

Self-care Practices of Pregnant Women Regarding Early Pregnancy Minor Discomfort in Port Said City

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Abstract:

Background: Self-care practices is a process by which individuals and families use knowledge and beliefs, self-regulation skills and abilities, and social facilitation to achieve outcomes of health especially during pregnancy.

Aim: The aim of the present study is to identify pregnant women self-care practices in early pregnancy.

Subjects and Methods: The study was carried out at ante-natal clinics in fourteen primary health care centers representing the six districts in Port-Said city using a cross-sectional descriptive design. The study subjects consisted of 350 users of antenatal care services. An interview schedule was designed and utilized to collect the necessary data.

Results: The finding of the current study revealed that nearly all women lacked basic and essential information about antenatal care. Thus a lot of more than two thirds (68.0%) had a shower twice weekly, and 78.0% washed their breasts with soap and water, and 55.6% brushed their teeth with water only. Suitable clothes were used by only 53.4%, and 46.0% had insufficient hours for night sleep, while, 41.4% consumed adequate diet. However, almost all (77.4%) of the studied group had been immunized against tetanus during the current pregnancy. As for minor discomforts of pregnancy 58.6% had morning sickness and 37.1% endured constipation as well as insomnia 58.6% and heaviness of the breasts (38.0%). Traditional, harmful and harmless practices were utilized in coping with all discomforts of pregnancy.

Recommendations: Nurses must certainly be competed in counseling women that are pregnant about their needs and self-care management and encouraged to make use of information guide as an excellent educational tool in counseling them.

Conclusion: women were lacking essential and basic knowledge about physiological and psychological adaptation to pregnancy and consequently their self-care requisites and health deviations from normal and how to deal these discomforts.

Key words: Self-care practices, early Pregnancy, minor discomforts, pregnant women.

Date of Submission: 11-10-2019

Date of Acceptance: 26-10-2019

I. Introduction

Pregnancy is defined as a state of carrying a developing embryo or foetus within the feminine body. Pregnancy lasts for approximately nine months. It's bringing joy to the mother and family. This can turn into a tragedy where in actuality the woman suffers a catastrophic (William & Stöppler, 2012)¹. During the course of pregnancy' time there is changes occurring in a woman's body as a result of hormonal effect and adaptation to the gestational process (Jhon, 2012)². The anatomical and physiological changes so that they'll cope with the increased physical and metabolic demands of the pregnancies. The cardiovascular, respiratory, haematological, renal, gastrointestinal and endocrine systems undergo important physiological alterations and adaptations needed to allow the development of foetus and to prepare the mother and foetus for childbirth (Tan, 2013)³. Most pregnant women complain some degree of minor discomforts. These discomforts are not serious in themselves, but their presence decrease the mother's feeling of comfort and wellbeing (Amasha & Heeba, 2013)⁴.

Pregnancy-related minor discomforts refer to symptoms which are associated with pregnancy-related changes such discomforts are controlled by the pregnant woman's self-care (Shinkawa, Shimada, Hayase, Inui, 2009)⁶. The common pregnancy discomforts may be physiological (backache, leg cramps, oedema, constipation, fatigue, nausea and vomiting, sleep disturbance, heart burn, and increased urinary frequency), or

psychosocial (anxiousness, mood swing and lack of family support) (Kamysheva, Skouteris, Wertheim, Paxton, Milgrom, 2010)⁵.

Self-care is defined by Orem (1995)⁷ as behaviour that exists in concrete life situations directed by persons to self or to the environment to regulate factors that affect their own development and functioning in the interests of life, health and well-being. Self-care practices really are a key concept in the promotion that involves decisions and actions that an individual can decide to try cope with a health problem or to improve his or her health. Also, self-care practice in pregnant women can be split into two types: self-care behaviours for maintaining health and well-being, and self-care behaviours for the management of common or minor discomforts (Boonyaprapa, 2010)⁸.

Health-promotion behavior is a complex style of perception, self-initiated action or practice (Lin, Tsai, Chan, Chou, Lin, 2009)⁹. It is really a response to World Health Organization's (WHO's) goal of "health for all" (Kavlak et al., 2013)¹⁰. In accordance with Pender, health promoting lifestyle behaviors include nutrition, exercise, stress management, health responsibility, spiritual improvement, and interpersonal relations (Nazari, Farmani, Kaveh, Ghaem, 2016)¹¹.

During pregnancy, health-promoting behavior leads to a reduction in risk factors and an improvement of infant's health (Kavlak et al., 2013)¹⁰. Nowadays, the mortality of expectant mothers is one of the key indices of health in most countries. It has both direct and indirect impacts on pregnancy outcomes (Mahmoodi, Karimlou, Sajjadi, Dejman, Vameghi, 2013)¹².

