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Original research article

Nutrition in pregnancy and pregnancy outcome in two primary health centres, Okpanam

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Abstract
Background: Pregnancy is a nutritionally vulnerable period. The feto-maternal outcomes of pregnancies can be traced to the maternal antepartum nutritional status.
Objectives: The study assessed the knowledge of nutrition in pregnancy, nutritional practices in pregnancy and the outcome of the pregnancy for the mother and child among postpartum mothers.
Methods: A descriptive survey research of 54 postpartum mothers attending two Primary Health Centres in Okpanam, Delta State. Data collected with a self-developed questionnaire were analyzed using Statistical Package for Social Sciences (SPSS) version 22 and reported in the form of frequency, percentages and pie chart.
Results: 90.7% said pregnant women should eat for two, that is, for themselves and the unborn baby, and 35.2% consumed fewer soft drinks during pregnancy. The knowledge level of 50% and nutritional practice level of 42.9% indicated a low level of knowledge on nutrition in pregnancy as well as a low level of nutritional practice in pregnancy. Also, 66.7% of the postpartum mothers had good pregnancy outcome and about 50% of their babies had good pregnancy outcome.
Conclusions: Postpartum women had low nutritional knowledge level and low nutritional practice level in pregnancy. The majority had good maternal outcome but only about half of their babies had a good maternal outcome.

Keywords: Knowledge; Nutrition; Nutritional practice; Pregnancy; Pregnancy outcome

Introduction

Nutritional need varies across the human life cycle which includes pregnancy. Undoubtedly, healthy nutrition choices in pregnancy can help to promote fetal growth and development as well as boost the maternal immune system, promote the development of birthing structures/muscles, promote the overall health of the pregnant woman (Meija and Rezeberga, 2017), prepare the body for lactation (Nana and Zema, 2018) and improve feto-maternal outcomes (Kominiarek and Rajan, 2016). Adequate nutrition is highly recommended in pregnancy as an indispensable strategy to maintain healthy/recommended body weight during the period as well as to prevent the incidence of non-communicable diseases in the unborn child later in life (World Health Organization, 2018). Specifically, the first 1000 days of life which span from the conception to the second birthday is regarded as "the window of opportunity to prevent chronic malnutrition, childhood obesity and medical complications arising later in life" (United Nations Children's Fund, 2018). Hence, pregnancy is described as a nutritionally demanding period (Nana and Zema, 2018) as well as an appropriate time to adjust dietary habits and successfully introduce recommended nutrition-related lifestyle changes because many pregnant women are concerned about the health of their unborn child (Meija and Rezeberga, 2017).

In 2018, seven percent of women of childbearing age and 32 percent of children under five suffered from malnutrition (United Nations Children's Fund, 2018). Poor maternal and childbirth outcomes have continued to be recorded as part of the most serious health and development challenges facing Nigeria in both rural and urban areas (Abbott, 2014). Appropriate nutrition in pregnancy essentially entails the consumption of adequate amount of protein from sources such as fish, dairy products that have low fat content, lean meat, farm meat and plant proteins to enhance the healthy development of maternal and fetal tissues (Meija and Rezeberga, 2017). Also, consumption of carbohydrate from wholegrain products and potatoes to provide energy and the exclusion or limiting of sweetened soft drink consumption to 25 g (five teaspoonfuls) to reduce the risk of obesity and; consumption of fats which contain omega 3 fatty acid from egg, snail and avocado is highly rec-

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ommended for fetal brain development (Zerfu and Biadgilign, 2018). Moreover, saturated fats contained in palm oil, butter and fatty meat should be restricted, and trans-fatty acids commonly used in producing dairy and confectionery products should be avoided because they contain partially hydrogenated vegetable fats (Meija and Rezeberga, 2017). Marangoni et al. (2016) also mentioned that fibre and fibre-rich products which contain minerals, vitamins and other biologically active substances are also recommended to prevent constipation, and to reduce the risk of haemorrhoidal vein disease, gestational diabetes and pre-eclampsia. The major sources of fibre include wholegrain products such as wholegrain bread, porridge, pasta as well as vegetables, legumes, dried and fresh fruit, nuts and seeds (Meija and Rezeberga, 2017). Again, a daily intake of at least 6–8 glasses (4 litres) of water is recommended in pregnancy to aid the absorption of nutrients, preservation of amniotic fluid level and prevention of both dehydration and constipation (Marangoni et al., 2016; Meija and Rezeberga, 2017). Furthermore, folic acid is recommended for maternal erythropoiesis, DNA synthesis, growth of the placenta and the development of the fetal spinal cord within the first 4 weeks, while iron, calcium, iodine, and vitamins are also recommended for feto-maternal development (Marangoni et al., 2016).

