

HEALTH-RELATED HABITS AND NUTRITION OF PREGNANT WOMEN IN SERBIA

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ABSTRACT

Goals: The aim of this paper was to do a demographic analysis of the population of pregnant women in Serbia and to summarize data regarding: their health related habits during pandemic years, pregnancy course, and the impact the COVID-19 pandemic on their mental health.

Methods: The study was prospective observational non-randomized study in the public health. A group of 1,019 patients were included in this prospective cross-sectional observational study. The patients were assessed using a questionnaire designed by the International Federation of Gynecology and Obstetrics which was implemented cross-country in primary healthcare institutions during regular pregnancy visits. Data was collected during the first pandemic year in 2020. The IMB SPPS 27 program was used for descriptive statistical analysis of the collected data.

Results: Out of the respondents 10.6% had elevated blood pressure. The mean fasting level of glucose was within the suggested limit. Almost all pregnant women were not on any special diet, and the most common special nutritional regime was a diabetic diet. Most respondents were non-smokers and most of them practiced some kind of recreation. Almost all pregnant women adhered to protective measures during the pandemic and more than half of them felt increased stress due to the situation.

Conclusion: Our research suggests that despite the increased psychological pressure and restrictive measures which took place during the first pandemic year the Serbian population of pregnant women managed to follow majority of the health recommendations, including the protective measures from the COVID-19 virus.

Keywords: pregnancy, health-related habits, nutrition

INTRODUCTION

Rising questions about lifestyle impact on pregnancy outcomes and overall maternal health inspired this analysis of certain health-related habits of pregnant women in Serbia during the pandemic years.

According to the data, food quality and the adequate intake of macro and micronutrients is vital to maternal and fetal health. There is also a research that supports the “early life program-

ming” hypothesis, with possible links between the conditions of fetal development and later health in life [1,2]. Certain aspects of modern lifestyle contribute to epidemic of obesity and higher prevalence of obesity in pregnant women and excessive gestational weight gain (GWG). These women are at a significantly greater risk for developing complications such as gestational diabetes mellitus (GDM) and hypertension,

and the research indicates that children of obese mothers are more likely to develop cardiovascular and metabolic disease in later life [3]. It is important to note that certain diets which are rising in popularity such as the Mediterranean diet (MedDiet) and the Dietary Approaches to Stop Hypertension diet were associated with a reduced relative risk for GDM [4]. Carbohydrate intake is the key in controlling particularly postprandial glucose levels [5].

On the topic of diet, women who adhere to the Med Diet but who do not take adequate folic acid supplementation in the periconceptual period are reported to have significantly higher prevalence of neural tube defects. A relatively high rate of unplanned pregnancies certainly contributes to this issue [6].

Another important aspect of lifestyle is physical activity (PA). Evidence supports that physical activity is key in balancing the pro-inflammatory effects of adipokines with the anti-inflammatory effects of myokines, which seems to prevent the development of both GDM and gestational hypertension. In many studies it is reported that women seem to have lower level of physical activity in pregnancy in contrast to preconception. This is linked to the belief that many women worry about the potential negative effects of physical activity on fetal health [7]. It is important that healthcare providers educate pregnant women on the importance of adapting an active lifestyle. According to a study, walking was the most commonly reported exercise, followed by water aerobics. Factors positively associated with exercise practice were the higher educational level, the first pregnancy, exercising before pregnancy and exercise guidance during prenatal care [8]. In addition, in patients with developed GDM any type of physical activity which is of sufficient intensity and duration is proving beneficial. It is recommended that these women should exercise for at least 20–50 min. at least 2 times a week, with a moderate intensity training [9].

Global trends of increasing alcohol use among women of childbearing age contribute to the higher prevalence of alcohol consumption in the period of conception, as well as during pregnancy. Alcohol is proven to have many negative effects on fetal health, so no alcohol is recommended for consumption at any gestational age [10].