Many people believe that because medicines are herbal (natural) or traditional they are safe (or carry no risk for harm); however, traditional medicines and practices can cause harmful, adverse reactions if the product or therapy is of poor quality, or it is taken inappropriately or in conjunction with other medicines (Ming, 2013)¹³. Therefore, quality antenatal care as an integral part of maternity care services should encompass all educational aspects of antenatal care concerning health information as well as health practices and attitudes.

At the same time the nurse plays an important role in improving the quality of antenatal care, which provides treatment and assessment ordered by the care provider. Nurses being in close contact with the pregnant women and their families have a greater chance for rendering the educational aspect of antenatal care; identify deviation from normal, providing information that encouraging safe health care practices and omitting or modifying unhealthy self-care practices. This will improve the outcome of pregnancy and minimize maternal and prenatal morbidity and mortality.

Significance of the study:

In Egypt women that are pregnant consider nausea, vomiting and headache as normal phenomena connected with pregnancy that did not need any medical consultations. Nurses must revise women self-care practices and its effect on their pregnancy. Nurses must initially ask each woman that are pregnant about concept and beliefs and utilization measures then given women appropriate advice to correct their miss concepts and beliefs (Polit & Beck, 2014)¹⁴. So this study was conducted aimed to identify women self-care practices and its effect on relieving more discomfort during early pregnancy.

II. Aim Of The Study

The aim of the present study is to identify pregnant women self-care practices in early pregnancy.

Research Objectives:

- a. Assess self-care practices to meet pregnant women's universal requisites.
- b. Explore self-care practices to meet pregnant women's health deviation requisites.

III. Material And Methods

Study Design:

A cross sectional (descriptive) design was utilized in this study to assess self-care practices utilized by the pregnant women.

Study setting:

The study was conducted at fourteen primary health care centers representing the six districts of Port Said city, namely: Port-Fouad first, Bank Elescan, Port-Fouad second, El Manakh first, El Kuwait, El Arab first, FatmaElzahraa, Omar EbnElkhatib, El Abouty, Osman EbnAfan, Mostafakamel, El Gawhara, El Arab child care and El Manakh child care.

Study subjects:

A random sampling technique was used to select the subjects for this study. Total numbers of 350 pregnant women attending the previous mentioned setting at the time of data collection and were fulfilling the criteria for inclusion as the following:

1. Women at reproductive age 19- 45 years.
2. Women should not be more than 20 week of gestation.
3. Women who had normal course of pregnancy, with no medical or obstetrical complications.
4. Women who had singleton baby.

Tools of data collection:

To collect data for this study a structured interviewing schedule was designed by researcher in English language to collect the necessary data. It consists of two parts:

Part I. This includes:

- a. Socio-demographic characteristics of the pregnant women such as: age, marital status, education, occupation, and family income.
- b. Reproductive history such as: spacing between pregnancy, duration of present pregnancy, gravidity, parity, number of abortion, number of living children, and last pregnancy complication.

Part II. Self-care assessment sheet (SCAS) including two sub-sections:

1. Self-care practices to meet pregnant women's universal requisites.
It comprised question related to women's self-care practices in relation to personal hygiene, teeth care, breast care, clothes and food, and fluid intake, rest and sleep, exercises, travel, drug administration, immunization, time of the initial visit and number of antenatal care visits.
2. Self-care practices to meet pregnant women's health deviation requisites.
It included women's self-care practices in relation to the relief of minor discomfort. Such as: nausea and vomiting, heartburn, constipation, backache, muscle cramp, leg edema, vaginal discharge, frequency of urination, and shortness of breath.

Scoring system: For each area of practice, the scores of the items were represented into number of frequency then converted into a percent score. The correct step done was scored one, while the incorrect one was given zero. The scores of the steps were summed up as:

- Unsatisfactory: if less 60%.
- Satisfactory: if 60% or more.

Validity and reliability:

Tools were reviewed by a panel of five experts in the field of Obstetrics and Gynecological Nursing to test its content validity; modifications were done accordingly based on their judgment. Reliability was done by Cronbach's Alpha Coefficient Test which revealed that each item of the utilized tools consisted relatively homogeneous items.

Ethical considerations:

An official letter from the Faculty of Nursing, Port Said University was directed to the responsible authorities to obtain their permission to conduct the study after explaining its purpose. The aim of the study was explained to every parturient women and an oral agreement for participation in the study was gained. Those who agreed to participate were assured about confidentiality, privacy and their right to leave the study at any time.

A pilot study:

A pilot study was carried out on 10% of the sample (who were excluded from the study sample) to ascertain the clarity and the applicability of the tools.

Field of the work:

The researcher attended the study setting one day weekly for each center from 9 a.m. to 1p.m. until the calculated sample size was obtained. The current study was done during the period from first May 2019 to end September 2019. The researcher introduced herself to every parturient woman, checked her legibility for the study and obtained her consent to participate in the study after explaining the aim. A number of 4-8 women were interviewed per day. Each interview lasted for about from 30-45 minutes. Clinical data of women were then categorized by the researcher, checked, and revised.