Meeting the nutritional demand of pregnancy is crucial, hence nutrition education was included in the antenatal health education package (Kominiarek and Rajan, 2016). Nutrition education improves nutritional knowledge, thereby influencing perception, attitude and practices towards good nutrition (Girard and Olude, 2012). Pregnant womens' knowledge of nutrition is very important in creating good pregnancy outcomes and is crucial for improving children's nutritional status (Popa et al., 2013). Considering how knowledge of nutrition in pregnancy can affect a pregnant woman's decision to consume or avoid any food, and how the choice of food consumed throughout pregnancy can impact the outcome of the pregnancy, this study aims to assess nutrition in pregnancy and the outcome of the pregnancy among postpartum mothers in two Primary Health Centres in Okpanam, Delta State. Specifically, knowledge of nutrition in pregnancy, nutritional practices in pregnancy and the outcome of the pregnancy for the mother and child among postpartum mothers were assessed as a helpful approach to upgrade the current approach to counseling on diet in pregnancy.

Materials and methods

Study design

This study was a descriptive survey research.

Location of the study

The study took place in two Primary Health Centres in Okpanam Community, namely: Comprehensive Health Centre, Okpanam, and Primary Health Centre, Okpanam, Delta State. The Primary Health Centres were purposively selected because they are located in a densely populated rural area. The community is located in Oshimili North Local Government Area of Delta State in the south-south geopolitical zone of Nigeria and the people speak the enu-ani language. The community is bordered by Akwukwu Igbo, Atuma and the River Niger to the north, Asaba and Ugbolu to the east, Issele Azagba and Azagba Ogwashi to the west and, Ibusa to the South. The Okpanam community has two primary health centres, and a host of other private hospitals as the major providers of maternity care.

Population of the study

The population of the study comprised postpartum mothers whose delivery had taken place within the past 24 hours at the Comprehensive Health Centre, Okpanam and Primary Health Centre, Okpanam, Delta State. This category of postpartum mothers was selected because their pregnancy recently ended, so they could easily recall their nutritional practices and the outcome(s) of their pregnancy was still fresh in their memory. Mothers who were at least 18 years old, gave birth to single babies and resided in Okpanam community were included in the study. Convenience sampling was used to select 54 postpartum mothers who met the inclusion criteria.

Data collection

Data was collected using a researcher developed questionnaire which contains a total of twenty-eight (28) items and comprises four (4) sections (Sections A, B, C and D). Section A elicited information on the socio-demographic characteristics of the respondents, section B elicited information on the knowledge of nutrition in pregnancy, section C elicited information on nutritional practices in pregnancy and section D elicited information on the outcome of pregnancy for the mother and child. Two (2) research experts, lecturers in Maternal and Child Health Nursing from Madonna University, Elele, and the Measurement and Evaluation unit from Nnamdi Azikiwe University, Awka validated the instrument. The reliability of the instrument was established among five (5) respondents through pretest-posttest method at two (2) weeks interval in Comprehensive Health Centre, Illah, Delta State. The Cronbach alpha coefficient obtained was 0.845. Copies of the questionnaire were administered face to face by the researchers and two (2) registered nurse-midwives in the facilities. The research assistants were instructed on how to assist the researchers in the administration, interpretation and retrieval of the questionnaire. Data collection was done within the first day postpartum after the woman had recovered from the exhaustion of labour and before discharge. The completed copies of the questionnaire were retrieved on the spot and there was 100% return rate. The data collection lasted for a period of eleven (11) weeks.