In addition, it is also accepted that there are effects of fetal and postnatal exposure to parental tobacco smoking on several outcomes: preterm birth, low birth weight, sudden infant death syndrome, obesity, hypertension, type 2 diabetes, asthma etc. [11]. Certain measures of prevention should be implemented to lower the prevalence of both maternal and paternal smoking, as passive smoking also significantly influences the health of both mother and child [12].

Since the beginning of the COVID-19 pandemic pregnant women report having elevated symptoms of anxiety and depression. Such are associated with increased risk of preterm birth, postpartum depression, and behavioral difficulties in children [13].

The aims of our observational epidemiological study were:

1. Analysis of health related habits: smoking, alcohol, exercise during and before pregnancy, employment status.
2. COVID-19 influence on pregnant patients: protective measures and psychological effects.
3. Analysis of the diet of pregnant women: different types of diet, the quality of diet, the use of vitamins and supplements preconception and during the pregnancy

MATERIALS AND METHODS

This was a prospective cross-sectional observational study. A group of 1019 patients were included. The patients were assessed using a questionnaire designed by the International Federation of Gynecology and Obstetrics (FIGO). This questionnaire was translated into Serbian and implemented cross-country in primary healthcare institutions during regular pregnancy visits. Ninety three doctors had helped implement this questionnaire. Data was collected during the first pandemic year 2020.

The study was approved by the Ethical board of the Clinical center of Serbia No 576/1.

IMB SPSS 27 program was used for descriptive statistical analysis of the collected data. After the adequate explanation all patients have willingly signed written consent to take part in this study.

RESULTS

The study included 1,019 pregnant patients through various primary care health institutions in Serbia.

The average age of the patients was 30 years. The age variable has a normal distribution.

Four hundred and twenty eight (42%) patients were from Belgrade and the surroundings, while 550 patients (54%) were from southern and eastern Serbia. Five hundred and eighty one (47%)

had a secondary education, and 295 patients (29%) high education. Also, 293 (68%) of them were employed and 866 (85%) were married.

Four hundred and twenty eight patients (42%) had one, 326 (32%) had no pregnancy to this point, while 194 (19%) had two previous pregnancies.

The average weight of the test subjects was 72 kg and the average height was 168 cm, which results in an average body mass index (BMI) of 25.7, which is at the upper limit of what is considered a healthy weight.