Statistical analysis:

Data entry and statistical analysis were performed using computer software, the statistical package for social sciences (SPSS), version 20. Suitable descriptive statistics were used such as; frequency, percentage,

median, range, mean and standard deviation. Continuous data were checked for normality by using Shapiro Walk test. For all the tests used, statistical significance was considered at p -value < 0.05 .

IV. Results

Table (1) shows the socio-demographic characteristics of the studied pregnant females. It reveals that the ages of women ranged from 15-43 years; with a mean of 25.1 ± 5.1 . Meanwhile, about half of the studied sample (48.7%) was a lot more than 15 to significantly less than 25 years and only 3.7% were between 35 to 45 years old. The most women (99.1%) were married and only 16.0% had a university education and 12.0% were illiterate. Moreover, the majority of the studied women (82%) were housewives and 50.6% reported that their monthly income wasn't enough.

Table (2) clarifies the distribution of women according to their obstetrical history. The table presents that significantly about one third of the sample (30.3%) had ≥ 2 pregnancies, and almost one fifth (26.3%) had no previous delivery. Meanwhile, 63.4% had significantly less than couple of years inter-pregnancy interval while 36.6% had a lot more than couple of years interval along with 34.0% had no living children. Moreover, many the studied women had no history abortion and peri-natal losses ((79.4% & 92.0% respectively).

Figure (1) displays self-care hygiene practices among the studied pregnant females. A substantial proportion (27.7%) of the research subjects was showering three or even more times weekly, while 68.9% of them did it twice weekly and only 3.4% had taken a shower once weekly. Meanwhile, more than half of the studied women (51.4%) reported which they wash their teeth with plain water, while, 55.6% did it twice a day. Nearly all women (78.0%) always washed their breasts using soap and water and 22.0% using water only. Furthermore, almost half of the studied women (51.7%) wore bra during pregnancy and partially an equal percentage (53.4%) wore cotton clothes, they felt that they're more comfortable.

Figure (2) illustrates self-care dietary habits practices on the list of studied pregnant females. It is clear that the more than half of the studied women (58.6%) received inadequate diet simply because they increase the number, especially the carbohydrates as opposed to looking for the caliber of diet. Meanwhile, less than one quarter (23.7%) of the study sample was drinking multiple liter fluid daily, and more than half (50.3%) drank about one liter of fluids per day.

Table (3) reveals self-care practices concerning rest and exercise one of the studied pregnant females. It's obvious that more than two thirds (71.1%) of the analysis subjects were taking rest within a day. Of the, about one half (53.1%) were sleeping for 4-7 hours during night. Meanwhile, the majority (84.3%) of women reported insufficient exercises during pregnancy, and only 15.7% were exercising by daily walking. Moreover, 89.3% of the subjects avoided traveling during pregnancy and 69.4% used the train for transportation.

According to **figure (3)** about more than one third (38.0%) of women reported that they certainly were receiving drugs during pregnancy. The most frequent was folic acid (44.4%), followed closely by vitamins (21.0%), and motelium (9.0%). A sizable proportion (77.4%) of the research subject has been immunized during pregnancy, while; only 22.6% did not get the immunization. Over fifty percent (52.3%) of them received their first antenatal visit initially month of pregnancy, while only 2.1% postponed the antenatal care until third month.

Table (4) demonstrates that the distribution of the studied women based on minor discomfort encountered during pregnancy. Slightly more than half (58.6%) of the study sample did have problems with nausea and vomiting and significantly more than two thirds (63.9%) eat dry food in morning. Yet 40.5% of these did avoid some foods or drinks and consumed prescribed drugs such as for instance anti-emetic. Based on the same table, slightly more than one third (37.1%) of the study sample did have problems with constipation. Meanwhile, more than half (57.7%) of the constipated women increase the intake of some foods (eat a lot of fruits and vegetables). Also, more than half of these (56.2%) increase the fluids such as for instance: cold milk and water and only 5.2% used traditional remedies. A group (16.2%) of these did adhere to regular time for defecation, while 3.8% consumed prescribed drugs as laxative. Moreover, almost three fourth (75.4%) of the study sample did have problems with vaginal discharge and significantly less than 50% of them (42.8%) use cotton underwear while, 70.2% of those that had vaginal discharge did perineum care and only 4.9% of these had consumed prescribed drugs. Less than one tenth (9.1%) use vaginal douches and 7.6% used traditional remedies. More than two thirds (68.9%) of the study sample had reported having frequency of urination and 28.6% decrease fluid intake specially acidic fluid, while 63.5% did frequent perineum wash by warm water. Finally more than one quarter of the studied sample (29.9%) frequently did bladder evacuation while only 1.2% of these using medications.

