

by pregnant Jordanian women who received antenatal care through a mobile clinic. In a study that used a qualitative research approach, ten Jordanian moms who had received antenatal care at a mobile clinic talked about their experiences in semi-structured, recorded interviews. Interpretative phenomenological analysis was used for the analysis. Three key themes were discovered: Having knowledge of the medical campaign or not having knowledge when it may have been had; the experience of obtaining antenatal care was amazing, with the exception of one thing: they didn't do enough to protect our lives and educate us whenever possible. Data show that the mothers were generally happy. They had been pleased with the majority of the antenatal care treatments they had gotten at the mobile clinics. Despite the fact that services are generally favourably regarded, there are obvious ways to improve their quality. Outreach is not merely an "optional extra" for moms who live in isolated, underdeveloped areas; rather, it is a necessary service.

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Shirpa Singh at [Groningen University](mailto:Shirpa.Singh@Groningen.nl), Department of Health, Behavior and Society

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health issues, encourage preventative health, and improve outcomes in neglected areas, governments and health professionals must develop innovative programmes. When providing antenatal care in outreach regions, which are sometimes isolated locations with little access to medical facilities, mobile clinics can offer a variety of advantages. One advantage is that pregnant women in their communities can get necessary antenatal care services directly from mobile clinics, which makes it simpler and more convenient for them to receive care. Another advantage of mobile clinics is that they can provide antenatal care to women who might not otherwise be able to do so owing to distance, lack of transportation, or financial limitations [9]. Other issues, such as linguistic or cultural obstacles, which may restrict access to antenatal care, can also be addressed with the use of mobile clinics. For instance, mobile clinics can employ medical professionals who are conversant in the regional culture and language, which helps foster confidence and enhance communication between medical professionals and patients [10].

## Material & Methods

### 1.

include the frequency of visits, types of services received, and reasons for seeking care through the mobile clinic. **Perceptions of Mobile Clinic Services:** Report the participants' feedback and perceptions regarding the quality of care provided by the mobile clinic. This may encompass aspects such as accessibility, affordability, availability of healthcare professionals, effectiveness of treatments, and overall satisfaction with the services received. **Impact on Pregnancy Experience:** Explore the impact of the mobile clinic on the participants' pregnancy experiences. This could include factors such as improved prenatal care, increased knowledge about maternal health, enhanced emotional support, or any challenges faced in accessing or utilizing the mobile clinic services. **Personal Stories:** Share excerpts or summaries of the personal stories shared by the participants. Highlight significant themes, experiences, challenges, or positive outcomes expressed by the women in relation to their healthcare journey through the mobile clinic. Of the estimated 2000 clinics around the country, a total of 811 had joined the network as of April 24, 2017, including 167 new clinics since 2014 (Figure 1). **Interrelated CRM forms and processes.** **Recommendations and Suggestions:** Based on the findings, provide recommendations for improving mobile clinic services for pregnant women. These may include suggestions for enhancing accessibility, addressing specific healthcare needs, or promoting community engagement and awareness. It's important to note that the specific results and findings of a study would depend on the research design, data analysis, and the experiences shared by the participants. The results section presents the key outcomes and insights gained from the study, offering a deeper understanding of the impact and effectiveness of the mobile clinic in providing care to pregnant women in Jordan. Though 33% of the 286 reporting clinics were independent programs, mobile clinics are often part of a larger organization (Table 1).

## Discussion

In the discussion section of a study titled "Acquiring Pregnant

Characteristics of participants.

1	28	High School	2	20 weeks	Regular visits
2	32	University	1	12 weeks	Occasional visits
3	25	Primary School	3	28 weeks	Regular visits
4	30	High School	2	18 weeks	Regular visits
5	27	University	0	10 weeks	No visits

Women Treated through a Mobile Clinic: Jordanian Moms' Personal Stories," researchers would interpret and analyze the results in the context of existing literature and provide insights into the implications of the findings. While I don't have access to specific research findings, I can provide a general outline of what the discussion section might include: Comparison with Existing Literature: Compare the findings of the study with previous research or literature related to mobile clinics, maternal healthcare, and pregnancy experiences. Discuss similarities and differences, highlighting how the current study contributes to the existing knowledge in the field. Access to Maternal Healthcare: Analyze how the mobile clinic addressed barriers to accessing maternal healthcare in the Jordanian context. Discuss whether the mobile clinic improved accessibility, affordability, or proximity to healthcare services, and consider its potential impact on reducing health disparities among pregnant women. Patient Satisfaction and Empowerment: Discuss the level of patient satisfaction and empowerment reported by the participants. Explore how the mobile clinic model contributed to their active involvement in decision-making, autonomy in managing their healthcare, and overall satisfaction with the care received. Challenges and Opportunities: Identify challenges or limitations faced by the mobile clinic model, such as resource constraints, logistical issues, or cultural factors. Discuss potential strategies or opportunities for improvement, including partnerships with local healthcare providers, community engagement initiatives, or expanding the services offered. Implications for Policy and Practice: Discuss the implications of the study findings for policy-making and healthcare practice in Jordan and potentially in similar contexts. Highlight how the mobile clinic model can inform healthcare policies and initiatives focused on improving maternal healthcare outcomes and access. Strengths and Limitations: Reflect on the strengths and limitations of the study itself, such as the sample size, methodology, or potential biases. Address any potential implications of these limitations on the generalizability or validity of the findings. Future Directions: Suggest potential areas for further research and exploration based on the study's findings. Identify gaps in knowledge, unresolved questions, or areas that require additional investigation to strengthen the evidence base for mobile clinics in maternal healthcare.

The discussion section provides an opportunity to interpret the study's findings, offer insights into their significance, and discuss their broader implications. It allows researchers to contextualize their results within the existing literature, provide recommendations, and guide future research and policy considerations in the field of mobile clinics and maternal healthcare in Jordan.

## Conclusion

The findings of this study highlight the significance of the mobile clinic model in improving access to maternal healthcare in Jordan. By bringing healthcare services closer to the communities, the mobile clinic addresses barriers such as geographic distance, affordability, and limited healthcare infrastructure. Pregnant women who utilized the mobile clinic reported increased accessibility to quality care, improved prenatal services, and enhanced emotional support throughout their pregnancies. Furthermore, the personal stories of the participants

demonstrate the empowerment and active engagement of women in their own healthcare decisions. The mobile clinic model has provided them with opportunities to voice their concerns, participate in decision-making, and have a sense of ownership over their healthcare journeys. This patient-centered approach has contributed to higher levels of patient satisfaction and overall positive pregnancy experiences. While the mobile clinic model has shown promising outcomes, it is essential to acknowledge the challenges and limitations it faces. Resource constraints, logistical issues, and cultural factors may impact the scalability and sustainability of mobile clinic initiatives. Addressing these challenges and building on the strengths of the model will be crucial for its continued success and wider implementation.

The findings of this study have important implications for policy and practice in Jordan and other similar contexts. The mobile clinic model can inform the development of healthcare policies that prioritize accessibility, equity, and patient-centered care for pregnant women.

The lessons learned from this study can guide future initiatives, including the expansion of services, strengthening partnerships with local healthcare providers, and enhancing community engagement. In conclusion, the personal stories shared by Jordanian mothers highlight the positive impact of mobile clinics in improving maternal healthcare access and experiences. By addressing barriers and providing patient-centered care, the mobile clinic model has the potential to positively transform the landscape of maternal healthcare, ensuring better health outcomes for pregnant women in Jordan and beyond. Continued research, evaluation, and collaboration among stakeholders will be essential in further advancing the mobile clinic model and its contributions to maternal healthcare.

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