Ethical consideration

Written ethical clearance was obtained from the Primary Health Care Development Authority, Akwukwu Igbo, Delta State. The Medical Doctors and Matrons in charge of the two Primary Health Centres in Okpanam community were informed with a supporting formal letter and permission was gained. Participation in this study was voluntary and the identification information of participants was not recorded anywhere on the questionnaire.

Data analysis

Data analysis was done from a descriptive perspective using Statistical Package for Social Sciences (SPSS) version 22. The analyzed data were reported in the form of frequency, percentages and pie chart. Sections B and C were assessed with a dichotomous response of 'yes' or 'no'. A score of 1 or 0 was given to correct and wrong answers respectively. A cut-off of 50% was designated as acceptable. Knowledge and practice levels were categorized as poor level for score <25% and low level for score of 26% to 50%. A score of 51% to 74% was regarded as good level of knowledge and practice, while >75% was regarded as very good level of knowledge and practice.

Results

Table 1 shows that a majority of the respondents (30 respondents – 55.6%) were within the age bracket of 27–35 years, while a minority of 5 (9.3%) were aged 36–44 years. 36 (66.7%) of the pregnant women had at least secondary level of education, while 18 (33.3%) had primary level of education. The occupation of 33 (61.1%) respondents was business/trading, while 2 (3.7%) were unemployed. Among the respondents, 49 (90.8%) were multiparous, while 5 (9.3%) were primiparous; 45 (83.3%) of the pregnant women delivered at full term.

Table 1. Respondents' socio-demographic characteristics (*n* = 54)

S/N	Variables	Variable classification	Frequency	Percentage (%)
	Age (in years)	18–26	19	35.2
		27–35	30	55.6
		36–44	5	9.3
	Highest level of education	Primary	18	33.3
		Secondary	21	38.9
		Tertiary	15	27.8
	Occupation	None	2	3.7
		Farming	9	16.7
		Business/Trading	33	61.1
		Employed	10	18.5
	Number of deliveries	None	5	9.3
		1	18	33.3
		2–4	28	51.9
		5 and above	3	5.6
	Gestational age at delivery (in weeks)	37–38 weeks (early term)	2	3.7
		39–40 weeks (full term)	45	83.3
		41 (late term)	5	9.3
		42 weeks (post term)	2	3.7

Table 2. Knowledge of nutrition in pregnancy among respondents (*n* = 54)

S/N	Knowledge of nutrition in pregnancy	Variable classification	Frequency	Percentage (%)
	Is it important that women have an adequate diet during pregnancy?	Yes	54	100.0
		No	0	0.0
	Should pregnant women eat for two people, that is, for the unborn baby and themselves?	Yes	49	90.7
		No	5	9.3
	Nutritional supplements do not take the place of a nutritious meal	Yes	18	33.3
		No	36	66.7
	Pregnant women need to drink about 4 litres of water daily to prevent dehydration	Yes	24	44.4
		No	30	55.6
	Omega 3 fatty acid is a healthy form of fat that can help the brain development of the unborn baby	Yes	14	25.9
		No	40	74.1
	It is healthy for pregnant women to eat snail and other farm meat as sources of protein	Yes	8	14.8
		No	46	85.2
	The extra energy needed by a pregnant woman depends on her weight before pregnancy	Yes	11	20.4
		No	43	79.6
	Pregnant women need fibre-rich foods to prevent constipation	Yes	32	59.3
		No	22	40.7
	Pregnant women should take any product made from milk with low fat content	Yes	38	70.4
		No	16	29.6
	Pregnant women should eat fish, meat or any other source of protein in every meal for the healthy development of their baby and themselves	Yes	54	100.0
		No	0	0.0
	Pregnant women need vitamins and minerals from fruits and vegetables	Yes	54	100.0
		No	0	0.0
	Intake of soft drinks is a poor source of carbohydrate for pregnant women	Yes	27	50.0
		No	27	50.0
	Pregnant women should take their routine drugs as prescribed	Yes	54	100.0
		No	0	0.0
	It is normal for a woman with healthy weight before pregnancy to gain 11.5 kg to 16 kg of weight by the end of pregnancy	Yes	46	85.2
		No	8	14.8

