Original Article

Preconception Attitude of Reproductive-age Women with Underlying Diseases at Phramongkutklao Hospital

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Objectives : *To assess the preconceptional attitudes of women with underlying diseases at Phramongkutklao Hospital.* ***Materials and Methods :*** *One hundred and ten reproductive-age women with underlying diseases, who attended the out-patient unit, were enrolled into this study after informed consent. Self-administered questionnaire, which had been tested for reliability and validity, was used. Analyses of the data were performed with statistical software and expressed in frequency, percentages, means, and standard deviations.* ***Result :*** *Major of the patients had positive preconceptional attitudes, which are divided in detail into the contraceptive care, the underlying diseases care, and the other cares including nutrition, teratogen exposure, sexually transmitted diseases and vaccination. There are also the neutral attitudes on the opinions about the effects of contraceptive methods on their underlying diseases, or the need of counseling about the effects of contraception or changing the treatment procedures or medication for their underlying disease if they got pregnant; and the chance of inheritance of genetic diseases to their child. The older patients or patients with higher educational levels, has positive attitudes on preconception. Furthermore, the housewives tend to have neutral attitudes while those of other occupations tend to have positive attitudes.* ***Conclusion :*** *Reproductive-age women with underlying diseases have positive attitudes about preconception care.*

Key Words: ● *Preconception care* ● *Attitude*

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Introduction

Preconceptional counseling is preventive medicine for obstetrics. Identification of risk factors that could potentially affect perinatal outcome was done, and the woman is advised of her risks.[1] Important problem of the health services for the high risk pregnant patients is the patient's preconceptional knowledge and to prepare themselves before pregnancy. Because these patients have underlying disease, they may have to get specific medical treatment and follow-up with the specialist doctor. Although most pregnancies result in good maternal and fetal outcomes, some pregnancies may result in adverse health effects for the woman, fetus, or neonate. Although some of these outcomes cannot be prevented, optimizing a woman's health and knowledge before planning and conceiving a pregnancy - also referred to as preconception care or prepregnancy care - may eliminate or reduce the risk.[2]

Thus, preparation before pregnancy is necessary, both of psychosocial aspect and the readiness of familial

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environment. Especially for women with underlying disease, if they were not received the preconceptional counseling and care, they possible have adverse effects to both mother and fetus. Good preconceptional care also prevents or reduces some of obstetrics complications, admission time and hospital cost. Poppelaars FA, et al.[3] studied about preconception care and attitudes, showed that 55-73% of health care providers that had positive attitude towards preconceptual cystic fibrosis carrier screening. Kitamura K.[4] revealed preconception cares by family physicians and general practitioners in Japan that 70% reported their willingness to provide preconception care and also reported little training in preconception care. Mainly of these previous study was performed in health care provider aspect, but not the patient aspect at all.

From these reasons, the objective of this study is to determine the preconceptional attitudes in reproductive-age women with underlying disease in order to bring the result to use as basic information for development and improvement of our health care service in future.

Materials and Methods

A descriptive study was performed by questionnaires which was constructed in 3 preconception aspects [1st: contraceptive aspect, 2nd: underlying disease treatment and medication and 3rd: others – teratogen e.g. radiation, vaccination, nutrition, sexually-transmitted diseases (STDs), etc.] by experience obstetricians and psychologist and had been tested for reliability and validity before use. The study was approved by the Institutional Review Board Royal Thai Army Medical Department, and informed consent was obtained from each patient before filling in self-administered questionnaires. The patients would be excluded if they had diagnosed infertility by medical doctor or if they were sterilized. One hundred and ten reproductive-age women with underlying diseases who attended OPD Medicine at Phramongkutklao Hospital were enrolled in this study. Analyses of the data were performed with statistical software and expressed in frequency, percentages, means and standard deviations.

Results

The demographic data of the patients was shown on table 1. Majority of the patient (60.91%) are at age of 20-34 year-old and 31.82% are at age of 35-45 year-old. One-third of the patients were government official (42/110) and another one-third was employee (41/110). About the education level, 50.91% of the patients graduates bachelor's degree (56/110), the remainder: 20.91% graduates high school, 20% graduates diploma and 8.18% graduates elementary school. 30% of the underlying disease of the patients was thyroid and hypertension, 17.27% was rheumatoid, 13.64% was diabetes, 4.55% was heart disease and thalassemia and 3.64% was SLE.