Table (1): Distribution of the Studied Women According to their Socio-demographic Characteristics

Personal characteristics	Studied females (n=350)	
	No.	%
Age (years)		
15-	170	48.6
25-	167	47.7
35-45	13	3.7
Min-Max	15-43	
Mean±SD	25.1±5.1	
Marital status		
Married	347	99.1
Divorced	2	0.6
Widow	1	0.3
Educational level of mother		
Illiterate	42	12.0
Primary/ Preparatory school	73	20.9
Secondary/technical school	179	51.1
University	56	16.0
Occupation		
Housewife	287	82.0
Worker	17	4.9
Employee	46	13.1
Monthly income		
Always not enough	177	50.6
Just enough	148	42.3
More than enough	25	7.1

Table (2): Obstetric History of the Studied Pregnant Females

Obstetric characteristics	Studied females (n=350)	
	No.	%
Number of pregnancies		
None	92	26.3
Once	106	30.3
Twice	110	31.4
Three or more	42	12.0
Spacing between pregnancies (years) [n=258]		
Less than 2 years	164	63.6
2 years or more	94	36.4
Number of abortions		
None	278	79.4
Once	67	19.2
Two or more	5	1.4
Number of deliveries		
None	122	34.9
One	106	30.3
Two	95	27.1
Three	25	7.1
Four or more	2	0.6
Number of living children		
None	119	34.0
One	108	30.9
Two	97	27.7
Three	25	7.1
Four or more	1	0.3
Number of peri-natal deaths		
None	322	92.0
One	26	7.4
Two	2	0.6

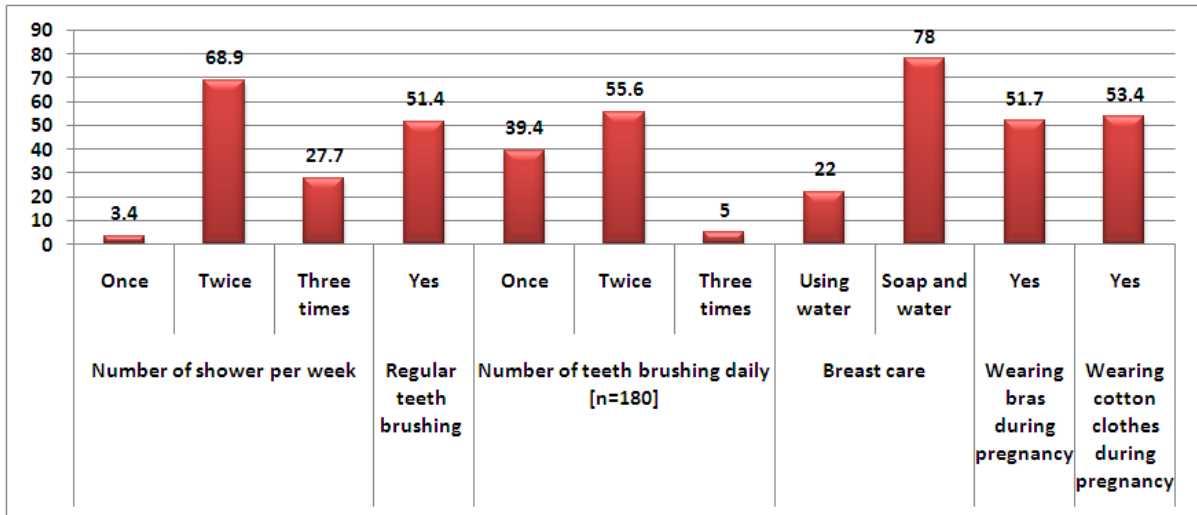


Figure (1): Self-care Hygiene Practices among the Studied Pregnant Females.

