

Knowledge on Management of Selected Common Problems During Pregnancy among Antenatal Mothers Attending Antenatal OPD

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ABSTRACT

Pregnancy is a time of physical and hormonal changes and of emotional and psychological preparation for motherhood. The anatomical and physiological adaptations occurring throughout pregnancy affect virtually every body system. There are common problems that a woman might experience during pregnancy and because they are not threatening their life, are called minor disorder.

Objectives: To assess the level of knowledge on management of selected common problems during pregnancy among antenatal mothers. **Methodology:** Non-experimental descriptive research design was used. Non-probability convenience sampling technique was used to select 96 antenatal mothers attending antenatal OPD at VPIMS, Lucknow. Data were analyzed by using descriptive & inferential statistics. **Results:** The study revealed that majority of 70.8% antenatal mothers had moderate knowledge, 21.9% had inadequate knowledge and 7.3% had adequate knowledge. **Conclusion:** The study concluded that the antenatal mothers had moderate knowledge regarding common problems during pregnancy and information booklet was helpful to upgrade the knowledge of antenatal mothers.

KEYWORDS: Antenatal mothers, knowledge, management, common problems, pregnancy

INTRODUCTION

The anatomical and physiological adaptations occurring throughout pregnancy affect virtually every body system. The timing and intensity of the changes vary between systems but all are designed to support fetal growth and development and prepare the mother for birth and motherhood.³ These changes that the female body undergoes during pregnancy begin soon after fertilization and continue throughout gestation. Changes occur in response to physiological stimuli provided by the fetus and placenta. Which may be unpleasant as well as worrying, but these changes are usually normal. Common problems of pregnancy is considerably improved by offering a proper explanation and with simple treatment.⁴

Common problems are defined as the discomforts associated with the pregnancy such as nausea, vomiting, back pain, heartburn, constipation, leg cramps, and varicose vein etc. Most of them are not dangerous, just a normal part of pregnancy.¹ Every pregnancy is a unique experience for that woman and each pregnancy that the women experiences will be new and uniquely different. Davis (1996) has stated

that the majority of discomforts experienced during pregnancy can be related to either hormonal changes or the physical changes related to growing uterus. Pregnancy links mother and fetus together and is the basis for regenerating the generations. Most pregnancies end with the birth of a live baby to a healthy mother.²

Common problems of pregnancy may cause anxiety and reduce the quality of life of antenatal mother. Certainly, pregnant women those with psychological problems and heavy physical work were more likely to higher number of minor disorders of pregnancy. Professionals involved in the care of antenatal mothers have a role to offer advice and reassurance regarding nature of these symptoms. People have taken pleasure in using traditional beliefs and practices for a long time manage the common problems during pregnancy.⁵

An important nursing responsibility during the prenatal period is educating the client regarding the discomfort, that occur during pregnancy and the

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remedies to these will make them more comfortable. Another important aspect is counseling on the discomforts of pregnancy will help the pregnant women distinguish between a normal discomfort and a real problem in the pregnancy.⁴

NEED OF THE STUDY

Pregnancy is a very important, demanding phase for women and family. The adequate and proper information regarding management of ailments leads to healthy pregnancy outcomes and healthy baby. Lack of knowledge can lead to poor pregnancy outcomes. Inherent nature of women further makes the situation more challenging as females feels shy to ask and discuss about these ailments which can be managed efficiently.⁶

In India, women of the child bearing age (15-45 Years) constitute 19% and children less than 15 years of age about 40% the total population of about 1.27 billion in the year of 2014. In recent years maternal and child (MCH) services in India have been integrated into the basic health services with increased emphasis on risk approach in order to improve the maternal and child health. Every year around 27 million pregnancies take place in the country.⁵

WHO finds that the risk of death from pregnancy and child birth related causes are 1 out of 20 in developing countries compared to 1 out of 10,000 in developed countries. The ratio of mortality and morbidity is 1:15. According to report of Registrar General of India sample registration system (2007-2009), India has a MMR of 212 per 1, 00,000 live births.⁵

The worldwide incidence rate of minor ailments of pregnancy about 1,41,0000 women. About 50 million of women are affecting with common problems of pregnancy in India. Incidence rate of heart burn in the worldwide during pregnancy are at least 1/10 of general population.⁷

Female literacy rate in India is 39.42% while in male is 63.86%. Women are not aware of their fundamental rights. They are married in early stage. Their goal is to fulfill their husband's desire. Being married early they have no knowledge about progresses, the changes occurring during pregnancy and their remedial measures. In developing countries, once the girl reaches the age of puberty, the greatest threat to her in life is pregnancy and child birth. In India 30-50% of teenage girl are married. In Bangladesh, 90% of the girl are married before the age of 18 years and 33% are of the mother of two children before age of 19years.⁸

The women knowledge of common disorder of pregnancy and the recognition of when they become a medical disorder, it is vital. The main common problems are heart burn, constipation, nausea, vomiting, back pain, leg cramps etc. About 50% of women can be affected the minor ailment during pregnancy among antenatal mothers.⁷