The patient's status of underlying disease management and follow-up was 80.91% that follow-up and take medication regularly, 10% come only when symptoms develop and 9.09% was follow-up regularly, but no medication was prescribed as shown on table 2.

Contraceptive aspect of preconception attitude was show on table 3. 77.2-83.6% of patients have positive attitude about question that "contraception is necessary when you're not ready to get pregnant. And you can get pregnant if you were not use any contraception." with the mean of attitude range from 4.02-4.05. For the question that "your underlying disease and medication can cause you to be unable to get pregnant", there was 36.3-45.4% of patients that agree with this, while 33.6% was not sure. And the mean of attitude was 3.52 which equals to neutral attitude. Mainly of the patients (85-87/110) were agree about "you should talk to your husband about contraception for pregnancy planning. And you should stop contraception when you want to

Table 1 Demographic data

Demographic data	Total (person)	Percentage
Age (year)		
< 20	8	7.27
20 - 34	67	60.91
35 - 45	35	31.82
Occupation		
Government official	42	38.18
State enterprises	6	5.45
Employee	41	37.27
Student	2	1.82
Housekeeper	7	6.36
Business individual	6	5.45
Private individual	6	5.45
Education level		
Elementary education	9	8.18
High school education	23	20.91
Diploma	22	20.00
Bachelor's degree	56	50.91
Underlying diseases		
Heart diseases	5	4.55
Hypertension	33	30.00
DM	15	13.64
Thyroids	33	30.00
Rheumatoid	19	17.27
Systemic lupus erythematosus (SLE)	4	3.64
Thalassemia	5	4.55

Table 2 Status of underlying disease management and follow-up

Status of underlying disease management and follow-up	Total (person)	Percentage
Follow-up and take medication regularly	89	80.91
Follow-up regularly, but no medication was prescribed	10	9.09
Come only when symptoms develop	11	10.00

Table 3 Contraceptive aspect of preconception attitudes [person (%)]

Contraceptive aspect of preconception attitudes	Markedly disagree	Disagree	Not sure	Agree	Markedly agree	Mean	SD	Interpretation
1. You can get pregnant if you were not using any contraception.			25 (22.7)	58 (52.7)	27 (24.5)	4.02	0.69	Positive
2. Contraception is necessary when you're not ready to get pregnant.	3 (2.7)	9 (8.2)	6 (5.5)	54 (49.1)	38 (34.5)	4.05	0.99	Positive
3. Your underlying disease can cause you unable to get pregnant.**		23 (20.9)	37 (33.6)	24 (21.8)	26 (23.6)	3.52	1.07	Neutral
4. Medication can cause you unable to get pregnant.**		28 (25.5)	42 (38.2)	35 (31.8)	5 (4.5)	3.85	0.86	Positive
5. You should talk to your husband about contraception for pregnancy planning.	4 (3.6)	9 (8.2)	12 (10.9)	43 (39.1)	42 (38.2)	4.00	1.08	Positive
6. Some contraceptive methods may have effect on your underlying disease. (e.g. getting worse)	20 (18.2)	13 (11.8)	39 (35.5)	25 (22.7)	13 (11.8)	2.98	1.25	Neutral
7. You should stop contraception when you want to get pregnant.		5 (4.5)	18 (16.4)	52 (47.3)	35 (31.8)	4.06	0.82	Positive
8. You don't have to talk to your doctor about proper contraceptive method for you. **	34 (30.9)	32 (29.1)	2 (1.8)	31 (28.2)	11 (10.0)	3.43	1.43	Neutral
Total						**3.74**	**0.48**	**Positive**

*** Negative question = need to convert the result before calculation*

Table 4 Underlying disease treatment and medication aspect of preconception attitudes [person (%)]

