advancing age and higher parity identified as principal contributing factors. The increasing average age of the global population is anticipated to elevate the prevalence of POP in the futures (**Doğan, et al., 2024**)

International prevalence rates for uterine prolapse vary between 2% and 20%, with national estimates including 11.4% in the united states and a notably high 56% in Egypt (**Mishra et al.,2020**).

Uterine prolapse during pregnancy is a rare condition that occurs in one out of every 10,000 to 15,000 pregnancies. However, 50% of women with a history of childbirth may experience some form of POP, with 10-20% requiring surgical intervention (**Tezuka et al., 2025**), it is more common in women who are multiparous and have had prior pregnancies (**Norby et al., 2023**)

Globally, 35-60% of postpartum women develop uterine prolapse (**Deepa, 2024**), with the incidence in the U.S. reported at 23.8 per 100,000 (one in 4,209) deliveries (**Deshpande et al., 2023**)

The purpose of this study is to assess pregnant women's awareness of and adherence to preventive measures for uterine prolapse, emphasizing the importance of early detection, complication prevention, and raising awareness among expectant mothers.

Aim of the study: It was to Assess the level of knowledge and practices among pregnant women regarding uterine prolapse

Research question: What is the level of pregnant women's knowledge and practices regarding uterine prolapse?

Research hypothesis: Women's sociodemographic and obstetric features are statistically significant correlated with their level of knowledge and preventive measures regarding uterine prolapse.

Subject and Methods

Study design: A cross sectional descriptive approach was used.

Setting: The study was carried out in the Women's Health Hospital's prenatal clinic at Assiut University which provides seven hours' obstetric services over 5 days. It was composed of three rooms initial assessment room (comprises of 3 offices, 2 designated for doctors and one for nurses), examination room (equipped with 4 examination beds), and ultrasonography room, there are two diploma nurses, this setting was selected due to the

hospitals role as a central hub for pregnant women from various governorates across upper Egypt.

which provides free services for upper Egypt including rural and urban areas. In addition to providing seven hours' obstetric services over 5 days. It was composed of three rooms initial assessment room (comprises of 3 offices, 2 designated for doctors and one for nurses), examination room (equipped with 4 examination beds), and ultrasonography room, there are two diploma nurses, this setting was selected due to the hospitals role as a central hub for pregnant women from various governorates across upper Egypt.

Subjects: For this study, Pregnant Women who visited Assiut University's women's health hospital's antenatal clinic, were chosen.

Type of sample: A convenience sample was employed.

Sample size: Current study was conducted on Convenience sample of (300) Pregnant Women who visited Assiut University's women's health hospital's antenatal clinic, and the sample was calculated according to the following equation:

$$n = \frac{(1 - P)}{(SE + t) + [(1 - P) \div N]}$$

N (population)= 4260 Women were registered in antenatal clinic at Women health hospital in last year 2023.

SE = error rate = 0.05

T= the standard score corresponding to the level of significance=1.96

P= The property availability ratio and neutral = 0.50

n= sample size= 300

Exclusion criteria:

- Pregnant women who refused to participate in the study.
- Women who are Primigravida.

Tool for data collection: This study employed a structured interviewing questionnaire:

Based on the national and international literature review and consulting expertise in this field, the researcher created and utilized tool, which was organized to compromise the following sections:

Tool (1): Women's assessment questionnaire: It consisted of 3 parts as following:

Part (1): Sociodemographic data of the studied women: As age, educational level, residence, occupation. **Part (2): Obstetric data:** As age of menarche, age of marriage, age of fist pregnancy, No. of gravidity, No. of parity, No. of abortion, mode of last delivery. **Part (3): Clinical data:** As Previous surgery (yes or no), Chronic disease (yes or no)

Tool (2): Assessment sheet of Knowledge:

To assess the participants' knowledge level on uterine prolapse, a set of thirty statements in the questionnaire with binary options (correct and incorrect or I don't know) was employed. This set was divided into four parts as follow:

Part (1) pregnant Women's knowledge regarding meaning and facts about uterine prolapse. **Part (2)** pregnant Women's knowledge of uterine prolapse causes and risk factors. **Part (3)** pregnant Women's knowledge regarding symptoms and diagnosis of uterine prolapse. **Part (4)** pregnant Women's knowledge regarding prevention and treatment of uterine prolapse.