National Institute for care and Health Excellence report in 2008 stated that minor discomforts are very common and reported by 50% - 80% of pregnant women. During 1st trimester, mostly nausea and vomiting, fatigue and frequency of micturition can be developed and most of these minor discomforts will be diminished during 2nd trimester. But heartburn, constipation, vaginal discharge and mild back pain can be observed commonly in 2nd trimester. Further, during 3rd trimester, common problems such as hemorrhoids, leg cramps, edema and varicosities can be developed.⁹

Nausea and vomiting are the commonest symptoms consistently experienced in early pregnancy. A survey has reported that nausea affects between 70% and 85% of pregnant women and vomiting affects approximately 50% of pregnant women. Nausea and vomiting occur in 50-75% of all pregnancies during the first trimester. Constipation during pregnancy has ranged from 9% to 39%. American Pregnancy Association in 2007 reported that 50% to 70% of all pregnant women may have back pain. In addition, heartburn is common during pregnancy and prevalence reaches up to 25% of pregnant women. According to American Society for Nutrition in 2011, Leg cramps have been reported up to 30% of pregnant women, most commonly in the second and third trimester.⁹

The high prevalence of these minor ailments has a major effect on productivity and profound impact on the lives of pregnant women and their families. WHO objectives by 2020 are to promote healthy lifestyle in all people and even in pregnant mothers. The minor discomforts of pregnancy would make difficulties for the health care provider as well as for pregnant woman herself. Successful management of these minor discomforts requires adequate knowledge on minor ailments and its self-management. It is important for the mother to gain the knowledge to equip her to cope with the experience of pregnancy and also gain specific knowledge, when she presents with a worrying symptom or discomforts.⁹

The maternity nurse is posed to a unique function of identifying and providing antenatal care that contributes to the maintenance of good health. Those who have a poor knowledge regarding minor disorders during pregnancy it is to be estimated that

most of the discomforts can be controlled through proper education.⁸

POPULATION AND SAMPLE

The population for the present study comprises antenatal mothers.

- **Target population-** In this study target population is antenatal mothers attending antenatal OPD at Vivekananda Polyclinic and Institute of Medical Sciences, Lucknow.
- **Accessible population-** In this study accessible population are antenatal mothers attending antenatal OPD at Vivekananda Polyclinic and Institute of Medical Sciences, Lucknow, who met the inclusion criteria.
- Sample for the present study comprises antenatal mothers attending antenatal OPD at Vivekananda Polyclinic and Institute of Medical Sciences.

Tools for the Data Collection

1. Screening Sheet
2. Subject Data Sheet
3. Structured Knowledge questionnaire

Description of Tool

1. Screening Sheet

Based on the objectives off the study screening sheet was prepared to identify the subject (Antenatal Mothers) for the inclusion/exclusion criteria. (Annexure-X)

2. Subject Data Sheet

To collect information about socio-demographic characteristics of subjects, subject data sheet was constructed. Extensive review of literature, guide's and expert's opinion provided foundation for the construction of tool. In subject data sheet one structured interview schedule was prepared or

antenatal mothers having 7 items related to socio-demographic data (Annexure XI)

3. Structured Knowledge questionnaire

Structured knowledge questionnaire was used to assess the knowledge level of antenatal mothers who were attending the antenatal OPD. The tool was developed by the researcher after doing extensive review of literature and expert's opinion.

Conceptual and Theoretical Framework Pender's Health Promotion Model 2008

The conceptual framework for the present study is based on **Pender's Health Promotion Model 2008**. The health promotion model proposed by **Nola J Pender** was designed to be Complementary counterpart to models of health protection. It defines health as a positive dynamic state not merely the absence of disease.¹⁰

Health promotion model has given healthcare a new direction. According to her, Health Promotion and Disease Prevention should be the primary focus in healthcare and when health promotion and prevention fail to prevent problems and then care in illness becomes the next priority. She defines two concepts: health promotion and protection.¹¹

Health promotion defined as behavior motivated by the desire to increase well-being and actualize human health potential. It is an approach to wellness. Health protection or illness prevention is described as behavior motivated desire to actively avoid illness, detect it early or maintain functioning within the constraints of illness.¹¹

The model focuses on the following three areas:

- Individual characteristics and experiences.
- Behavior specific knowledge and effect.
- Behavioral outcomes.

Result and discussion

Assessing the existing level of knowledge on management of selected common problems during pregnancy among antenatal mothers

Table no.1: Existing level of knowledge on management of selected common problems during pregnancy among antenatal mothers.

n=96			
SN	Level of knowledge	Frequency	Percentage
1	Inadequate knowledge (<50%) 0-14	21	21.9%
2	Moderate knowledge (50-73%)15-22	68	70.8%
3	Adequate knowledge (>73%)23-30	7	7.3%

Table no. 1 reveals that majority of antenatal mothers 70.8% were moderate knowledge, followed by 21.9% inadequate and 7.3% were adequate knowledge.

Table no.2: Mean and Standard Deviation level of knowledge on management of selected common problems during pregnancy among antenatal mothers with minimum and maximum scores.

n=96				
Groups	Mean	Standard Deviation	Minimum	Maximum
Level of Knowledge	17.21	3.62	8	26

The data represent in this table indicates that the Mean and Standard Deviation with minimum and maximum score on level of knowledge on selected common problems during pregnancy. The Mean knowledge score was 17.21, Standard Deviation was 3.62, Minimum score was 8 and Maximum score was 26.

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