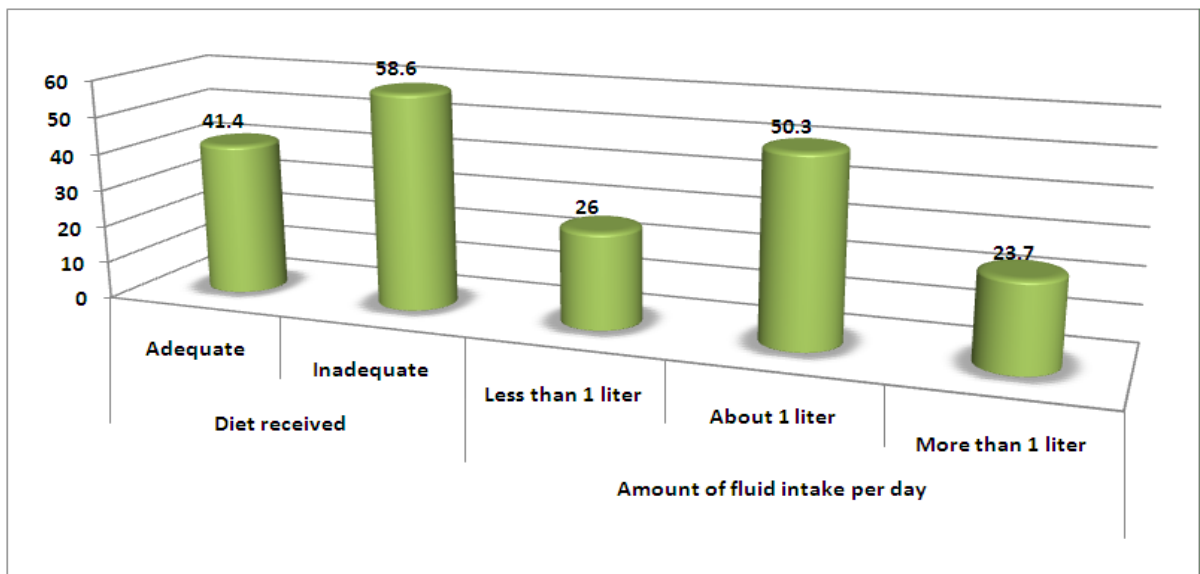
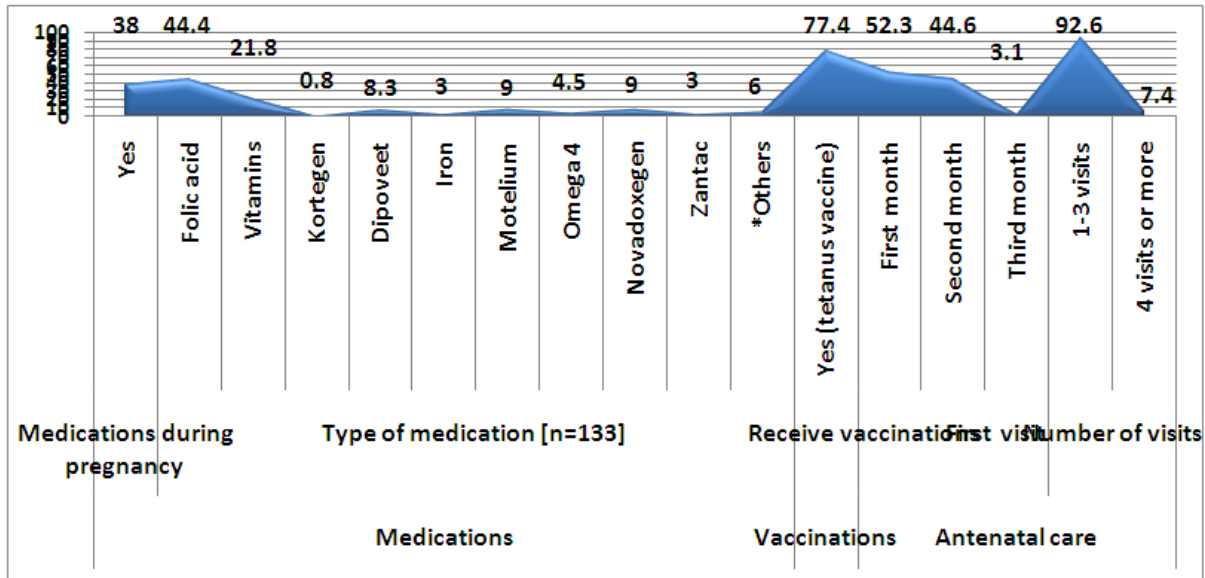


Figure (2): Self-care Dietary Habits Practices among the Studied Pregnant Females

Table (3): Self-care Practices about Rest and Exercise among the Studied Pregnant Females.

Self-care Related to Rest and Exercise	Studied females (n=350)	
	No.	%
Receive rest period during day		
Yes	249	71.1
Duration of day rest period (hours) [n=249]		
Min-Max	1-7	
Mean±SD	1.6±0.7	
Duration of night sleep (hours) [n=350]		
Min-Max	3-10	
Mean±SD	7.5±1.0	
Duration of total sleep (hours/day)		
4-<7	186	53.1
7-<10	161	46.0
10 or more	3	0.9
Practice exercise during pregnancy		
Yes (walking)	55	15.7
Prefer travel during pregnancy		
Yes	36	10.3
Preferred means of transportation [n=36]		
Train	25	69.4
Car	9	25.0
Airplane	2	5.6

Figure (3): Self-care Medical Practices among the Studied Pregnant Females.



*Others include zinc, Exedreen, Dolfasin, Sokrologet, Betrogestan, Baksical, Bambran

Table (4): Practices Related to Minor Discomfort during Pregnancy Symptoms among the Studied Pregnant Females.