Scoring system regarding the women's knowledge:

It consisted of 30 items. Each correct response was assigned a score of (1point), while an incorrect response received a score of (0 point). The total possible score ranged from 0 to 30, the total knowledge level categorized as the following:

- A score above 50% (16 points or more) indicated adequate level of knowledge
- A score below or equal 50% (15 points or less) was considered inadequate.

Tool (3): Reported practices assessment sheet:

To assess the participants' practices regarding preventive measures of uterine prolapse, a set of thirty statements in the questionnaire with binary options (done and not done) was employed. This set was divided into three parts as follow:

Practices before pregnancy, Practices during pregnancy, and Practices after pregnancy**Scoring system regarding the women's practices:**

It involved 30 actions. Each done items was given (1 point), while not done was given a score of (0 point). The total possible score ranged from 0 to 30, the total practices level categorized as the following:

- A score above 60% (19 points or more) indicated satisfactory level of practices.
- A score below or equal 60% (18 points or less) was considered unsatisfactory level of practices.

Validity and reliability of tool

Three panel experts from Assiut University's Obstetrics and Gynecological Nursing Department, Faculty of Nursing, evaluated the tools to assess to their face and content validity. This ensured that the instruments measured the intended outcomes accurately, and any necessary adjustments were made based on the panel assessment of the items 'appropriateness, content, and sentence structure.

Reliability:

The tool's consistency was verified by the use of the coefficient test. It was discovered to be:

- Tool I demographic, medical and obstetric (.648)
- Tool II knowledge (.644)
- Tool III practice (.849)

Pilot study:

Following the questionnaire's creation, it was pre-tested on 10% of women who were considered (30 women), because the study tool underwent no significant changes, the subjects from the pilot study were included in the main study.

Working in the Field:

The study's data collection process, which began in early November 2024 and ended in late February 2025, lasted roughly four months and involved the following **procedures**:

- The director of Women's Health Hospital at Assiut university formally granted permission to conduct this study.
- The researcher greeted the woman, introduced herself, and conducted the interview. To gain their consent, the nature and goal of the study were described.
- Pregnant women gave their informed agreement to participate in the study. The information was gathered from the at Women Health hospital's antenatal clinic, Assiut University.
- Women were given the assurance that their involvement in this study was entirely voluntary and that they might leave at any moment. Additionally, by coding data, anonymity and confidentiality were guaranteed.
- Each participant women was questioned separately by the researcher, and gathered sociodemographic information.
- The researcher assessed the pregnant women knowledge by directing questions regarding meaning and facts about uterine prolapse, regarding symptoms and diagnosis of uterine prolapse, and some questions regarding prevention and treatment of uterine prolapse.
- Then the researcher directed several questions to assess the practices that women can do before, during, and after pregnancy to help prevent uterine prolapse.
- In order to complete the questionnaire, each interview lasted about 20-30 minutes in the clinic's waiting area or even within the actual clinic.
- Until the sample size reached the predefined level, data was gathered from the research setting four days a week 9.00 am to 12.00 pm.

Ethical consideration:

- On September,24, 2024, the faculty of nursing's Ethical Committee approved the research request with ID approval (1120240891).
- The study subjects were not at risk while the research was being applied.
- The study adhered to standard ethical guidelines for clinical research.

- Oral consent was obtained from illiterate women, and written consent was obtained from ladies or guidance who were willing to take part in the study
- There was assurance of anonymity and Confidentiality.
- Women who took part in the study had the freedom to decline to participate and or to leave at any time without giving a reason.
- The privacy of the participating women was taken into account.

Statistical analysis:

The statistical package for social sciences (SPSS) version 26 was used to code, arrange, categorize, tabulate, and analyze the data that was gathered. Finding a relationship between variables was done using the Chi- Square test, and data was displayed in tables and figures with numbers, percentages, means, and standard deviations. Statistical significance was defined as a P-value of less than 0.05.

