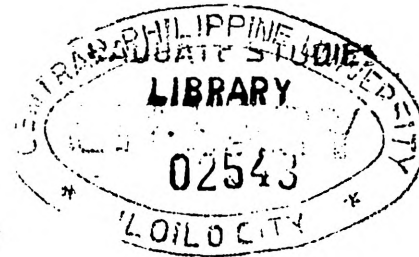


**COMPLIANCE WITH TRANSVAGINAL SONOGRAM AMONG PREGNANT  
WOMEN ON THEIR FIRST TRIMESTER OF PREGNANCY**



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# **COMPLIANCE WITH TRANSVAGINAL SONOGRAM AMONG PREGNANT WOMEN ON THEIR FIRST TRIMESTER OF PREGNANCY**

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## **ABSTRACT**

This study was conducted to determine factors that influence compliance with transvaginal ultrasound among first trimester of pregnancy among pregnant clients of Panay Health Care (PHC) Medical Diagnostics and Pharmacy in Kalibo, Aklan. The respondents of this study include all new and old cases that were advised to undergo transvaginal ultrasound last March 15 to June 30, 2005 at the PHC. The clients were interviewed before and after the procedure using structured questionnaire prepared and validated prior to the data gathering.

The result of the study showed that the majority of the respondents were married in their late twenties or early thirties, and had college education. Most of them were full-time housewives and had family income of Php 10,001 or more.

With regard to their attitudes in general, most of the respondents had “very favorable” or “favorable” attitude towards transvaginal ultrasound. However, there were still a number of them who were still reluctant to submit for transvaginal ultrasound procedure.

Specifically, the majority of the clients had high level of knowledge about transvaginal ultrasound. Many of them, however still had misconceptions as to the purpose and reason of pre-ultrasound instruction and were unaware that transvaginal

ultrasound detected fetus viability as early as five weeks as compared to transabdominal ultrasound.

There were many pregnant clients who believed that transvaginal ultrasound may cause bleeding, had fear if the ultrasound shows findings, and that the procedure may endanger the fetus. One in every four of them were not willing to perform all the instructions given to them prior to transvaginal ultrasound and the same proportion were not willing to submit to transvaginal ultrasound if male sonologist will performed the procedure.

More than one-half of the respondents had very good compliance with the transvaginal ultrasound. One-fourth of the respondents however had poor compliance with transvaginal ultrasound procedure. Specifically more than one-half of the respondents had complied with their clinical requisition in terms of submission of doctors` ultrasound request, went to clinic at exact date scheduled, performed doctor`s pre-ultrasound request signed the informed consent and submitted to the procedure and few of them had partial compliance. The one-fourth who did not comply is still a significant number.

The most common reasons of the respondents` non-compliance were: they were ashamed and nervous to submit to the procedure; they lack of the needed money to pay for the procedures and the importance of the procedure was not explained by her attending physician.

Findings further revealed that educational attainment and family income were not significantly associated with compliance to transvaginal ultrasound. The study also found that there is no significant association between educational attainment, family

income and attitudes towards the procedure and their compliance to transvaginal ultrasound procedure. Similarly, attitudes and compliance were not significantly associated with each other.

When attitude towards transvaginal ultrasound is controlled, the findings reveal that absence of association between educational attainment and compliance and family income and compliance is sustained, however knowledge about transvaginal ultrasound and compliance were found to have significant association.

The study further indicates that knowledge about transvaginal ultrasound is significantly associated with both clients' attitudes, and compliance with the procedure. This means that the higher a client's knowledge and the more favorable their attitude towards ultrasound, the better their compliance with the procedure.

The absence of the significant relationship between educational attainment and a) compliance and b) attitudes suggest that education does not have significant bearing on their compliance to transvaginal ultrasound. This confirms that even if one is educated and had the idea about the transvaginal ultrasound, there is no assurance that her attitude towards the procedure would be favorable.

Findings reveal that family income was not significantly associated with their attitudes towards the transvaginal ultrasound and their compliance to the procedure. The result indicates that family income and attitude are not associated with the compliance to transvaginal ultrasound of the clients. There is no rich nor poor client, when it comes to compliance to the procedure.

The absence of significant relationship between attitude and compliance with transvaginal ultrasound indicate that client's attitude towards the procedure, the pregnant

client and the procedure does not have significant bearing on their compliance with their prescribed requisition.

The significant influence of educational attainment and family income on compliance when attitude was controlled, suggest that clients with college education and with very good income are more likely to comply with the prescribed procedure than those who are getting limited income.

Given the findings of this study it is recommended that:

1. Philippine Obstetrics Gynecologist Society, Ultrasound Society of the Philippines and the health care provider should give greater emphasis on how to disseminate and advocate for the promotion of pregnant clients health status especially with the use of modern technologies in their first trimester of pregnancy. Various educational strategies can be tried in close coordination with the society and non-government agencies, the medical association in the provinces.

2. Lessen and erase the reluctant attitude of pregnant client about transvaginal ultrasound, the clients should be allowed to express their fears and anxieties about the procedure during client counseling and they should be assured that their privacy will be observed strictly. The health care provider should undergo thorough training on new operational techniques on ultrasound. They should continue educating the clients and their families about the benefits acquired to transvaginal ultrasound.

3. A detailed explanation of the transvaginal ultrasound procedure and its importance should be given to clients by their doctors prior to the procedure as these may help to gain their cooperation in submitting to the procedure.

4. The pregnant client should be brought to the Ultrasound Department and should be oriented about the ultrasound machine, how it works and how it is used. The client should also be introduced to the sonologist who will perform the procedure. This will facilitate familiarity and develops confidence of the client to undergo operation and remove her fear.

5. A pregnant client who had undergone the procedure can be invited to encourage and deliver testimonies to other pregnant clients who had a request for transvaginal ultrasound. Further improve the client's attitude towards the transvaginal ultrasound, an audio-visual presentation on the procedure can be shown and explained to clients at the Ultrasound Department.

6. Since, this study covered pregnant clients at PHC Medical Diagnostics and Pharmacy, Kalibo, Aklan, future researchers should consider the inclusions of pregnant clients in other government and private facilities. Other factor not yet studied, should also be considered so that poor compliance can be further understood.