Practices related to minor discomfort during early pregnancy	Studied females (n=350)	
	No.	%
Nausea and vomiting		
Yes	205	58.6
#Practices to overcome nausea and vomiting [n=205]		63.9
Eat dry meal	131	40.5
Avoid spicy food	83	23.9
Decrease tea/coffee	49	17.6
Eat frequent meals	36	2.9
Herbal remedies	6	21.5
Medications	44	
Constipation		37.1
Yes	130	
#Practices to overcome constipation [n=130]		
Eat plenty of fruits and vegetables	75	57.7
Drink water	73	56.2
Regular defecation	21	16.2
Traditional remedies	7	5.4
Medications	5	3.8
Vaginal discharge		75.4
Yes	264	
#Practices to overcome vaginal discharge [n=264]		42.8
Use cotton underwear	113	11.7
Use vaginal antiseptic suppositories	31	70.8
Wash genitalia from front to back	187	9.1
Use vaginal douches	24	7.6
Traditional remedies	20	4.9
Medications	13	
Frequent urination		68.9
Yes	241	
#Practices to overcome frequent urination [n=241]		28.6
Decrease fluid intake specially acidic fluids	69	29.9
Frequent bladder evacuation	72	63.5
Warm water in washing	153	7.5
Traditional remedies	18	1.2
Medications	3	

#Categories are not mutually exclusive

V. Discussion

The prenatal period is an occasion of physical and psychological preparation for birth and parenthood. Learning to be a parent is among the milestones of adult life, and therefore, it's an occasion of intense learning for both parents and those close to them. The prenatal period provides a distinctive opportunity for nurses and other members of the healthcare team to influence family health. During this period, essentially healthy women seek regular care and guidance. The nurse's health-promotion interventions make a difference the well-being of the woman, her unborn child, and the rest of her family for several years (**Lowdermilk, Perry, Cashion, 2014**)¹⁵.

The goal of prenatal care is to recognize existing risk factors and other deviations from normal in order to enhance pregnancy outcomes (**Kropp, Winhusen, Lewis, Hague, Somoza, 2010**)¹⁶. Major emphasis is positioned on preventive aspects of care, primarily to motivate the pregnant woman to apply optimal self-management and to report unusual changes early so as to minimize or prevent problems. In holistic care, nurses provide information and guidance about not just the physical changes, but also the psychosocial impact of pregnancy on the woman and members of her family. The goals of prenatal nursing care, therefore, are to foster a safe birth for the infant and to advertise satisfaction of the mother and family with pregnancy and the birth experience.

The basic data of the analysis subjects reveals the typical characteristics of the middle cluster women who participated in the study. Their socio-demographic data as well as their obstetrics, medical and surgical history wasn't unusual. However, data obtained through this study regarding self-care practices about early prenatal hygiene and its minor discomfort is going to be very helpful later on in designing and developing an educational program concerning the evidence based self-care practices in relation to women needs.

The current study revealed that over fifty percent of the studied subjects had a bath three or may be more times per week and the remainder did so twice a week. This doesn't seem to be a good practice, especially because the info was collected during summer time. Summer in Egypt is characterized by being hot and humid. Therefore, expectant mothers are expected to experience excessive sweating that is augmented by dusty surroundings. Therefore, women should shower one or more times daily to be able to enhance their hygiene and maintain good health. In this respect **Home (2016)**¹⁷ mentioned that during pregnancy the sebaceous (sweat) glands are highly active due to hormonal influences and women often perspire freely. Baths and warm showers are therapeutic simply because they relax tense and tired muscles, help counter insomnia, and make the pregnant woman feel fresh.

Meanwhile, significantly more than one-half of the analysis sample washed their teeth with plain water once or twice daily. This finding seem to be similar compared to that of **Marshman et al. (2016)**¹⁸ who've had done a study about dental care during pregnancy and had reported that his sample had look after their teeth twice a day. However, the specific situation is totally different in both studies. In the former one, the subject did wash their teeth with plain water as a routine while washing their mouths. But, in the latter one, they intentionally used toothpaste to brush their teeth, flossed their teeth and used an alcohol and sugar-free mouth rinse as a routine dental care. It's obvious that the former group's dental self-care practices are not adequate, especially since they never visited a dentist in their pregnancy for follow-up and checking.

Many evidence based researches on breast care emphasized that no soap must be applied on the nipples since it removes natural oils and hence excessive dryness is induced. Meanwhile, the breasts become heavier thought pregnancy, which stresses the necessity to wear larger bra with wide straps to balance the weight of the breasts (**Gad, 2018**)¹⁹. The existing study results revealed that more than three quarters of the studied women used soap and water for cleansing the breast and almost half wore exactly the same size of the bra. This finding may reflect insufficient information regarding the significance breast care and the preparation of breast-feeding during pregnancy.

Comfortable, loose cotton clothing is recommended. Women should avoid tight bras and belts, stretch pants, garters, tight-top knee socks, panty girdles, and other constrictive clothing because tight clothing over the perineum encourages vaginitis and miliaria (heat rash), and impaired circulation in the legs may cause varicosities (**Christensen & Kockrow, 2013**)²⁰. However, about half of study subject did so; this may be explained by the fact cotton clothes are generally more expensive or being unaware of the importance of clothing in pregnancy.