Results

Table (1): Distribution of the studied women according to their Socio-demographic data (N=300)

Socio-demographic data	N	%
Age/ years:		
Less than 25	128	42.7
From 25-35	76	25.3
More than 35	96	32.0
Mean±SD	31.78±7.714	
Residence:		
Rural	160	53.3
Urban	140	46.7
Educational level:		
Illiterate	26	8.7
Read and write	48	16.0
Basic education	86	28.7
Secondary school	64	21.3
University	76	25.3
Occupation:		
House wife	181	60.3
Employed	119	39.7

Table (2): Distribution of the studied women according to their obstetric data (N=300)

Obstetric data	N	%
Age of first pregnancy/ years:		
Less than 20	165	55.0
From 20-25	135	45.0
Mean±SD	21.04±2.58	
Gravidity:		
Multi gravida	189	63.0
Grand multi gravida	111	37.0
Parity:		
Primi parous	79	26.3
Multi parous	162	54.0
Grand multi parous	59	19.7
No. of abortion:		
No	162	54.0
From 1-3	109	36.3
More than 3	29	9.7
Mode of last delivery:		
Vaginal delivery	145	48.3
Cesarean section	155	51.7

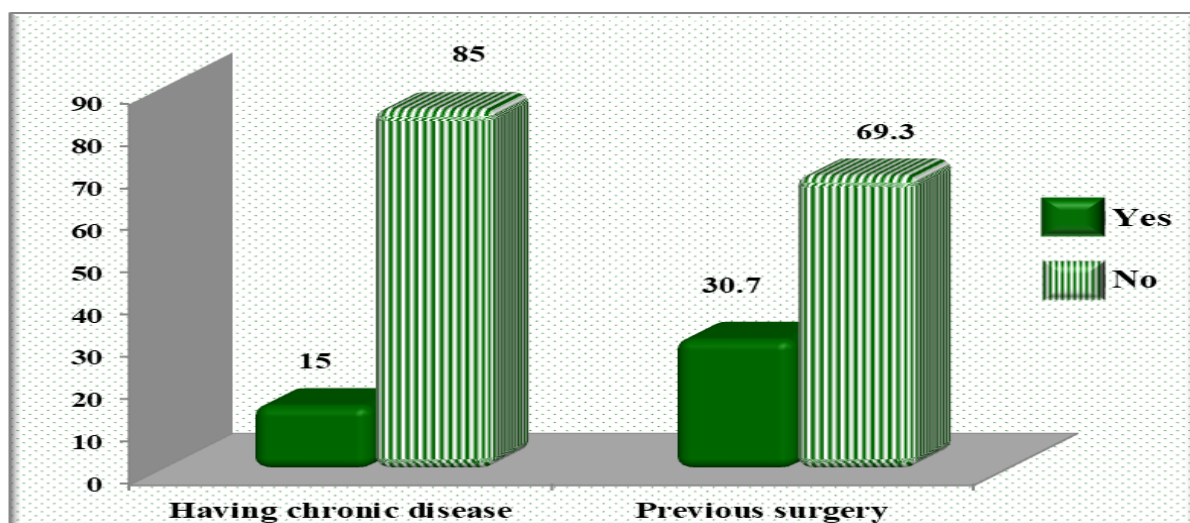


Figure (1): Distribution of the studied women according to their clinical data (N=300)