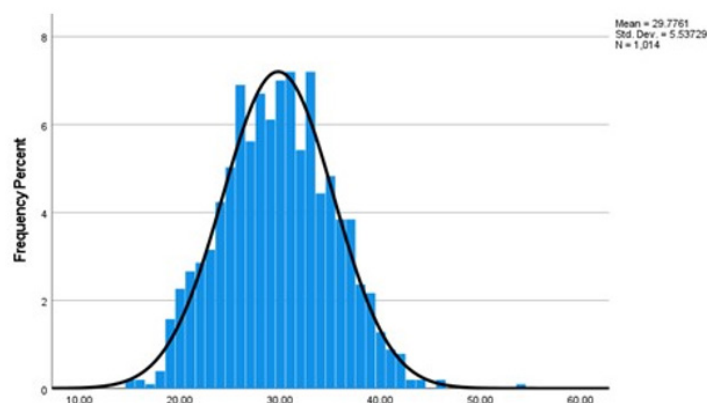


Figure 1. *Age of the patients*

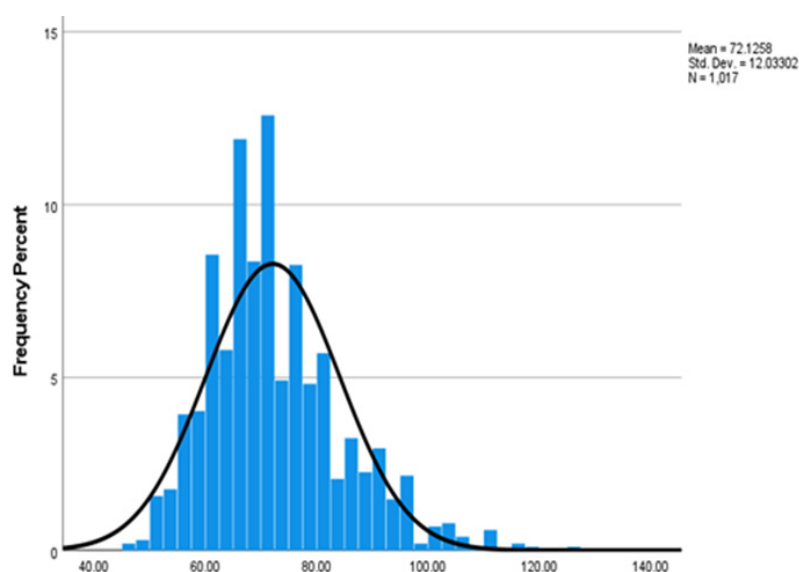


Figure 2. *Average weight of the patients*

If we consider the work status, most pregnant women were already on sick leave at the time of the survey – 550 (54%), and 112 women (11%) were working, and for the rest there was no information on their current status (whether they are employed or unemployed). The majority had jobs that are not tiring– 74 (66%) of patients. Five hundred and fifty (54%) were on sick leave and most of them left in the second or third month, about 356 (35%) took leave in the second, and 306 (30%) in the third month of pregnancy. Of the 112 who were still working, the majority planned to go on maternity leave in the 7th month of pregnancy (25%).

One hundred and eight respondents (10.6%) had elevated blood pressure and for those patients the average diastolic blood pressure was 83 mmHg and the systolic blood pressure was 130 mmHg.

The mean fasting level of glucose was 4.85.

Fetal growth retardation was noted in 20 (2%) of fetuses and fetal macrosomia was detected in 163 (16%) of cases.

Five hundred and sixty (55%) respondents took medications during pregnancy, 275 (27%)

of them used micronized progesterone, making it the most commonly used medication. The second most used was multivitamin supplements 112 (11%) patients and the third was folic acid in 102 (10%) cases. Other drugs were taken significantly less often.

Regarding the vitamin status, 509 patients (50%) took folic acid before pregnancy and 968 (95%) took it up to 12 weeks of pregnancy.

Eight hundred and fifty four (93%) of them had their hemoglobin level measured, which in 83% of cases was above 110 g/l. Half of the respondents took some supplements containing iron. Almost all pregnant women were of the opinion that supplementation during pregnancy is important for adequate fetal growth and development (92%).

As far as habits are concerned, most patients were non-smokers – 672 (66%), 153 (15%) were smokers and smoked during the current pregnancy, and 193 (19%) were ex-smokers. As far as alcoholic beverages are concerned, 143 patients (14%) consumed them.

Most of the respondents 795 (78%) practiced some kind of recreation, most commonly walking (95%). About a third of the patients 346

TABLE 1 Blood pressure and glycemia levels

		Elevated systolic pressure	Elevated diastolic pressure	Glycemia level
N	Valid	108	108	884
	Missing	911	911	135
Mean		129.7222	82.5926	4.8527
Std. Deviation		17.87539	11.30465	.76158
Minimum		70.00	50.00	2.80
Maximum		170.00	110.00	11.50

Table 2. Medication during pregnancy

	frequence	%	% of total sample
utrogestan	280	27.3%	27.5%
Pregnancy vitamins	110	10.7%	10.8%
Folic acid	105	10.2%	10.3%
vitamins	39	3.8%	3.8%
euthyrox	33	3.2%	3.2%
methyldopa	31	3.0%	3.0%

(34%) engaged in some form of physical activity (85% walking, 7% yoga, 3% light exercise, 2% swimming, etc.).

As far as nutrition is concerned, 957 (94%) pregnant women were not on any special diet. Among those who were on a special nutritional regime, the most common was the Mediterranean diet (44%).

When it comes to the quality of the diet of pregnant women who participated in this study, 657 (94%) of them ate meat at least 2-3 times a week, 774 (76%) ate 2-3 portions of fruits and vegetables a day, 519 (51%) ate fish 1-2 times a week, 927 (91%) consumed dairy products every day, 581 (57%) consumed whole grains on a daily basis, and 621 (61%) consumed refined foods at least 5 times a week. (Table 3)

During the COVID 19 pandemic, most pregnant women 835 (82%) went to see a gynecologist regularly during the pandemic.

