

Minor disorder of pregnancy and its home management

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Abstract

Background: During pregnancy, the rapidly rising hormones such as estrogen, progesterone, and prolactin change the maternal body into a suitable environment for the fetus and may cause some symptoms in the mother called as minor disorders. Minor disorders are effectively managed at home. Therefore, it is important that a mother should possess an adequate knowledge of the common minor disorders and their management.

Objective: To find the effectiveness of a structured teaching program on the minor disorders for pregnancy and their home management.

Materials and Methods: A quasi-experimental study with a quantitative approach was undertaken to obtain an error-free result. A total of 100 antenatal mothers were consecutively recruited from a selected setting.

Result: Before the implementation of a planned teaching program, the antenatal mothers showed a poor knowledge of the common minor disorders (19.56 ± 12.73), whereas after the implementation, the knowledge significantly improved with the difference of 18.02 ± 0.742 revealing the effectiveness of the planned teaching program.

Conclusion: Teaching about minor disorders of pregnancy and its home management helps the mothers to manage their minor disorders at home itself and continue their pregnancy more comfortably and securely.

KEY WORDS: Antenatal mothers, home management, minor disorder, pregnancy

Introduction

Pregnancy is the most important happening in the life of a woman, which requires a unique care from the time of conception to the postnatal stage. Every pregnancy is a unique experience for the women, and, in each pregnancy, the experience of a woman will be adequately different.^[1]

Pregnant women experience common disorders such as nausea, vomiting, backache, leg cramps, and constipation. Moreover, pregnancy is a period of drastic change in the body

of women. These minor disorders are the signs that the body is naturally preparing itself for a new life.^[2]

Many minor problems of pregnancy can be managed at home. In general, the home treatment measures are everything that is required to get away with mild morning sickness or discomfort from heartburn or constipation. Home treatment measures exist even for sleep problems, hip pain, hemorrhoids, and fatigue. Mother may also show other common problems, such as cold or flu, which are not caused by pregnancy. Mothers can use home treatment for these illnesses.^[3]

The investigator in her own experience in the hospital and community found that the primigravida women showed a poor knowledge about minor disorders and their remedial measures. Many mothers revealed misconcepts and misbeliefs about taking home remedies for the minor disorders of pregnancy. Most of them ignored their health owing to lack of health awareness. So, the investigator felt that there was a need to give sufficient health education regarding minor disorders and their home management. Thus, this teaching

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will help the mothers to continue their pregnancy more comfortably and securely.

Materials and Methods

A quasi-experimental, with pre- and posttests and without control group, design and quantitative approach was selected to carry out the study. The study population comprised all antenatal mothers attending the outpatient department in a selected hospital. The sample size for the study was 100 antenatal mothers. Consecutive sampling technique was used for selecting the sample of the study. Semistructured interview method was used to collect the reliable data from the study participants. The tools used for the study were (1) structured demographic questionnaire (2) closed-ended questionnaire to assess the knowledge regarding minor disorders of pregnancy and their home management. Ethical committee permission was obtained from the concerned institutional authorities; moreover, prior informed consent was taken from the study participants. According to the data variability, different tests, that is, paired *t*-test, Mann–Whitney U test, independent *t*-test, and one-way ANOVA were used to analyze the study data.

Result

Table 1 shows that the majority (85%) of the mothers was aged between 21 and 25 years, and most (65%) of them were in the second trimester of pregnancy. Only 13% of the study participants possessed no formal education, while one-third (34%) of them were been graduated and above. Three-fourth (74%) of the mothers was residing in the rural area, and 80% of the mothers belonged to joint family. The majority (93%) was home makers and belonged to the Hindu (86%) religion. Nearly one-third (29%) of the participant's monthly income was below Rs. 3,000. Family members and friends (60%), followed by health-care personnel (36%) were the most common source of information to pregnant mothers regarding the minor disorders of pregnancy and their home management.

The mean posttest knowledge score (37.58 ± 2.93) regarding minor disorder and its home management was significantly higher than the mean pretest knowledge score (19.56 ± 6.68) at the level $P \leq 0.05$. Hence, it can be interpreted that the planned teaching program significantly improved the knowledge of the mothers regarding the minor disorders of pregnancy and their home management.

The overall knowledge score regarding the minor disorder of pregnancy and its home management was divided into 12 different areas based on the knowledge regarding the types of disorder [Figure 1]. The mean pre- and posttest knowledge scores on 12 different areas were separately compared using paired *t*-test. It shows that the mean posttest scores of all the 12 areas were significantly ($P < 0.001$) higher than that of the respective mean pretest knowledge score.

It can be interpreted that the awareness program was effective in the improvement of knowledge level of antenatal

mothers in all areas of minor disorder of pregnancy and its home management.

There was no significant statistical association found between the pretest knowledge scores of the antenatal mothers regarding the minor disorder of pregnancy and its home management when compared with age, educational status, period of gestation, occupation, type of family, monthly family income, religion, area of interest, and source of information. Hence, it can be interpreted that the pretest knowledge score of antenatal mothers was statistically not influenced by their demographic variables.