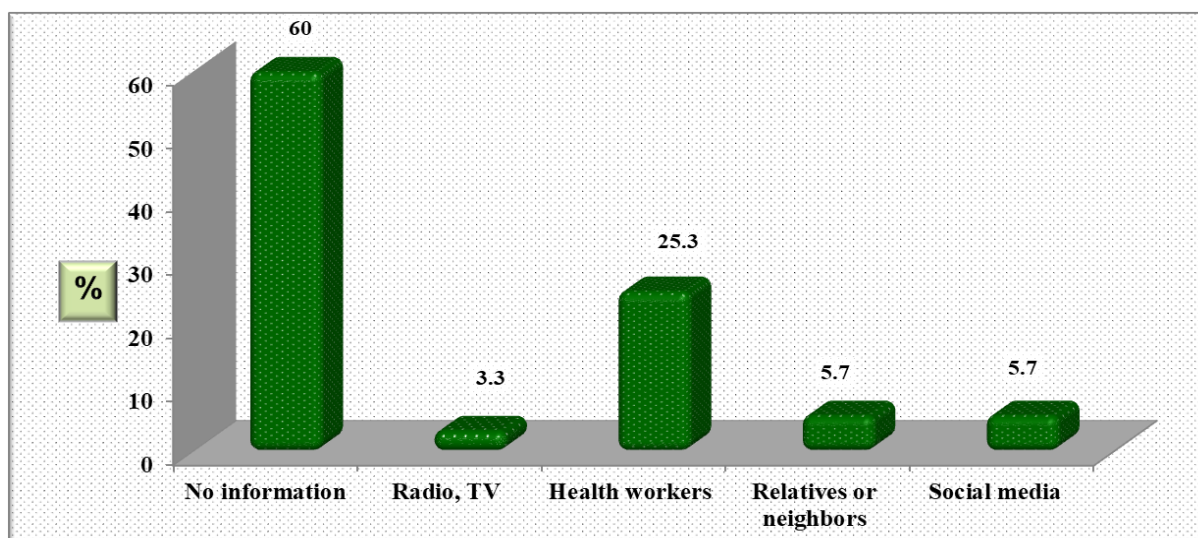


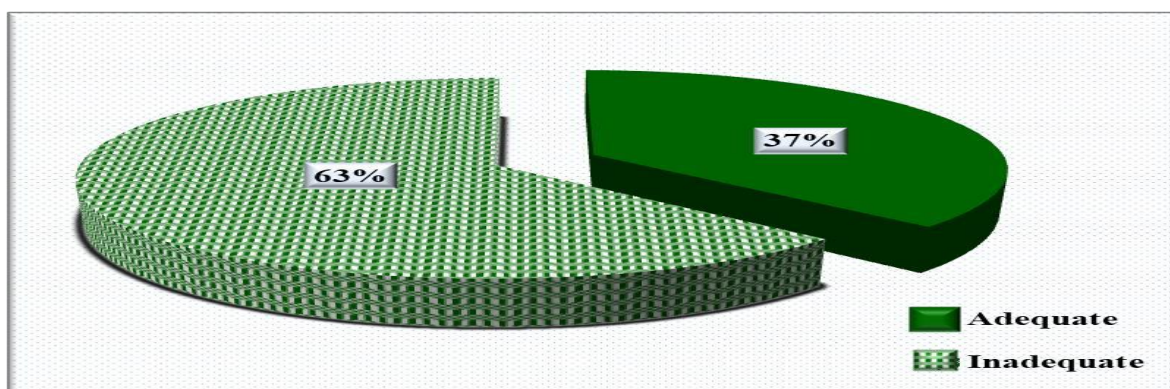
Figure (2): Distribution of the studied women according to their source of information about uterine prolapse (N=300)

Table (3): Distribution of the studied women according to their knowledge regarding meaning and facts about uterine prolapse (N=300)

Items	Correct		Incorrect or I don't know	
	N	%	N	%
1. Uterine prolapse occurs when the uterus slips from its normal position and protrudes into the vaginal canal.	266	88.7	34	11.3
2. Uterine prolapse is a hereditary condition	209	69.7	91	30.3
3. Uterine prolapse is a common condition that only affects women who have had multiple vaginal deliveries	148	49.3	152	50.7
4. Women who have never been pregnant cannot develop uterine prolapse	138	46.0	162	54.0
5. Uterine prolapse is a life-threatening condition.	156	52.0	144	48.0
6. Uterine prolapse is more common in postmenopausal women	138	46.0	162	54.0

Table (4): Distribution of the studied women according to their knowledge regarding prevention and treatment of uterine prolapse (N=300)

Items	Correct		Incorrect or I don't know	
	N	%	N	%
1. Uterine prolapse can be completely prevented through lifestyle modifications	208	69.3	92	30.7
2. Kegel exercises can help strengthen the pelvic floor muscles and reduce the risk of uterine prolapse.	97	32.3	203	67.7
3. Regular exercise can help prevent uterine prolapse	137	45.7	163	54.3
4. Uterine prolapse can be managed through pelvic floor physical therapy	126	42.0	174	58.0
5. Hysterectomy is a common surgical treatment for severe uterine prolapse	165	55.0	135	45.0
6. Pessaries, which are devices inserted into vagina, can help support the uterus and alleviate uterine prolapse symptoms.	20	6.7	280	93.3
7. Hormonal replacement therapy can help prevent and treat uterine prolapse	62	20.7	238	79.3
8. Surgical treatment for uterine prolapse is always necessary	136	45.3	164	54.7
9. Pelvic organ prolapse, including uterine prolapse, is a normal part of aging and doesn't require treatment	287	95.7	13	4.3

**Figure (3): Distribution of the studied women according to their total knowledge score level about uterine prolapse (N=300)****Table (5): Distribution of the studied women according to their practices during pregnancy to prevent uterine prolapse (N=300)**