Table 2 shows that all the respondents knew that it was important for women to have an adequate diet during pregnancy but only 9.3% knew that this did not mean pregnant women should eat for two people. Less than half of the pregnant women (33.3%) knew that nutritional supplements do not take the place of a nutritious meal. 44.4% knew that pregnant women need to drink about 4 litres of water daily to prevent dehydration. A few of the respondents knew that omega 3 fatty acid is a healthy form of fat that helps the brain development of the unborn baby (25.9%), that it is healthy for pregnant women to eat snails and other farm meats as sources of protein (14.8%), and that the extra energy needed by a pregnant woman depends on her weight before pregnancy (20.4%). Among the respondents, 59.3% knew that pregnant women need fibre-rich foods to prevent constipation, 70.4% knew that pregnant women should take any product made from milk with low fat content, and 85.2% knew that it was normal for a woman with healthy weight before pregnancy to gain 11.5 kg to 16 kg of weight by the end of pregnancy. All the pregnant women knew that every meal should contain fish, meat or any other source of protein for the healthy development of their baby and themselves, that vitamins and minerals from fruits and vegetables were needed in pregnancy, and that pregnant women should take their routine drugs as prescribed. However, only 50% knew that soft drinks were a poor source of carbohydrate for pregnant women.

Fig. 1 shows that less than half (35.7%) of the respondents had very good level of knowledge, only a few (14.3%) had good level of knowledge, (28.6%) had low level of knowledge and about one-fifth (21.4%) had poor level of knowledge. An overall 50% level of knowledge indicated a low level of knowledge for nutrition in pregnancy among the postpartum mothers' in Comprehensive and Primary Health Centres, Okpanam, Delta State.

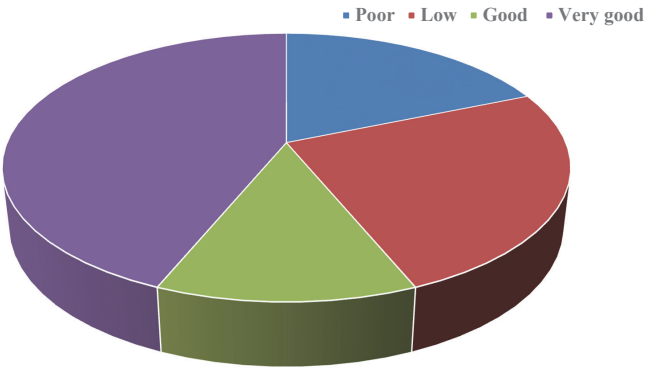

Fig. 1. Overall level of knowledge on nutrition in pregnancy

Table 3 shows that the majority of the respondents (79.6%) did not reduce consumption of fried food during pregnancy, 75.9% did not drink up to 4 litres of water in pregnancy, 83.3% ate more fruits and vegetables in pregnancy, 63% reduced their consumption of sweet beverages in pregnancy, and 64.8% did not consume fewer soft drinks in pregnancy compared to before pregnancy. All the respondents said that they included meat, fish, beans or bean products in every meal during pregnancy, while 50% consumed less confectionary products in pregnancy.

Fig. 2 shows that 28.6% of the respondents had very good level of practice, 14.3% had good level of practice, 28.6% had low level of practice, and 28.6% had poor level of practice. An overall 42.9% level of practice indicated a low level of nutritional practice in pregnancy among the postpartum mothers' in Comprehensive and Primary Health Centres, Okpanam, Delta State.

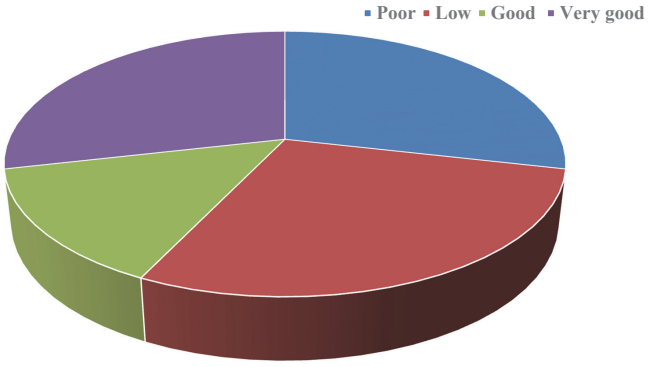

Fig. 2. Overall level of nutritional practice in pregnancy

Table 4 shows that 66.7% of the respondents said they had normal delivery, but others reported perineal tear (27.8%), and postpartum haemorrhage (5.6%). The indication of this finding is that 66.7% of the postpartum mothers in Comprehensive and Primary Health Centres, Okpanam, Delta State had good pregnancy outcome.

