Abstract: This study determined and analyzed the factors affecting prematurity and came up with an Information, Education and Communication (IEC) Guide. Specifically, it determined the profile of the respondents as to age, marital status, educational attainment, monthly family income, religion and residence; determinants of prematurity as to behavioral, psychosocial and physical; and the different classification of prematurity among newborn babies. It further determined the relationship of the profile of respondents and classification of prematurity as well as the determinants of prematurity and classification of prematurity.

The descriptive – correlation method of research was employed with 35 pregnant mothers who were chosen using the purposive sampling method. The respondents were confined at GRBASMH with ages 15-41 year old that experienced premature births with live or dead premature baby, caesarian or normal delivery from January 2011 – July 2011 from the urban and rural Barangays of Laoag City.

To gather the needed data, an interview schedule guide was prepared. Respondents were personally interviewed in their respective Barangays and at GRBASMH. The instrument was conducted by the researcher, validated by specialist in Obstetrics and Gynecology; nurses with major in Maternal and Child Nursing and the members of the panel. After which, it was pilot tested on 10 women respondents who delivered premature babies not included in the study. The validated instrument was also translated into the vernacular to ensure clearer understanding of its content. On the other hand, an Information Education and Communication (IEC) guide was developed, validated by two (2) specialists in Obstetrics and Gynecology, one respondent and a 25 year old woman.

Data gathered were tabulated and analyzed using frequencies and percentages, weighted average mean (WAM), Pearson-r
correlation and Chi-square Correlation Test (Transformed Data). In the tests of significance, the level of significance was set at the .05 probability level.

Results revealed that majority of the respondents belong to the age bracket (33-38; 39-44) which is considered as at risk for pregnancy. Also, majority is married and has attained college education although most of them have a family income of Php5, 000 – 9,999. Roman Catholic religion still dominates among other religious sect to which the respondents are affiliated. Most respondents reside in rural areas.

Most of the respondent’s had 9 prenatal visits and did not meet the ideal 10-13 visits to the health center or the doctor. Few of the respondents indulged themselves to smoking and drinking alcohol during occasions while majority were aware of proper nutrition during pregnancy. At the course of their pregnancy, they engaged themselves in strenuous physical activities like working more than eight hours per day, heavy housework more than three hour weekly, heavy lifting, travel/long trips and long hours of standing. Mother respondents never had sexual activities during the last trimester of pregnancy.

As to the level of response to various life situations, respondents were moderately affected with the death of a loved one and occupational or work stress and lightly affected with illness within the family, marital conflict, physical violence financial problem, unwanted pregnancy and loss of a job/job’s husband. Among the support system of the respondents, husband and parents give high support to pregnant women particularly to their financial, emotional, material and spiritual needs.

With regard to obstetrical history, most of the respondents experienced multiple pregnancies like having twins. Among the gestational conditions, most of them experienced preeclampsia/eclampsia. In addition, majority of the respondents had urinary tract infection and anemia.

Majority of the premature babies were born as late (34-36 weeks).

There is a significant relationship between prenatal check-up and classification of prematurity, nutrition and classification of prematurity and physical activity and classification of prematurity.

The information, Education and Communication (IEC) guide was developed to educate women of reproductive years on prematurity and its prevention.
Based on the findings and conclusions, it is recommended that Information, Education and Communication (IEC) Guide in the prevention of prematurity should be widely disseminated to different health care settings like hospitals, Rural Health Units, Barangay Health Centers, Clinics/Lying-In Clinics to be utilized by pregnant mothers however, specialists in OB-Gyne should still make emphasis on the importance of prenatal care to their clientele.