Six hundred and one (59%) of them took additional vitamins and minerals to improve their immunity. More than one type of supplement was usually used, the most common being combined formulas (50%), followed by vitamin C (17%).

Almost all pregnant women applied the protective measures (99%). Seven hundred and thirteen (70%) were of the opinion that the most important measure was wearing a mask. Three hundred and sixty seven patients (36%) stated distance and avoiding contact, crowds and closed spaces as the most important, 132 (13%) women defined distance through isolation or self-isolation/quarantine and 142 (14%) of patients had mentioned hand washing as their primary protective measure. Six hundred and fifty two (64%) pregnant women felt increased stress and additional psychological pressure due to the situation.

The average BMI of the women who had participated in our study was 25.7, which is above the upper limit of what is considered a healthy weight. Devlieger R. et al noticed that the increase of BMI in pregnant patients is present all over the world [22].

In Serbia maternal leave according to our laws is 3 months. Prenatal leave is one month before the calculated date of delivery. In our study we noticed that majority of patients took sick leaves in the beginning of the pregnancy, which can lead to obesity and low physical activity.

Backhausen M. et al. reported that prenatal leave took 56% of their patients [23].

According to the data we collected, the fasting value of glycemia on average was 4.85 which is within the limit. However, 112 (11%) of respondents consumed the Mediterranean diet, which is advised to patients with insulin resistance or gestational diabetes. This implies that those patients were well controlled because the average glycemia value was normal. In Laredo-Aguilera J et al. research [9] gestational diabetes has an incidence of 14% worldwide.

Hypertension in pregnancy had 108 (10.6%) participants. According to the National High Blood Pressure Education Program Working Group Report on High Blood Pressure in Pregnancy, hypertension occurs in 6–8% of pregnancies in the United States [14]. This indicated that the incidence of hypertension in pregnancy is higher in Serbia.

As far as medication and supplementation in pregnancy goes, a study conducted in USA Texas by Haas DM [15] found that 97.1% women took at least one medication during pregnancy. Excluding vitamins, supplements, and vaccines, 73.4% of women took medication during pregnancy. The categories of drugs taken in pregnancy and in the first trimester include: gastrointestinal or antiemetic agents, antibiotics, and analgesics. Most (92.2%) women took a prenatal vitamin in the first trimester of pregnancy and 94.3% of women took some type of vitamin or additional folic acid during the first trimester of pregnancy. In our study, half of the subjects took folic acid before pregnancy and 95% took it up to 12 weeks of pregnancy, which shows an adequate approach in preconception care in Serbia. A high percentage (84%) of patients regularly exposed themselves to the sun (at least 10-15 minutes a day).

Nine hundred and forty seven patients (93%) had their hemoglobin level measured, which in 83% of cases was above 110 g/l. Haas DM et al. [15] stated that 16.2% of patients took iron supplements, while in our study half of the respondents took some combined supplements containing iron. This resulted in pregnancy anemia in 17% of cases, which is similar to the USA.

In our research, slightly more than half of the patients took some medication during pregnancy (supplements excluded), which seems to be a significantly lower percentage than in the study conducted in the USA [15]. Within the

group that took medications 275 (27%) patients used micronized progesterone, 33 (3.2%) thyroid hormone replacement, 30 (3%) Methyl Dopa, 37 (3.6 %) low molecular weight heparin, 23 (2.1%) Metformin, 11 (1.1%) Aspirin and all other medications in less than 0.5%.

According to Harju M et al. [12] the prevalence of maternal smoking during pregnancy in industrialized countries varies between 13 and 38%. Our research has shown comparable results as most patients were non-smokers (66%) but 15% smoked during the current pregnancy. This suggests that Serbian women are well informed on the dangers of maternal smoking during pregnancy.