Table 4 also shows that 50% of the babies possessed normal features at birth, 7.4% had cleft lip/palate, while some others suffered asphyxia (9.3%), were small for gestational age (14.8%), were large for gestational age (11.1%), and 7.4% had pathological jaundice. The result implied that only half (50%) of the babies delivered by the postpartum mothers in Comprehensive and Primary Health Centres, Okpanam, Delta State had good pregnancy outcome.

Discussion

This study provides new data on nutrition in pregnancy and pregnancy outcome among postpartum mothers in two primary health care facilities. The findings of this study revealed that postpartum mothers had low level of knowledge regarding nutrition in pregnancy. This finding was supported by the findings of Fouda et al. (2012), which showed that about half of the childbearing age women in Egypt did not have enough knowledge on the meaning, importance and constituents of adequate diet in pregnancy. The similarity between these findings may be because most of the respondents were multiparous women who often admit that prenatal health education sessions including those on nutrition should be reserved for primigravid women. In another study conducted by Kever et al. (2015) in Borno State and Mugyia et al. (2016) in Yaounde, it was observed that knowledge of pregnant women was good and satisfactory, respectively. The results of this study showed that all the respondents knew that an adequate diet during pregnancy was very important, but only a few knew that this did not necessarily mean "eat for two". Similarly, Ugwa (2016) found out that all the pregnant women attending antenatal care at General Hospital, Kano believed that women should eat more during pregnancy to have healthy babies. According to Danielewicz et al. (2017), as long as the woman had a healthy weight before pregnancy, no additional calories are

Table 3. Postpartum mothers' nutritional practices in pregnancy (*n* = 54)

S/N	Nutritional practices in pregnancy	Variable classification	Frequency	Percentage (%)
	Reduced consumption of fried food in pregnancy compared to before pregnancy	Yes	11	20.4
		No	43	79.6
	Drank up to 4 litres of water in pregnancy	Yes	13	24.1
		No	41	75.9
	Ate more fruits and vegetables in pregnancy compared to before pregnancy	Yes	45	83.3
		No	9	16.7
	Reduced consumption of sweet beverages in pregnancy	Yes	34	63.0
		No	20	37.0
	Consumed fewer soft drinks in pregnancy compared to before pregnancy	Yes	19	35.2
		No	35	64.8
	Included meat, fish, beans or bean product in every meal during pregnancy	Yes	54	100.0
		No	0	0.0
	Consumed less confectionary products in pregnancy compared to before pregnancy	Yes	27	50.0
		No	27	50.0

Table 4. Outcome of the pregnancy for mother and child among respondents (*n* = 54)

S/N	Outcome of the pregnancy	Frequency	Percentage (%)
	Outcome of the pregnancy for the mother		
	Normal	36	66.7
	Perineal tear	15	27.8
	Postpartum haemorrhage	3	5.6
	Outcome of the Pregnancy for the child		
	Normal	27	50.0
	Birth defect	4	7.4
	Asphyxia	5	9.3
	Small for gestational age (birthweight <2.5 kg)	8	14.8
	Large for gestational age (birthweight >3.5 kg)	6	11.1
	Jaundice	4	7.4

needed in the first trimester even in multiple gestation, but about 266–360 kcal/day is needed in the second trimester, and about 437-496 kcal/day is needed in the third trimester. In the opinion of Durgra (2012), many women eat to satisfy cravings in pregnancy.