Table 1: Sociodemographic characteristics of the study participants

Sociodemographic characteristics	Frequency	Percentage
Age in years		
20–25	85	85
26–30	15	15
Educational status		
No formal education	13	13
Primary	21	21
Higher secondary	32	32
Graduate	28	28
Postgraduate	6	6
Period of gestation		
First trimester	35	35
Second trimester	65	65
Occupation		
Home maker	93	93
Working	7	7
Types of family		
Nuclear	17	17
Joint	83	83
Family income/month		
<3,000	29	29
3,001–5,000	27	27
5,001–7,000	26	26
7,001–9,000	18	18
Religion		
Hindu	86	86
Muslim	10	10
Sikh	4	4
Area of residence		
Urban	26	26
Rural	74	74
Source of information		
Media	4	4
Family members	60	60
Health-care personnel	36	36

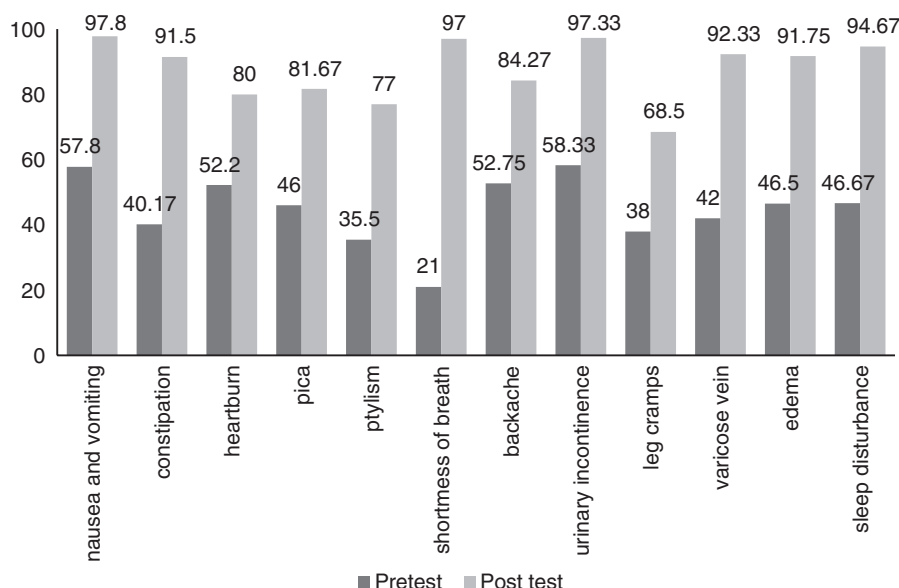


Figure 1: Bar diagram illustrates the comparison of domain-wise distribution of knowledge score.

Discussion

The study results show that the awareness program was effective in the improvement of knowledge level of antenatal mothers in all areas of minor disorder of pregnancy and its home management.

This result was supported by the study conducted by Chandra and Klein^[4] on the effectiveness of STP on the management and its prevention of minor disorder during pregnancy, the improvement of mean score was 49.7 with *t*-value 21.3, which shows that structured teaching program is effective in improving the knowledge.

This was also supported by the study conducted by Sreelekha that the majority of antenatal mothers showed a good knowledge and none of them revealed poor knowledge were found to be more than the values obtained in this study at 5% level of significance, which implies the effectiveness of teaching program.^[5]

It is contradictory to the study conducted by Brucker^[6], who reported in her study that 49% of mothers possessed inadequate knowledge on self-care management of minor disorders in pregnancy, 31% revealed moderate knowledge, and 10% possessed adequate knowledge.

It is contradictory to the study conducted by Mathole^[7], who reported that the knowledge status after implementation of the video-assisted teaching module regarding self-care management of minor disorders is nearly equal in all the age groups.

During the posttest, the highest mean score (31.2 ± 5.26), which is 61.17% of the total score, was obtained by the primigravida mothers who were private employees when compared

with the primigravida mothers who were housewives. It is supported by Ahlberg^[8], who observed that the overall self-care of minor discomforts in pregnancy was found to be poor in primigravida mothers who were housewives.

With regard to the type of family, the highest mean score (33.2 ± 5.26), which is 64.17% of the total score, was obtained by the primigravida mothers who belonged to the joint family when compared with the mothers from the nuclear family.

It is contradictory to the findings of Kenluck^[9] who observed that the nuclear families were more aware of self-care and, thus, took more amounts of healthy diet and changes in life style.

The study result shows that there was no significant statistical association found between the pretest knowledge scores of the antenatal mothers regarding minor disorder of pregnancy and its home management when compared with age, educational status, period of gestation, occupation, type of family, monthly family income, religion, area of interest, and source of information. This result was supported by Chandra and Klein,^[4] who stated in their study that there was no significant association found between the pretest knowledge scores of antenatal mothers and their background characteristics.

There are several limitations in the study that need to be acknowledged. The first is the small sample size that will affect the generalization of the study findings. The second is the sampling technique (nonprobability consecutive sampling technique) where there is more chance of sampling bias. The third is that researcher self-developed tools were used where there is question on the validity and reliability. The strength of the study was the selection of statistical test by the researcher based on the distribution of the data.

Conclusion

Educating the mothers about the minor disorders of pregnancy and their home management helps the mothers to manage their minor disorders at home itself and continue their pregnancy more comfortably and securely.

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