Items	D		Done		Not done	
	N	%	N	%	N	%
1. Continue pelvic floor exercises (Kegel exercises) throughout pregnancy.	100	33.3	200	66.7		
2. Maintain a healthy weight gain within recommended guidelines.	257	85.7	43	14.3		
3. Avoid heavy lifting and straining during pregnancy.	299	99.7	1	0.3		
4. Practice good posture and body mechanics, especially as the baby grows.	293	97.7	7	2.3		
5. Treat and manage any constipation or straining during bowel movements.	280	93.3	20	6.7		
6. Seek treatment for any chronic cough or respiratory issues.	220	73.3	80	26.7		
7. Avoid high-impact activities that can further weaken the pelvic floor	143	47.7	157	52.3		
8. Discuss any concerns about pelvic floor health with your healthcare provider.	88	29.3	212	70.7		
9. Consider pelvic floor physical therapy during pregnancy to address any issues.	46	15.3	254	84.7		
10. Perform perineal massage to help prevent tearing during childbirth.	19	6.3	281	93.7		

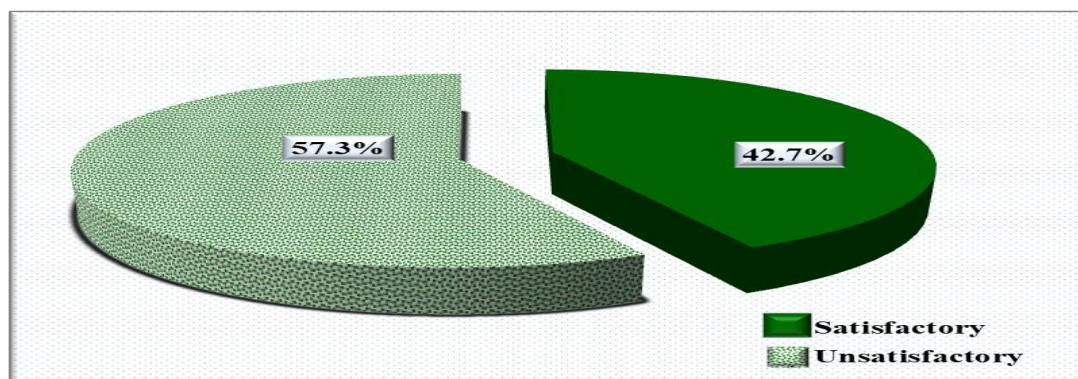


Figure (4): Distribution of the studied women according to their total practices score level regarding uterine prolapse (N=300)

Table (6): Relation between the studied women's socio-demographic data and total knowledge level about uterine prolapse (N=300)

Socio-demographic data	Total knowledge level about uterine prolapse				P-value
	Adequate (111)		Inadequate (189)		
	N	%	N	%	
Age/ years:					0.001**
Less than 25	7	6.3	121	64.0	
From 25-35	34	30.6	42	22.2	
More than 35	70	63.1	26	13.8	
Residence:					0.001**
Rural	42	37.8	118	62.4	
Urban	69	62.2	71	37.6	
Educational level:					0.001**
Illiterate	0	0.0	26	13.8	
Read and write	0	0.0	48	25.4	
Basic education	11	9.9	75	39.6	
Secondary school	33	29.7	31	16.4	
University	67	60.4	9	4.8	
Occupation:					0.001**
House wife	51	45.9	130	68.8	
Employed	60	54.1	59	31.2	

Chi-square test

(*) statistical significant difference

(**) highly statistical significant difference

(NS) non statistical significant difference

Table (7): Relation between the studied women's socio-demographic data and total practices level regarding uterine prolapse (N=300)

Socio-demographic data	Total practices level regarding uterine prolapse				P-value
	Satisfactory (128)		Unsatisfactory (172)		
	N	%	N	%	
Age/ years:					0.001**
Less than 25	32	25.0	96	55.8	
From 25-35	35	27.3	41	23.8	
More than 35	61	47.7	35	20.4	
Residence:					0.089 (NS)
Rural	61	47.7	99	57.6	
Urban	67	52.3	73	42.4	
Educational level:					0.001**
Illiterate	0	0.0	26	15.2	
Read and write	6	4.7	42	24.4	
Basic education	24	18.8	62	36.0	
Secondary school	44	34.3	20	11.6	
University	54	42.2	22	12.8	