Furthermore, only a few respondents knew that nutritional supplements do not take the place of a nutritious meal (33.3%), omega 3 fatty acid is a healthy form of fat that helps the brain development of the unborn baby (25.9%), it is healthy for pregnant women to eat snail and other farm meat as sources of protein (14.8%) and, that the extra energy needed by a pregnant woman depends on her weight before pregnancy (20.4%). This is opposed to the findings of Lim et al. (2018), which revealed that the majority (86.4%) of the participants in their study in Malaysia knew that the extra energy needed in pregnancy was based on the woman's BMI before pregnancy, and that both omega-3 and omega-6 fatty acids were essential for brain and retina development of the fetus. Also, in a similar study in Lagos State, Fasola et al. (2018) affirmed that avoiding certain kinds of meat and fish was common in pregnancy because of taboos relating to their consumption. In the researchers opinion, taboos greatly influence pregnant women's knowledge regarding diet in pregnancy. The observation that all the respondents knew that pregnant women should take their routine drugs as prescribed, need fibre-rich foods (59.3%), milk with low fat content (70.4%), fruits and vegetables (100%), and need fish, meat or any other source of protein in every meal (100%) are related to the findings of Fasola et al. (2018) who reported that 95.08% of participants in their study in Lagos State knew that a pregnant woman should increase fruits and vegetables intake. A study by Mohammed and Helegbe (2020) revealed that pregnant women in Ghana adhered to folic acid (63%), ferrous sulphate (63%) and multivitamins (58%). Lim et al. (2018) also found that 67% of pregnant women in Malaysia knew that the daily recommended intake of protein during pregnancy is 25 g. Also, valuable information was gathered from questions that revealed 85.2% of the respondents knew it was normal for a woman with healthy weight before pregnancy to gain 11.5 kg to 16 kg of weight by the end of pregnancy, that intake of soft drink was a poor source of carbohydrate for pregnant women (50%), and that pregnant women need to drink about 4 litres of water daily to prevent dehydration (44.4%). The observation that 55% of pregnant women in Malaysia knew that if a woman had normal weight before pregnancy, she should gain between 11.5 kg and 16.0 kg during pregnancy supports the researchers' findings (Lim et al., 2018). Findings of this study on the need to drink about 4 litres of water daily in pregnancy and knowing

that intake of soft drink was a poor source of carbohydrate for pregnant women could not be compared, because no previous study known to the researchers described similar result.

Another important finding was that postpartum mothers had a low level (42.9%) of nutritional practice in pregnancy. A study by Daba et al. (2013) showed that there was a low level (33.9%) of nutritional practice among pregnant in Ethiopia. In the authors' opinion, having a low level of nutritional practice may directly reflect their level of knowledge. The results of this study showed that the majority (79.6%) of the respondents consumed much fried food, less than 4 litres of water daily (75.9%), more fruits/vegetables (83.3%), reduced consumption of sweet beverages (63%) and, increased consumption of soft drinks in pregnancy compared to before pregnancy (64.8%). Similarly, 80% of childbearing age women in Lagos State increased their daily consumption of fruits and vegetables, 90% consumed more fast food, and 43.6% avoided chocolate beverages because it was a food taboo in pregnancy (Fasola et al., 2018). Also, 86% agreed that they had adequate intake of oil, fruits and vegetables (56%) during pregnancy (Ugwa, 2016). Zhou et al. (2019) discovered that on average, the total water intake of pregnant women in China was 2638 ml/day. All the respondents in this study said that they included meat, fish, beans or bean product in every meal, and 50% consumed less confectionary products during pregnancy. Contradicting this finding, 43.6% of childbearing age women in Lagos State avoided eggs, fish and meat during pregnancy (Fasola et al., 2018).

The findings of this study revealed that more than half (66.7%) of postpartum mothers had good pregnancy outcome. In a similar study by Gudayu and Araya (2019), it was reported that nearly three quarters (70%) of postnatal mothers in Debre Tabor experienced good birth outcome and were discharged without having complications. In the present study, the results showed that 27.8% suffered perineal tear, and 5.6% suffered postpartum haemorrhage. The common complications recorded among postnatal mothers in Debre Tabor were postpartum haemorrhage (11%) and perineal tear (5.7%) (Gudayu and Araya, 2019). Malnutrition has been recognized as one of the underlying factors for maternal death and poor maternal outcome of pregnancy (Gudayu and Araya, 2019). The causes of malnutrition are multifactorial and multidimensional with poverty, maternal illiteracy and food inadequacy being the major culprits of this menace in developing countries which include Nigeria (Kever et al., 2015). In the authors' opinion, inappropriate dietary intake that results in large size babies could predispose pregnant women to perineal trauma during vaginal delivery. Likewise, antepartum anemia which could result from poor iron and vitamin intake, increases the risk of postpartum haemorrhage.