As far as alcohol consumption goes, Popova S. et al. [16] stated in their research that worldwide, approximately 10% of women in the general population consume alcohol in pregnancy with the European region having the highest rate of consumption (25%). Our research in the Serbian population found 14% regularly consumed alcoholic beverages, which seems to be significantly lower than in Europe.

Dipietro L. et al. [17] on the topic of physical activity during pregnancy has shown that most pregnant women do not achieve the current recommendations and many continue to be inactive during the pregnancy. Women who were active prior to pregnancy report that their activity level decreased once they became pregnant. According to our data 23% of pregnant women played some sport in their life, while 78% of the respondents practiced some kind of recreation during pregnancy, most commonly walking.

The majority of patients who participated in this study were not on any special diet (94%). Among those who were on a special nutritional regime the most common one was a diabetic diet in 11%, 12% avoided certain food which are potent allergens such as strawberries, seafood and nuts, 12% were vegetarians, 8% did not consume red meat, 4% had an altered dietary regime due to hypertension and 4% were on a calorie restricted diet due to obesity.

In a Polish study of Missan N. et al. [19] 88.8% of the respondents were not on any special diet, 7.2% of women were on diabetic diet, 0.8% on a gluten-free diet, 0.4% of women were on a low-salt diet and on a low-fat diet. Only 1.2% of pregnant women were vegetarians or vegans and 0.8% of women were on a high protein diet.

In our study when it came to the quality of the diet of pregnant women who participated in this study, 94% of them ate meat at least 2-3 times a week, 76% ate 2-3 portions of fruits and vegetables a day, 51% ate fish 1-2 times a week, 91% consumed dairy products every day, 57% consumed whole grains on a daily basis, and 61% consumed refined foods at least 5 times a week. The Serbian nutritional recommendations were highly comparable to the American with the exception of vitamin D intake. The American recommendations range from 600-1500 IU of vitamin D during pregnancy while the Serbian recommendation is 400 IU of vitamin D daily [20,21].

Mandjunkov M. et al. [18] in their study, which took place seven months into the pandemic had shown that imposed restrictions at the beginning of the pandemic were successful in containing spread of the infection. In our study almost all pregnant women (99%) followed the suggested restrictive protective measures. One of the limitations in our study was that it was implemented before the development of the COVID-19 vaccines, so that data is lacking. In addition, in Serbia COVID-19 vaccination for pregnant women was approved at the beginning of 2022.

According to a different Canadian research of Label S. et al. [13] anxiety and depression symptoms were substantially elevated in comparison to similar pre-pandemic pregnancy cohorts: 37% of women reported clinically relevant symptoms of depression and 57% reported clinically relevant symptoms of anxiety. Their research suggests that encouraging physical activity among pregnant individuals may help reduce feelings of anxiety and depression. In our research 64% of pregnant women felt increased stress and additional psychological pressure due to the situation. On the other hand, 34% of patients engaged in some form of physical activity, despite the pandemic, have experienced lowering of the stress levels.

CONCLUSION

The conclusion of our study is that COVID-19 pandemic had a big impact on the general population as well as on pregnant women. Our research suggests that despite the in-

creased psychological pressure and restrictive measures which took place during the first pandemic year the Serbian population of pregnant women managed to follow the most health recommendations, including protective measures from the COVID-19 virus.

The intake of recommended micronutrients, such as folate supplementation or iron supplementation, was overall satisfactory. The levels of physical activity were lower than what is recommended, and were even lower during the pandemic years.

It seems that in spite of the COVID-19 global health crises, the health of the pregnant women in Serbia and the level of obstetric monitoring did not suffer significantly at all.