Underlying disease treatment and medication aspect of preconception attitudes	Markedly disagree	Disagree	Not sure	Agree	Markedly agree	Mean	SD	Interpretation
1. You should talk to your doctor whether your disease have any affect to you for getting pregnant?	9(8.2)	1(0.9)	10(9.1)	41(38.2)	48(43.6)	4.08	1.14	Positive
2. If your disease is under good control before getting pregnant, it will help to reduce complications if you got pregnant.		6(5.5)	8(7.3)	44(40.0)	52(47.3)	4.29	0.83	Positive
3. Before getting pregnant, you should talk to your doctor about if you got pregnant, your disease will cause more pregnancy			8(7.3)	48(43.6)	54(49.1)	4.42	0.63	Positive
complications than normal healthy woman?			29(26.4)	29(26.4)	52(47.3)	4.21	0.84	Positive
4. Before getting pregnant, you should talk to your doctor about if you got pregnant, your disease will do harm to your fetus?	7(6.4)		12(10.9)	49(44.5)	42(38.2)	4.08	1.03	Positive
5. You should talk to your doctor about whether you need to change any treatment or medication before planning to get			7(6.4)	44(40.0)	59(53.6)	4.47	0.62	Positive
pregnant?			7(6.4)	48(43.6)	55(50.0)	4.44	0.61	Positive
6. If you had proper treatment of disease and regularly follow-up, this will have good effect to you and your fetus if you got	21(19.1)	35(31.8)	30(27.3)	18(16.4)	6(5.5)	3.43	1.14	Neutral
pregnant.								
7. If you want to get pregnant, you should talk to your doctor whether the medication you had will do harm to your fetus?								
8. You can stop taking medication by yourself when you got pregnant, so it will not have adverse effect to your fetus. **								
Total						**4.18**	**0.57**	**Positive**

*** Negative question = need to convert the result before calculation*

Table 5 Other aspect of preconception attitudes. [person (%)]

Other aspect of preconception attitudes	Markedly disagree	Disagree	Not sure	Agree	Markedly agree	Mean	SD	Interpretation
1. You should get rubella vaccine since before getting pregnant to prevent infection during pregnancy.	3(2.7)	4(3.6)	20(18.2)	44(40.0)	39(35.5)	4.02	0.97	Positive
2. You don't have to avoid radiation exposure because it will do no harm during pregnancy. **	3(2.7)	29(26.4)	10(9.1)	47(42.7)	21(19.1)	3.49	1.16	Neutral
3. Inadequate food intake may have adverse effect if you got pregnant.		11(10.0)	12(10.9)	54(49.1)	33(30.0)	3.99	0.90	Positive
4. If you have genetic disease in your family, it is impossible for your child to inherit this genetic disease.**	9(8.2)	31(28.2)	23(20.9)	35(31.8)	12(10.9)	2.91	1.17	Neutral
5. You should be screened and treated for sexually transmitted disease, before getting pregnant to prevent adverse effect to fetus.			8(7.3)	59(53.6)	43(39.1)	4.32	0.60	Positive
6. Your couple should have chance for preconceptional planning with you, before getting pregnant.				65(59.1)	45(40.9)	4.41	0.49	Positive
7. Your family have important role to help and take care of you during pregnancy.	18(16.4)	35(31.8)	30(27.3)	54(49.1)	56(50.9)	4.51	0.50	Positive
8. You should stop exercise when you got pregnant. **				16(14.5)	11(10.0)	3.30	1.20	Neutral
Total						**3.87**	**0.41**	**Positive**

*** Negative question = need to convert the result before calculation*

get pregnant". About the question "Some contraceptive methods may have effect on your underlying disease.", 39/110 patients were not sure on this (35.5%).

Table 4 reveals the underlying disease treatment and medication aspect of preconception attitudes. There were 73.7-92.7% of patients that agree to markedly agree for most of the questions (No.1-6 from table 4) which means positive attitudes about the underlying disease treatment and medication aspect of preconception. Except for the question "you can stop taking medication by yourself when you got pregnant, so it will not have adverse effect to your fetus." that 59.1% of patients reveals not sure, this equal to neutral attitude.

The other aspect of preconception attitudes was shown on table 5. Firstly about rubella vaccination before getting pregnant to prevent infection during pregnancy, there were 83 from 110 patients who agree to markedly agree. Most of the patients have positive attitude about their couple should have chance for preconceptional planning with them before getting pregnant and their family have important role to help and take care of them during pregnancy. Also 92.7% were agree to markedly agree about "you should be screened and treated for sexually transmitted disease, before getting pregnant to prevent adverse effect to fetus" with the mean range of attitude 4.32-4.51. About the question "inadequate food intake may have adverse effect if you got pregnant", there were 79.1% who agree with this. There were similar for number of "not sure" and "disagree" (20.9 and 28.2 respectively) for the question about inheritance of genetic disease in family. This made the attitude to be neutral (mean = 2.91). The same result for question about radiation exposure that 47/110 patients were disagree. Anyway, the total of mean attitude on this aspect still positive, the same as 2 aspects we discuss before.