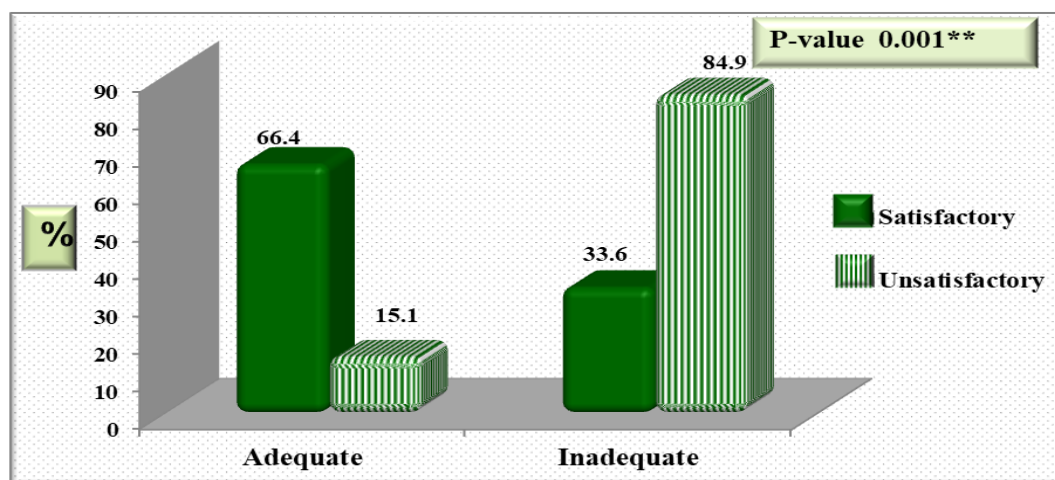
Socio-demographic data	Total practices level regarding uterine prolapse				P-value
	Satisfactory (128)		Unsatisfactory (172)		
	N	%	N	%	
Occupation:					0.050 (NS)
House wife	69	53.9	112	65.1	
Employed	59	46.1	60	34.9	
Nature of work:					0.108 (NS)
Require muscular effort	102	79.7	149	86.6	
Written work	26	20.3	23	13.4	

Chi-square test

(*) statistical significant difference

(**) highly statistical significant difference

(NS) non statistical significant difference



Chi-square test

(*) statistical significant difference

(**) highly statistical significant difference

(NS) non statistical significant difference

Figure (5): Relation between the studied women's obstetric data and total knowledge level and practices level regarding uterine prolapse (N=300)

Table (1): Reveals the participated women's Socio-demographic data. It was cleared that their mean \pm SD of their age was 31.78 ± 7.714 , 42.7% of them had an age group Less than 25 years about 53.3% and 28.7% of them were from rural areas and had a Basic education respectively. Regarding occupation, 60.3% of them were housewives.

Table (2): Presents the obstetric data of the participated women, and Reveals that 55.0% of them had an age group of the first pregnancy Less than 20 years, 63.0 %, 54.0%, and 54.0 % of them were multigravida, were multiparous, and had no history of abortion respectively. Concerning mode of last delivery, 51.7% of the studied women underwent cesarean section.

Figure (1): Shows that 85.0% of the studied women hadn't any chronic disease; about 69.3% of them hadn't any Previous surgery.

Figure (2): Demonstrates that 60% of the participated women did not hear before about uterine prolapse (had no information), 25.3% gained their information from health workers while 3.3% of them gained their information from radio or TV (least source of information).

Table (3): Illustrates that 88.7% of the studied women give a correct answer about the meaning of uterine prolapse and 54.0% of them give incorrect answer about Women who have never been pregnant cannot develop uterine prolapse and Uterine prolapse is more common in postmenopausal women or not.

Table (4): Presents that 95.7% of the studied women know that not all women with uterine prolapse require treatment, 93.3% of them did not know about the role of the pessaries in the treatment of uterine prolapse.

Figure (3): Demonstrates that 63% of the studied women had inadequate knowledge scores about uterine prolapse.

Table (5): Presents that during pregnancy 99.7% of the studied women Avoid heavy lifting and straining during pregnancy, and 93.7% of them doesn't Perform perineal massage to help prevent tearing during childbirth.

Figure (4): Demonstrates that 57.3% of the studied women had unsatisfactory practices score level regarding uterine prolapse.

Table (6): Shows highly statistical significant differences between the studied women's total

knowledge level and all socio-demographic data at p-value <0.01.