REFERENCES

1. Danielewicz H, Myszczyński G, Dębińska A, Myszkal A, Boznański A, Hirnle L. Diet in pregnancy-more than food. *European journal of pediatrics* 2017;176(12):1573–1579. <https://doi.org/10.1007/s00431-017-3026-5>
2. Amati F, Hassounah S, Swaka A. The Impact of Mediterranean Dietary Patterns During Pregnancy on Maternal and Offspring Health. *Nutrients* 2019;11(5):1098. <https://doi.org/10.3390/nu11051098>
3. Pantham P, Aye I L, Powell T L. Inflammation in maternal obesity and gestational diabetes mellitus. *Placenta* 2015;36(7):709–715. <https://doi.org/10.1016/j.placenta.2015.04.006>
4. Mijatovic-Vukas J, Capling L, Cheng S, Stamatidis E, Louie J, Cheung N W, Markovic T, Ross G, Senior A, Brand-Miller J C, Flood V M. Associations of Diet and Physical Activity with Risk for Gestational Diabetes Mellitus: A Systematic Review and Meta-Analysis. *Nutrients* 2018;10(6):698. <https://doi.org/10.3390/nu10060698>
5. Rasmussen L, Poulsen C W, Kampmann U, Smedegaard S B, Ovesen P G, Fuglsang J. Diet and Healthy Lifestyle in the Management of Gestational Diabetes Mellitus. *Nutrients* 2020;12(10):3050. <https://doi.org/10.3390/nu12103050>
6. Fischer M, Stronati M, Lanari M. Mediterranean diet, folic acid, and neural tube defects. *Italian journal of pediatrics* 2017;43(1):74. <https://doi.org/10.1186/s13052-017-0391-7>
7. Ferrari N, Joisten C. Impact of physical activity on course and outcome of pregnancy from pre- to postnatal. *European Journal of Clinical Nutrition* 2021;75:1698-1709.
8. Nascimento S L, Surita F G, Godoy A C, Kasawara K T, Morais S S. Physical Activity Patterns and Factors Related to Exercise during Pregnancy: A Cross Sectional Study. *PloS one* 2015;10(6):e0128953. <https://doi.org/10.1371/journal.pone.0128953>
9. Laredo-Aguilera J A, Gallardo-Bravo M, Rabanales-Sotos J A, Cobo-Cuenca A I, Carmo-Torres J M. Physical Activity Programs during Pregnancy Are Effective for the Control of Gestational Diabetes Mellitus. *International journal of environmental research and public health* 2020;17(17):6151. <https://doi.org/10.3390/ijerph17176151>
10. Popova S, Dozet D, Shield K, Rehm J, Burd L. Alcohol's Impact on the Fetus. *Nutrients* 2021;13(10):3452. <https://doi.org/10.3390/nu13103452>
11. Banderali G, Martelli A, Landi M, Moretti F, Betti F, Radaelli G, Lassandro C, Verduci E. Short and long term health effects of parental tobacco smoking during pregnancy and lactation: a descriptive review. *Journal of translational medicine* 2015;13:327. <https://doi.org/10.1186/s12967-015-0690-y>
12. Harju M, Keski-Nisula L, Georgiadis L, Heinonen S. Parental smoking and cessation during pregnancy and the risk of childhood asthma. *BMC public health* 2016; 16:428. <https://doi.org/10.1186/s12889-016-3029-6>
13. Lebel C, MacKinnon A, Bagshawe M, Tomfohr-Madsen L, Giesbrecht G. Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic. *Journal of affective disorders* 2020;277:5–13. <https://doi.org/10.1016/j.jad.2020.07.126>
14. Kattah A G, Garovic, V D. The management of hypertension in pregnancy. *Advances in chronic kidney disease* 2013;20(3):229–239. <https://doi.org/10.1053/j.ackd.2013.01.014>
15. Haas D M, Marsh D J, Dang D T, Parker C B, Wing D A, Simhan H N, Grobman W A, Mercer B M, Silver R M, Hoffman M K, Parry S, Iams J D, Caritis S N, Wapner R J, Esplin M S, Elovitz M A, Peaceman A M, Chung J, Saade G R, Reddy U M. Prescription and Other Medication Use in Pregnancy. *Obstetrics and gynecology* 2018;131(5): 789–798. <https://doi.org/10.1097/AOG.0000000000002579>
16. Popova S, Dozet D, Akhand Laboni S, Brower K, Temple V. Why do women consume alcohol during pregnancy or while breastfeeding?. *Drug Alcohol Rev* 2022;41: 759-777. <https://doi.org/10.1111/dar.13425>
17. Dipietro L, Evenson K R, Bloodgood B, Sprow K, Troiano R P, Piercy K L, Vaux-Bjerke A,