One more finding of this study was that 50% of the babies delivered by the postpartum mothers were normal, 7.4% had cleft lip/palate, asphyxia (9.3%), small for gestational age (14.8%), large for gestational age (11.1%), and 7.4% had pathological jaundice. In an epidemiological review by Abu-Saad and Fraser (2010) and a study by Rayco-Solon et al. (2005) it was found that in rural India, small-for-gestational age birth was highest at the end of the "hungry" season and was negatively associated with maternal weight gain. Also, higher maternal food intake coupled with lower levels of strenuous activity in late gestation was found to be associated with increased birth size in rural India (Rao et al., 2009). Although the scope of the present study did not show any link between maternal nutrition and activity with birth outcomes, the authors feel that further studies are needed in this area to identify the relationship.

Conclusions

Postpartum mothers in Comprehensive and Primary Health Centres, Okpanam, Delta State had low knowledge level of nutrition in pregnancy and low level of nutritional practice in pregnancy. Also, the majority of the postpartum mothers had good maternal pregnancy outcome and about half of them delivered babies with good pregnancy outcome. These findings are helpful information to modify the current approach to the health education of pregnant women on nutrition/diet, in order to prevent malnutrition in pregnancy. Furthermore, the findings of this study contribute to the existing body of knowledge on the assessment of nutrition in pregnancy and pregnancy outcomes related to maternal prenatal nutrition, thus serving as reference for subsequent related studies in Nigeria and other parts of the world. It is recommended that more health education about prenatal nutritional needs, prenatal nutrition and its effect on the outcome of pregnancy should be conducted to correct misconceptions, improve knowledge and upgrade the current health education guidelines with new findings. Also, awareness of the nutritional benefits of indigenous foods should be intensified, and farmers/agriculturists should be encouraged to increase the cultivation and availability of indigenous foods with nutritional benefits in pregnancy.

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Contributions
PNK designed study instrument, drafted original manuscript, analyzed data. PNK, JAJ, and ACE participated in conception, data collection, interpretation of data and revising of manuscript.

Conflict of interests
The authors have no conflict of interests to declare.

Výživa v těhotenství a výsledek těhotenství ve dvou primárních zdravotních střediscích v Okpanamu

Souhrn
Úvod: Těhotenství je z hlediska výživy rizikovým obdobím. Feto-mateřské výsledky těhotenství lze odvodit z nutričního stavu matky před porodem.
Cíl: Studie hodnotila znalosti matek po porodu ohledně výživy v těhotenství, nutričních postupů v těhotenství a výsledek těhotenství pro matku a dítě.
Metody: Popisný dotazníkový výzkum 54 matek po porodu, které navštěvovaly dvě primární zdravotní centra v Okpanamu ve státě Delta. Data shromážděná pomocí vlastního dotazníku byla analyzována pomocí Statistického balíčku pro sociální vědy (SPSS) verze 22 a popsána z hlediska četnosti, procent a ve formě koláčového grafu.
Výsledky: 90,7 % uvedlo, že těhotné ženy by měly jíst za dvě osoby, tedy za sebe a nenarozené dítě, a 35,2 % konzumovalo během těhotenství méně slazených nealkoholických nápojů. Úroveň znalostí 50 % matek a úroveň nutriční praxe 42,9 % matek ukázala na nízkou úroveň znalostí o výživě v těhotenství i nízkou úroveň výživy v těhotenství; 66,7 % matek po porodu mělo dobrý výsledek těhotenství a asi 50 % jejich dětí mělo dobré poporodní výsledky.
Závěr: Ženy po porodu měly nízkou úroveň znalostí o výživě a nízkou úroveň výživy v těhotenství. Většina měla dobrý výsledek těhotenství, ale jen asi polovina jejich dětí měla dobré poporodní výsledky.

Klíčová slova: nutriční praxe; těhotenství; výsledek těhotenství; výživa; znalosti

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