Good nutrition is essential for the maintenance of maternal health during pregnancy and the provision of adequate nutrients for embryonic and fetal development (**Marangoni et al., 2016**)²¹. Assessing a woman's nutritional status and providing home elevators nutrition are the main nurse's responsibilities in providing prenatal care. In the present results about half of the research sample did not consume daily meals with proper components, women strain on the quantity as opposed to the quality of diet. They consumed more carbohydrates and less protein, vegetables, and fruits. Therefore, they're expected to be deprived from some essential food elements such as for instance vitamins and minerals. That is in agreement with the research of **Nana & Zema (2018)**²² who mentioned that only 39.3% of the research participants had good dietary practices. This figure is

almost similar with study in Gondar town, northwest Ethiopia (**Iemayehu&Tesema, 2015**)²³ but slightly higher than study in GutoGida district, western Ethiopia (**Daba, Beyene, Fekadu, Garoma, 2013**)²⁴. The differences in dietary practices among studies, particularly modest improvement in dietary practices might be due to Ethiopian government happens to be promoting nutrition related interventions through health extension program, health facility nutrition services, community-based women development army program and active involvement of pregnant ladies in focused antenatal care along with in one-five network meeting at community level.

However, significantly more than two thirds of the study subjects were taking snakes per day as opposed to large meals. Similarly, **Hure, Young, Smith, Collins (2009)**²⁵ study in regards to the dietary practices during pregnancy in Australia had discovered that more than one third of the pregnant woman in his sample did eat small, irregular meals and followed a sample called snakes. The present study's finding in this respect-may be caused by the fact most subjects were having an average or low income. Therefore, their food choices were greatly influenced by their financial abilities. Consequently, they depended on small cheap snakes as opposed to regular relatively expensive meals. The dietary patterns may also be expected to be greatly influenced by the culturally imposed patterns, where old housewives stated that the women that are pregnant should eat whenever she feels as though eating rather than staying with big regular meals. Furthermore, they may keep from heaving regular big meals because of some minor discomforts or because of anxiety about bringing a regular baby resulting in difficult labor (**Hure et al., 2009**)²⁵.

Although more than one half the research sample had two hours rest throughout the day, yet half them did not have enough night sleep. That is in congruent with the finding of the **National Sleep Foundation (2008)**²⁶.Where they did a study in regards to the pattern of sleep during pregnancy and reported that about three-fourth of the study sample had disturbed sleeping pattern. On the other hand, the relevant literature recommends that the pregnant women should sleep eight hours per night and two hours each day to insure a stat of well-being (**Chang, Pien, Duntley, Macones, 2010**)²⁷.

Physical activity promotes an atmosphere of well-being in the pregnant woman. It improves circulation, promotes relaxation and rest, and counteracts boredom, since it does in the non-pregnant woman. Reveal exercise tips for pregnancy have now been cited by **Forbes, Fichera, Rogers, Sutton (2017)**²⁸, that help relieve the lower back pain that always arises during the second trimester because of the increased weight of the fetus. In the current study few women recognized these exercises.

Conversely, **Jean (2007)**²⁹ study in USA discovered that two thirds of his study sample did perform the recommended daily exercises during pregnancy. This discrepancy between these two finding may be attributed to the fact the latter sample were more educated and experienced in self-care practices during pregnancy. This really is expected because ante-natal educational class is an important element of antenatal services in USA.

Although research has revealed much recently about fetal drug toxicity the possible teratogenicity of numerous medications, both prescription and OTC, is still unknown. This truth is particularly so for new medications and combinations of drugs. Moreover, certain subclinical errors or deficiencies in intermediate metabolism in the fetus could cause a normally harmless drug to be became a hazardous one. The usage of all drugs, including OTC medications, herbs, and vitamins, must certainly be limited, and an archive must certainly be kept and discussed with the health care provider (**Lowdermilk et al., 2014**)¹⁵. However, today's result revealed that only significantly less than two fifths of women who noticed that this should not be permitted without prescription.

The tetanus immunization must certainly be giving twice in first pregnancy, after that after in each pregnancy. In the current study, a lot more than two three quarters of the analysis sample was appropriately immunized during pregnancy. This is in line with the consequence of **Hasnain& Sheikh (2007)**³⁰ study in Pakistan who has unearthed that great majority (87%) of this sample receives the appropriate immunization during pregnancy. Today's study's satisfactory self-care practice regarding tetanus immunization is definitely related to the truly amazing effort of the Egyptian Ministry of Health and Population (MOHP) in providing the immunization through several repeated campaigns. In addition to, the accessibility to tetanus vaccination in all antenatal clinics all over the governorates of Egypt and health teaching in regards to the importance of immunization for pregnant women and their baby through mass media in community.