- Powell K E, & 2018 PHYSICAL ACTIVITY GUIDELINES ADVISORY COMMITTEE*. Benefits of Physical Activity during Pregnancy and Postpartum: An Umbrella Review. *Medicine and science in sports and exercise* 2019;51(6): 1292–1302. <https://doi.org/10.1249/MSS.0000000000001941>
18. Madjunkov M, Dviri M, Librach C. A comprehensive review of the impact of COVID-19 on human reproductive biology, assisted reproduction care and pregnancy: a Canadian perspective. *J Ovarian Res* 132020;140. <https://doi.org/10.1186/s13048-020-00737-1>
 19. Misan N, Paczkowska K, Szmyt M, Kapska K, Tomczak L, Bręborowicz G H, Ropacka-Lesiak M. Nutritional behavior in pregnancy. *Ginekologiapolska* 2019;90(9):527–533. <https://doi.org/10.5603/GP.2019.0090>
 20. Brown B, Wright C. Safety and efficacy of supplements in pregnancy. *Nutrition reviews* 2020;78(10):813–826. <https://doi.org/10.1093/nutrit/nuz101>
 21. Plečaš D, Plešinac S, Vučinić-Kontić O. Ishrana u trudnoći - osnovni principi i preporuke. *Srpski arhiv za celokupno lekarstvo* 2014;142(1-2):125–130. <https://doi.org/10.2298/SARH1402125P>
 22. Devlienger R, Benhalima K, Damm P, Assche A. Metranal i obesety in Europe. Where do we stand and how to move forward. *EJOGRB* 2016; DOI: 10.1016/j.ejogrb.2016.04.005
 23. Bachausen M, Damm P, Bendix J, Tabor A, He-gaard H. The prevalence of sick leave. Reasons and associated predictors. A survey among employed pregnant women. *Sex Reprod Health* 2018;15:54–61 DOI 10.1016/j.srhc.2017.11.005

Резиме

НАВИКИ И ИСХРАНА ПОВРЗАНИ СО ЗДРАВЈЕТО НА БРЕМЕНИТЕ ЖЕНИ ВО СРБИЈА

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Цели: Целта на овој труд беше да се направи демографска анализа на популацијата на бремените жени во Србија и да се сумираат податоци во врска со нивните здравствени навики за време на пандемските години, текот на бременоста и влијанието на пандемијата COVID-19 врз нивното ментално здравје.

Методи: Студијата беше проспективна опсервациска нерандомизирана студија за јавното здравство. Група од 1.019 пациенти беа вклучени во оваа проспективна опсервациска студија со попречен пресек. Пациентите беа проценети со користење на прашалник дизајниран од Меѓународната федерација за гинекологија и акушерство, кој е применуван во сите држави на примарна здравствена заштита за време на редовните посети во бременоста. Податоците беа собрани во текот на првата година од пандемијата, 2020. Програмата IMB SPPS 27 беше искористена за описна статистичка анализа на собраните податоци..

Резултати: Од испитаниците, 10,6 % имале покачен крвен притисок. Просечното ниво на гликоза на гладно беше во рамките на предложената граница. Речиси сите трудници не биле на некој посебен режим на исхрана, а најчест посебен режим на исхрана била дијабетската диета. Најголем дел од испитаниците биле непушачи и повеќето од нив практикувале некаква рекреација. Речиси сите трудници се придржуваа на заштитните мерки за време на пандемијата, а повеќе од половина од нив почувствуваа зголемен стрес поради настанатата ситуацијата.

Заклучок: Нашето истражување сугерира дека, и покрај зголемениот психички притисок и рестриктивните мерки што се случија во текот на првата пандемија, српската популација бремените жени успеа да ги испочитува повеќето здравствени препораки, вклучително и заштитните мерки од вирусот СОВИД-19.

Клучни зборови: бременост, здравствени навики, исхрана