The difference between preconceptional attitudes

sorted by age was shown on table 6. We found that patients with age of 35-45 year-old have neutral attitude (mean =3.46) when compare to those with age of < 20 & 20-34 year-old that have positive attitude about contraceptive aspect of preconception. For the underlying disease and other aspects, those with age < 20 year-old have neutral attitude compare to those with older age.

Patients with occupation of business individual, employee and state enterprises have neutral attitude which different from other groups that have positive attitude about contraception. For the underlying aspect shows that housekeeper and government official have markedly agree on this compare to the other occupation. But in total attitude, all occupations have positive attitude for preconception. But for student (only 2/110), they have neutral attitude that slight different from the others. All of these are shown on table 7.

Higher educational level seems to effect on the preconceptional attitude, as on table 8. Patients with bachelor's degree and high school have slight higher mean attitude level compare to diploma and elementary school for contraceptive aspect. For the underlying disease aspect, no significant different was found in each educational level. In the other aspect, those with lower educational level have lower mean attitude (3.58) compare to the others that have mean attitude 3.93-3.95.

The difference between preconceptional attitudes sorted by status of disease treatment & follow-up, there were no significant different in all of the 3 aspects of preconception.

Discussion

The study of preconceptional attitude of reproductive-age women with underlying disease at Phramongkutklao Hospital have use self-administered questionnaires as tool of attitude measurement that had been tested for reliability and validity before use. We also construct negative question for make sure that patient can understand and give us real information. de Weerd S.[5] performed a study about preconception care as screening tool for health assessment and risk detection by using self-administered questionnaires and also found that the questionnaires are an accurate screening tool for preconceptional risk factors and can be implement into work setting.

Level of attitude from the result, there were 77-80% of patients who have positive attitude (mean 3.74) for the contraceptive aspect of preconceptional attitude, especially for the question "they can get pregnant if you were not use any contraception" and "contraception is necessary when you're not ready to get pregnant". While they have neutral attitude for the question "Their underlying disease & medication can cause them unable

Table 6 Difference between preconceptional attitudes sorted by age

Aspect of attitudes	Age (year)	Total (number)	Mean	SD	Attitudes	Interpretation
Contraception	< 20	7	4.11	0.04	Positive	
	20 - 34	61	3.84	0.46	Positive	
	35 - 45	32	3.46	0.44	Neutral	Different
Underlying dis.	< 20	7	2.81	0.18	Neutral	
	20 - 34	61	4.26	0.51	Positive	
	35 - 45	32	4.34	0.23	Positive	Different
Others	< 20	7	3.13	0.00	Neutral	
	20 - 34	61	3.96	0.40	Positive	
	35 - 45	32	3.85	0.28	Neutral	Different

Table 7 Difference between preconceptional attitudes sorted by occupation

Aspect of attitudes	Occupation	Total (number)	Mean	SD	Attitudes	Interpretation
Contraception	Government official	38	4.02	0.40	Positive	
	State enterprises	5	3.46	0.06	Neutral	
	Employee	37	3.44	0.48	Neutral	
	Student	2	3.75	0.35	Positive	
	Housekeeper	6	4.02	0.13	Positive	
	Business individual	5	3.63	0.27	Neutral	
	Private individual	5	3.83	0.13	Positive	Different
Underlying dis.	Government official	38	4.60	0.29	Positive	
	State enterprises	5	3.83	0.34	Positive	
	Employee	37	3.74	0.50	Positive	
	Student	2	3.38	0.18	Negative	
	Housekeeper	6	4.64	0.13	Positive	
	Business individual	5	4.08	0.68	Positive	
	Private individual	5	4.40	0.23	Positive	Different
Others	Government official	38	4.16	0.35	Positive	
	State enterprises	5	3.67	0.28	Positive	
	Employee	37	3.64	0.30	Neutral	
	Student	2	3.13	0.00	Neutral	
	Housekeeper	6	4.04	0.37	Positive	
	Business individual	5	3.69	0.37	Positive	Different