Table (7): Explains that with p-value <0.0, there were highly statistical significant relations between the age, and educational level, and total practices level of the women under the study. however, the total practices level of the women didn't statistically significant relate with their residence, occupation, and nature of work at p-value 0.089, 0.050, and 0.108 respectively.

Figure (5): Shows that with p-value <0.0, there was a very statistical significant relationship between the obstetric data of the women under study and their overall level of awareness and practices on uterine prolapse.

Discussion

Weakened supporting structures from pregnancy and childbirth (soft birth canal injuries, rapid labor, use of various obstetric aids during childbirth, large fetus), chronic increase in intra-abdominal pressure (constipation, heavy physical labor, prolonged static position, presence of abdominal tumors), and surgical procedures for gynecological pathology are the causes of uterine prolapse (**Zhumaeva, & Temirova, 2025**). Concerning the total knowledge about uterine prolapse, the current study found that nearly two third of the women in the study knew very little about the condition. This result was in line with **Khanal, et al., (2020)** study, which evaluated married women of reproductive age's attitudes and knowledge about uterine prolapse in Bharatpur Metropolitan City, Chitwan District, Nepal. The study revealed that a significant majority of the respondents knew very little about uterine prolapse. This similarity enhanced the need to increase knowledge about uterine prolapse.

Disagreed with previous findings (**Parajuli & Lawot, 2020**), which evaluated the awareness of uterine prolapse among parous women in Nepal, in Pokhara Metropolitan City, Kaski District. and demonstrated that none of the parous women had poor knowledge of uterine prolapse, whereas over half had a satisfactory awareness level. This difference may be due to urban setting of the study areas, access to information through media outlets such as radio and television and higher literacy rates among participants.

According to the current study, all sociodemographic information and the overall knowledge level of the women under study had a highly statistically significant relationship. The same view was expressed by **Thuma Kumari Paudel & Adhikari (2023)** who performed their study in Sundarcharaich-5, Morang, to evaluate the attitude and practice regarding prevention and treatment of uterine

prolapse, as well as the degree of knowledge regarding uterine prolapse among currently married women aged 15 to 49. and reported that there is a strong correlation between the respondents' age and sociodemographic status and uterine prolapse. This similarity of the result may be due to resembles of the aging group (reproductive age), and educational level between two studies.

On the other hand, the previous finding was disagreed **Deepa et. al (2025)** investigation, which was done at Chennai's Sree Balaji Medical College and Hospital, contradicted the earlier findings. In order to evaluate awareness and preventive practices among married women who are at risk for uterine prolapse, and reported that factors such as age, and education, do not significantly influence awareness levels on the women's awareness levels. This discrepancy may result from variations in community, culture, and educational level.

According to the current data, over three-quarters of the women who were asked about their awareness of the meaning and facts of uterine prolapse correctly answered the question. These findings in contrasted with **Saeed, et.al, (2022)** who conducted their research at Benha University Hospital's obstetrics and gynecologist outpatient clinic. To assess how well a nursing intervention package prevents uterine prolapse in third-trimester pregnant women. In the pretest, discovered that over half of the research and control groups were incorrect about the definition of uterine prolapse and associated risk factors. This difference could be due to the difference in the source of information, change in the setting of the study, availability to access to antenatal care, and the differences of culture.

Regarding uterine prolapse prevention and treatment, the study's findings revealed that over half of the women in the study were unaware that surgical treatment isn't always required, In Nigeria, **Okechukwu et al. (2020)** found that less than one-third of the study participants were unaware that surgery was a treatment option for uterine prolapse.

Over half of the women in the current study had unsatisfactory practices score levels related uterine prolapse, based on the total practices level of the condition. This finding was in line with that of **Mahmoud et al. (2023)**, who assessed women's awareness and preventive measures practices regarding pelvic organ prolapse at the antenatal care unit of Al-Nahal Medical Center, which is affiliated with the Ministry of Health and population in Zagazig City. They found that over four out of five of the women in their study had inadequate preventive measures practices regarding pelvic organ prolapse. However, roughly a fifth of them had practices that were satisfactory. The importance of implementing

educational programs about uterine prolapse prevention strategies is supported by This consistency.

This outcome was also consistent with that of **Goda & Abd El Momen (2019)**, who conducted research in Egypt on the effect of awareness programs on women's knowledge and practices about pelvic organ prolapse. They discovered that the majority of the sample had inadequate practices before to the program (evaluation phase). This could result from a lack of knowledge.

