Pregnancy is an essentially healthy process that can have many normal variations. Each woman enters her pregnancy with unique past experiences that directly affect her ability to cope with the pregnancy and her potential to provide positive parenting **(Nelson, 1997).** Maternal mortality can be decreased either by preventing complications that may take place during pregnancy, or by making sure that these complications are dealt with effectively. In addition to certain problems which may appear during stages of pregnancy. Also, it is necessary to identify warning signs by the mother herself and to contact the health care services if they arise at anytime, day or night, and a proper action should be taken **(Jones, 1997).**

Warning signs during pregnancy are problems may appear during at any stage of pregnancy. The warning signs are the following , sever persistent headache , vaginal bleeding , chills and fever , sudden gush of fluid from the vagina , feeling with burning during urination sever swelling of ankles or fingers , decreased or absence of fetal movement , visuals disturbance ,sever abdominal pain , cramps and persistent vomiting **( Oneal , 1997)**. If a pregnant mother has the misbelief that her pregnancy is a process associated with disturbances that she should sustain in order to get her baby, or in other words, if she views that pregnancy-related complaints and disturbances are just “normal events” associated with the childbearing process, this would increase the maternal morbidity and mortality **(Ivanov and Flynn, 1999).**

      The International Conference on Population and Development (ICPD) held in Cairo in 1994 reiterated the need for appropriate health care services that will enable women to go safely through pregnancy and childbirth and produce a healthy infant **(Mondal, 1997).** So, this study was carried out to identify the attitude, practice and satisfaction of rural mothers concerning ANC and the main obstacles for non-utilization of ANC services. Improved prenatal care has dramatically reduced infant and maternal mortality. Detecting potential problems early lead to prompt assessment and treatment, which greatly improves the pregnancy's outcomes **(Burroughs, 1997).**

The goals of prenatal nursing care are to promote satisfaction of the mother and family withpregnancy and birth experience **(Perry, 2002)**.

The nurse who has an accurate understanding of all changes of pregnancy is most able to answer questions and provide information. The nurse should also be sensitive to religious, cultural and socioeconomic factors that may influence a family's response to pregnancy, as well as to the woman's expectations of the health care system. In addition, it is important in all situations for the nurse to remember that psychological adaptation of the pregnant women and her partner is important as the women's physical status **(Ladewig, 1998).**

One of the main responsibilities of the nurse, involved in care of the pregnant woman is to alert her to warning signs that may indicate potential complications of pregnancy. Also, the nurse has to teach her how to report such dangerous signals; the aim of antenatal screening is to detect the clinical signs early to avert her well-timed delivery.

**( Ortigosa 1996**) .The nurse use their expert abilities to recognize actual and potential problems . These problems may interferes with the health, well being of pregnant woman, the fetus and the child bearing family. The nurse teaches the woman and her family about the normal changes associated with pregnancy and ways to relieve anticipated discomforts **( Nolan and Hicks , 1996)**

**Justification of the study**

Many of pregnant women's view warning signs that occurred during pregnancy as normal events associated with childbearing process. So, this study was carried out to identify pregnant awareness toward warning signs as well as their utilization of health services for medical consultation.

**Aim of the study**

Aim of the study is to identify maternal awareness toward warning signs as well as their utilization of health services for medical consultation.

Subjects and methods

**Design:**

A descriptive study design used to obtain the woman's awareness regarding warning signs and their utilization of health services for medical consultation.

**Settingof the study:**

This study was implemented at the primary health centre in the Abomesalem village, Zagazeg District, Alshrakia Governorate, during the period from February 2003 to April 2004.

**Sampling:**

A simple random sampling technique was followed to include 200 rural pregnant women who had admitted to utilize health services for medical consultation.

**Sample Criteria:**

- prim para , pregnant in the 3rd trimester , age from 18- >35 years , different level of education , complaining with warning signs during pregnancy

**Tool of the study**:

An interview questionnaire was developed by the researchers to collect the data about:

1-Sociodemographic data such as; age, educational level, and occupation.

2- Women's knowledge regarding the items of antenatal care such as; normal changes during pregnancy, follow up visiting schedule, laboratory tests , nutrition and immunization .

3- Knowledge assessment: 14 items regarding the warning signs during pregnancy with scoring system, 1- correct answer (2), incorrect answer (1), wrong answer (0)

4- evaluation of pregnant women’s awareness was considered as agree for positive awareness, disagree for negative awareness, and don’t know as indifferent awareness.

5- Women's behaviour toward warning signs during pregnancy, including the utilization of health services.

**Operational Design:**

The study to complete must be passed through different phases: Firstly the preparatory phase, then the pilot study, and lastly the field work phase (procedure).

**Pilot study:**

A pilot study was conducted in February 2003 on 20 pregnant mothers to evaluate the

Efficiency and clarity of tools, tools were modified according to pilot study results and

helped in the estimation of the time needed to fill the forms**.** Mothers included in the

Pilot studies were excluded form the main sample.

**Procedure:**

The first three pregnant mother were admitted to the setting with previously mentioned criteria was chosen and assessed, the researcher was visited the study sitting three time per week from 9.00 am to 2 .00 pm, this was repeated till the sample size reached 200 pregnant mothers. The objective of the study was explained to each participant mother to gain their trust, and then their verbal consent was obtained. Each interviewing sheet was completed within 15 -20 minutes. The sample was obtained randomly by systematic technique from the registration book.

**Administration design:**

An approval from the dean of faculty of nursing and the director of health averse was obtained in order to conduct this study.

**Statistical analysis:**

All data collected was coded and entered on Microsoft Access database XP and analyzed with SPSS version 11.

**Ethical consideration**

The aim of the study was explained to all participants in the study before interviewing to gain their confidence and the trust. Verbal consent was obtained from all participants. Privacy was considered during interviewing for all participants, interviewing questioner sheet it's were preened after obtaining the data for statistics , the topic of this study did not touch the ethical, moral traditional and cultural and religious issue of all participants.

**Limitation of the study**

10 women refused to be interviewed due to long waiting time in the health unit because the physician not present at the morning, and they left there children at home with grandfather, they were replaced another 10 women.

**Results**

Table (1) reveals that the age between 20 - 35 is 74. %, while 16 % among the age less than 20 years. And the educational level is 47% had illiterate, Primary school is 16.5%, Preparatory school is 25%, Secondary, and University is 5 %. Occupation

The mothers were not working constituted 57 .5% while, 42.5 % working.