Table 8 Difference between preconceptional attitudes sorted by educational level

Aspect of attitudes	Educational level	Total (number)	Mean	SD	Attitudes	Interpretation
Contraception	Elementary education	8	3.13	0.00	Neutral	
	High school education	21	3.85	0.37	Positive	
	Diploma	20	3.47	0.59	Neutral	
	Bachelor's degree	51	3.89	0.38	Positive	Different
Underlying dis.	Elementary education	8	3.75	0.00	Positive	
	High school education	21	3.90	0.86	Positive	
	Diploma	20	4.24	0.30	Positive	
	Bachelor's degree	51	4.33	0.48	Positive	Indifferent
Others	Elementary education	8	3.94	0.07	Positive	
	High school education	21	3.58	0.45	Neutral	
	Diploma	20	3.93	0.26	Positive	
	Bachelor's degree	51	3.95	0.42	Positive	Different

Table 9 Difference between preconceptional attitudes sorted by status of disease treatment & follow-up

Aspect of attitudes	status of dis. treatment & follow-up	Total (number)	Mean	SD	Attitudes	Interpretation
Contraception	Follow-up and take medication regularly	81	3.72	0.51	Positive	
	Follow-up regularly, but no medication	9	4.00	0.13	Positive	
	Come only when symptoms develop	10	3.67	0.35	Positive	Indifferent
Underlying dis.	Follow-up and take medication regularly	81	4.17	0.60	Positive	
	Follow-up regularly, but no medication	9	4.06	0.33	Positive	
	Come only when symptoms develop	10	4.34	0.56	Positive	Indifferent
Others	Follow-up and take medication regularly	81	3.84	0.38	Positive	
	Follow-up regularly, but no medication	9	3.99	0.38	Positive	
	Come only when symptoms develop	10	4.01	0.61	Positive	Indifferent

to get pregnant." This may be resulted from individual patient that may have different disease and different severity that may cause different attitude level. Also this may affect to the question "they don't have to talk to doctor about proper contraceptive method" which they also have neutral attitude (variation of agree, not sure and disagree).

The underlying disease aspect of preconceptional attitude show mean attitude of 4.18. This positive attitude was from 80-90% of patients on every question, even on the negative question.

The other aspect of preconceptional attitude reveals that patients have positive attitude (mean 3.87) for good nutrition, screening and treatment of STDs, rubella vaccination before pregnancy and pregnancy planning with their husband (79-90%). There were also neutral attitude about the inheritance of genetic disease in family and radiation exposure effect during pregnancy. This may result from mainly of the patient possibly not experience to any genetic disease, so they may not have knowledge and consequence of these conditions. For the question that they should stop exercise after getting pregnant which also have neutral attitude, this may effect from fear of abortion and also in traditional Thai culture that always want pregnant women to rest. This may be better if we can give more information about preconception care by our health care providers.

Overall aspects, there are positive attitude about preconception. There was no previous study of patients' attitude about preconception. Poppelaars FA[4] studied attitude of potential providers toward preconceptual cystic fibrosis carrier screening and revealed 73% of health workers with positive attitude towards routinely offering CF carrier screening, and > 80% were in favor of informing the target population about the possibility of having a CF carrier test.

After analysis of the data for different in attitude sorted by each patients' characteristics, patients of age < 20 have neutral attitude for the underlying disease aspect and also for the other aspect of preconceptional care. This may be uncertainty in their prepregnancy planning in younger patient comparing to the older. Patient who were students also have neutral attitude while the other occupations have positive attitude. This may result from experience that the older and graduated patients may realize about their preconceptional plan so they will have better result in future. But there were only 2 students from 110 patients in this study.

This may need more patients to enroll in the study for proving this result.

The higher educational level patients have positive attitude when compare to those with lower educational level, especially on the contraceptive aspect. Possible explanation for this is because of higher educational level should have better knowledge and understanding.

Difference between preconceptional attitudes when sorted by status of underlying disease treatment & follow-up, mainly of the patient have positive attitude for preconceptional care for all groups (those who follow-up and take medication regularly, those who follow-up regularly, but no medication was prescribed and those who come only when symptoms develop). The result have not the same as of Kim[6] which studied the rates of preconception counseling in managed care for women with diabetes and associated patient and physician characteristics. The result of Kim revealed that women with longer affected disease and/ or getting insulin injection will come for preconceptional care and counseling more than those with shorter time of disease or without insulin injection. The disease severity or status of treatment in our study, are not classified in detailed. So it made us difficult to assess different in attitude. Also the different of population from each study may have different environment, culture and also education which may affect preconceptional attitude.