Regarding the relationship between the sociodemographic information of the women under research and their level of total practices, the current study made it clear that there were highly statistical significant relationships between the women's age, educational attainment, and total practices level. There is consistency with **Eid, et al., (2023)** who evaluated women's attitudes, practices, and knowledge, about uterine prolapse at Obstetrics and Gynecology outpatient clinic at Benha University Hospital, and discovered a positive correlation between women's reported practices regarding uterine prolapse and their educational attainment.

The total practices level of the women under study didn't show any statistically significant relationships with residence, occupation, and nature of work. This finding was differed from **Azam et al., (2022)** who conducted a study to evaluate reproductive age women's knowledge, attitude, and practices (KAP) regarding uterine prolapse in Lahore, Pakistan, they found that the practices of women to prevent uterine prolapse were markedly correlated with their age, marital status, educational attainment, and occupational status, indicating that these socio-demographic factors influence their awareness and uterine prolapse prevention strategies.

At a P-value < 0.001, the present study demonstrated a very statistically significant relationship between the obstetric data of the women under study and the overall degree of uterine prolapse knowledge and practice, this outcome is in line with that of **Eid, et al., (2023)** who evaluated women's attitudes, behaviors, and knowledge of uterine prolapse in the Obstetrics and Gynecology outpatient clinic at Benha University Hospital. It made it clear that the stated practices score and overall knowledge and attitude about uterine prolapse had a highly statistically significant positive association.

This study also aligned with **Majeed et al., (2022)**, who conducted their study in the private sector in the obstetrical and gynecological departments of Punjab Social Security Hospital, Ittefaq Hospital, Hameed Latif Hospital, and Khair-un-Nisa Hospital to evaluate women's postnatal exercise knowledge, attitudes, and practices. Who demonstrated the strong

relationship between knowledge and practice, attitude and practice, and attitude and knowledge.

More than half of the women in the present study were multiparous, nearly two-thirds were multigravida, and more than half had never undergone an abortion, which inconsistent with **Wu X, et.al, (2023)** who studied in China's Sichuan. This study looked at women of childbearing age's knowledge, attitudes, and practice (KAP) about PFD and PFU. and revealed that almost one third of the studied women were nulligravida, and more than one third of them were Primiparous. This disagreement may be attributed due to cultural differences and different settings.

In contrast to a study by **Shreejana Banmali et al. (2024)** in Banepa Municipality, Nepal, to assess knowledge on uterine prolapse among the Married Women, which found that the majority of sample had heard about uterine prolapse, the study's findings showed that nearly two thirds of the women studied had never heard of it. This difference supports the need for implementing educational programs through all channels to ensure women receive accurate information about their needs from diverse and reliable sources of information.

Strengths and limitations of the study:

Strengths:

1. The study included a relatively large sample of 300 pregnant women, which enhances the reliability of the findings
2. The study highlighting a critical gap in awareness and practices

Limitations:

This study has several limitations:

1. A crucial component of patient education may be the knowledge and behaviors of healthcare practitioners, which were not evaluated in this study.
2. The findings may not be as broadly applicable to other groups because this study was carried out in a small geographic area and healthcare setting.

Conclusion

The results of the current study showed that pregnant women had a substantial knowledge and practice gap, with 63% scoring below satisfactory levels in understanding its causes, symptoms, prevention, and treatment—particularly conservative options like pessary use and pelvic floor exercises.

Preventive practices were also suboptimal, with more than half of the women rarely performing pelvic floor exercises before, during, or after pregnancy.

Furthermore, the study found highly significant association between women's knowledge and practices levels and their sociodemographic characteristics such as age, education, and

occupation, with older, educated, and employed women showing better awareness and preventive behaviors. Knowledge and practice ratings were also highly impacted by obstetric history, which included factors including age at first pregnancy, mode of last delivery, and number of abortion

Recommendations

The following suggestions are put out in light of the study's findings to improve pregnant women's awareness of and behavior around uterine prolapse:

1. Implement targeted health education programs for pregnant women focusing on uterine prolapse, its risk factors, prevention methods, and management strategies.
2. Integrate awareness sessions into routine antenatal care visits to enhance women's knowledge and correct misconceptions regarding pelvic health.
3. Develop multimedia educational tools (videos, leaflets, mobile apps) in local languages to simplify information about uterine prolapse prevention and care.

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