Next to the universal self- care requisites in pregnancy, there's a health deviation that would be abnormal in the non-pregnant state. The discomforts of the very first trimester are fairly specific. The pregnant woman needs to have information about the physiology, prevention of and self-management for discomforts. Nurses may do much to allay a first-time mother's anxiety about such symptoms by telling her about them in advance (**Kazemi, Hajian, Ebrahimi-Mameghani, Khob, 2016**)³¹.

Nausea and vomiting or morning sickness is the absolute most commonly reported symptom of early pregnancy and it generally subsides by the start of second trimester (**Lee &Saha, 2011**)³². In the present study, almost half of the sample experienced nausea and vomiting. In the same line, **Einarson, Maltepe, Boskovic, Koren (2007)**³³ revealed that the occurrence of nausea and vomiting of early pregnancy is the most frequent medical condition of pregnancy, affecting around 80% of pregnant women with a degree. Eating dry food every

morning such as for example for instance; dry bread, toast and/ or dried fruits was probably the most frequent coping mechanism.

Again, the present study revealed that, about one fourth of those who had suffered from nausea and vomiting avoided taking spicy foods, fried foods, tea or caffeine. On the other hand, several women avoid taking breakfast and decreasing amount of meals/day or taking medications without physician prescription. These harmful practices indicate that health teaching and nutritional counseling are badly had a need to overcome such discomfort.

Constipation was also a common complaint among women in the present study. This finding was expected since pregnant women during early pregnancy experience nausea and vomiting so they are more likely to decrease their fluid and food intake to manage morning sickness. Similarly, **Trottier, Erebara, Bozzo, (2012)**³⁴ reported that, more than one half of the studied pregnant women were constipated. Many harmless practices were utilized by the studied women to relieve constipation such as; increasing the intake of fluids and fiber containing foods. They also drank cold milk at bed time. The aforementioned result was in line with the literature review which encourages women to habitually take a glass of warm milk at least two hours after dinner and before going to bed. Also, high fiber diet, increased fluid intake and practicing exercise are conservative measures to manage constipation (**Derbyshire, 2007**)³⁵. Yet, about one-fourth them did ignore the constipation and tried do nothing to relieve it. This finding may be interpreted by the fact that their constipation was mild and did not disturb them to the extent that needed intervention. However, this is unacceptable practice because ignored constipation could lead to hemorrhoids.

Vaginal discharge (leucorrhea) during pregnancy is normal. In today's study, most of pregnant woman with vaginal discharge had tried to handle it by frequent washing and caring of perineal area. This result is in accordance with those of **Chan, Winkle, Winkle (2006)**³⁶ study in USA who reported that three fourths of his study sample was making perineal care to decrease vaginal discharge beside other measures such as for instance local application of antibiotic ointment. Women, in today's study, also wore cotton under wear and avoided tight fitting nylon clothes that prevent absorption of discharges and cause multiplication of microorganisms and vaginal infection. This finding is regarded as an accepted self-care practice that reflects women's awareness about feminine hygiene. Yet, a minority of the study subject with vaginal discharge had tried to manage it by insertion of aspirin tablet into the vagina. This could be a harmful practice as aspirin may cause change in vaginal PH beside local irritation and inflammation (**Chan et al., 2006**)³⁶.

VI. Conclusion and Recommendations

Based on present study findings, it can be concluded that:

Nearly all women lack knowledge about their basic physiological and psychological needs during their early pregnancy and most women believed in traditional practices and tried to follow along with them both people that have and without reasons. Moreover, a sizable proportion was subjected to minor discomforts of early pregnancy such as for example; morning sickness, constipation, insomnia, frequency of micturition and leucorrhea. But, almost all tried to ignore them and waited because of their symptoms to disappear without taking medicines. When women became severely ill, they generally consulted a health professional as opposed to practicing self-medication. Traditional treatments or herbal medicines were mentioned to avoid and treat some symptoms. Experienced people especially mothers or mothers-in-law were the main sources of support.

Recommendations:

Based on the results of the current study, the following recommendations were suggested:

- 1) Ante-natal health education must look into the reinforcement, modification or abolishment of pregnant folk self-care practices according to their beneficial versus harmful effect
- 2) Mass media should reinforce messages written by health personnel about pregnancy and the significance of follow up visits.
- 3) Simple illustrative printed materials should really be designed by specialized personnel to generally meet pregnant women needs. This would be manufactured open to pregnant women at all antenatal clinics and maternal and child health centers.
- 4) Nurses should really be trained and encouraged to utilize information guide as an excellent educational tool in counseling pregnant women
- 5) Further researches are required to explore self-care practices among high-risk pregnant women.

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Azhar A. Mohamed Shehata. "Self-care Practices of Pregnant Women Regarding Early Pregnancy Minor Discomfort in Port Said City" .*IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no.05, 2019, pp. 75-85.