Conclusion

Reproductive-age women with underlying diseases have positive attitudes about preconception care in contraceptive aspect, underlying disease treatment & follow-up and other aspect about good nutrition, screening and treatment of STDs, rubella vaccination before pregnancy and pregnancy planning with their husband. But they also have neutral attitude about some contraceptive methods that may have effect on their underlying disease (e.g. getting worse) or stop taking medication by themselves when they got pregnant, so it will not have adverse effect to the fetus and about the inheritance of genetic disease to their fetus.

Suggestion

From this study, we have suggestion for further research as below :

1. Plan for continue study attitude of reproductive-age women with underlying diseases about preconception care by include nonpregnant women, pregnant women and postpartum women. So we can compare the different of preconceptional attitudes between groups.
2. Plan for continue study attitude of reproductive-age women with underlying diseases about preconception care by classified disease severity in detailed. So we can assess their attitude that may be different between those with different severity.
3. Plan for continue study attitude of reproductive-age women with underlying diseases about preconception care and also behavior about preconception to assess relation between attitude and behavior.

There also point of health care provider as personal who give preconceptional knowledge, counseling and care. This is the important issue because more than 70% of patients get information form doctors and nurses. We need to make them realize the necessity of preconception in order to reduce morbidity & mortality in mother and fetus, especially women with underlying disease.

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ทัศนคติการเตรียมความพร้อมก่อนการตั้งครรภ์ ของผู้ป่วยสตรีวัยเจริญพันธุ์ที่มีโรคประจำตัว ณ โรงพยาบาลพระมงกุฎเกล้า

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วัตถุประสงค์ : *เพื่อศึกษาทัศนคติของผู้ป่วยสตรีที่มีโรคประจำตัวเกี่ยวกับการเตรียมความพร้อมก่อนการตั้งครรภ์*

วัสดุและวิธีการ : *ผู้ป่วยสตรีที่ห้องตรวจโรคผู้ป่วยนอกกองอายุรกรรม โรงพยาบาลพระมงกุฎเกล้า ตั้งแต่ 1 ตุลาคม – 15 พฤศจิกายน 2551 จำนวน 110 คน ตอบแบบสอบถามที่จัดทำให้สอดคล้องตามวัตถุประสงค์ ได้รับการตรวจสอบจากผู้ทรงคุณวุฒิ และผ่านการทดสอบทดสอบความเที่ยงตรง (validity) และความเชื่อมั่น (reliability) ก่อนนำมาใช้*

ผลการศึกษา : *ผู้ป่วยสตรีที่มีโรคประจำตัวส่วนใหญ่มีทัศนคติโดยรวมในเชิงบวกเกี่ยวกับการเตรียมความพร้อมก่อนการตั้งครรภ์ทั้งในด้านการคุมกำเนิด ด้านโรคประจำตัว และด้านอื่นๆ ที่ประกอบด้วยการรับ ประทานอาหารครบ 5 หมู่ การหลีกเลี่ยงเอ็กซเรย์ การตรวจโรคติดเชื้อทางเพศสัมพันธ์ การฉีดวัคซีน แต่มีทัศนคติเป็นกลางในเรื่องผลกระทบของวิธีการคุมกำเนิดที่มีต่อโรคที่เป็นอยู่ ความจำเป็นที่ต้องปรึกษาแพทย์เรื่องการคุมกำเนิดหรือต้องเปลี่ยนวิธีการรักษาโรคหรือยา รวมทั้งการถ่ายทอดโรคทางพันธุกรรมไปยังบุตร กลุ่มผู้ป่วยที่มีอายุมากหรือมีการศึกษาสูงจะมีทัศนคติเป็นกลางขณะที่กลุ่มอาชีพอื่นๆมีทัศนคติเป็นบวก*

สรุป : *ผู้ป่วยสตรีวัยเจริญพันธุ์ที่มีโรคประจำตัวส่วนใหญ่มีทัศนคติโดยรวมในเชิงบวกเกี่ยวกับการเตรียมความพร้อมก่อนการตั้งครรภ์*

Key Words: ● *Preconception care* ● *Attitude*

เวชสารแพทย์ทหารบก 2554;64:121-30.