



A Review Article related to knowledge among antenatal women regarding minor ailments in pregnancy

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ABSTRACT: The literature review was conducted with the aim to review the knowledge among antenatal women regarding minor ailments in pregnancy. Minor ailments during pregnancy do not endanger the life of a woman but if left unattended can lead to serious complications. Studies on minor acute illness during pregnancy suggest that despite being non life threatening, the high prevalence of these conditions have a major effect on productivity and may have profound impact on the lives of pregnant women and their families. According to WHO 5,85,000 women die each year from pregnancy related causes, 99% of whom are from developing countries. Nausea and vomiting in pregnancy affects approximately 75% pregnancies. Constipation and heartburn are commonly gastrointestinal complaints during pregnancy. Constipation occurs in 11-38% of pregnant women[Vazquez 2008]. The findings of various studies revealed that majority of the pregnant women had average or inadequate knowledge regarding minor disorders of pregnancy and their management and most of them even require hospitalization to get the condition treated. Hence, awareness programme on management of minor ailments in pregnancy is a pre-requisite of ante-natal care. Also the surveillance of minor ailments during pregnancy is virtually nonexistent in developing countries. The lack of reliable data impedes proper assessment of the disease burden and is a barrier to effective planning of control and preventive activities. Thus, it is also concluded that studies related to management of minor ailments of pregnancy should be conducted on a wider scale so that these minor disorders could not be troublesome on a day-to-day basis. Nevertheless, these minor ailments should be considerably improved by offering a proper explanation and with simple treatments.

INTRODUCTION

“The life of mother is life of child. They are two blossoms of a single branch” (Karen Maezen Miller)

There is such a special sweetness in being able to participate in creation. (Pamela.S)

Pregnancy is a wonderful time in most women's life. Whether expected or unexpected there is certain amount of joy that comes out bringing a new life in the world. Pregnancy is a period where the mother tend to take care of herself so as to prepare herself for delivery. 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 symptoms (minor ailments).

The reproductive period of women begins at menarche and ends in menopause. It usually extends from 13 to 14 years and goes beyond 40 years. During pregnancy there is progressive anatomical, physiological and biochemical change not only to genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaptations to the increasing demands of growing fetus.¹ According to WHO, pregnancy is the state of carrying a developing embryo or fetus within the female body. It is conventionally divided into three trimesters, each roughly three months long. According to WHO more than 200 million women become pregnant, out of which 130 million bear children. The average length of pregnancy is 280 days or 40 weeks from the time of conception. During this time, women undergo many changes to accommodate the growing fetus. Women experience a variety of psychological and physiological symptoms such as nausea, vomiting, heartburn, increased micturation, constipation, backache, leg cramps, varicose veins, vaginal discharge, pica etc. These are termed as minor ailments or discomforts of pregnancy. Minor ailments during pregnancy do not endanger the life of a women but if left unattended can lead to serious complications.²

Minor ailments of pregnancy are a series of commonly experienced symptoms related to the effects of pregnancy hormones and the consequences of enlargement of the uterus as the fetus grows during pregnancy³. About half of pregnant women experience nausea, vomiting in the first trimester. This is also called morning sickness because symptoms are more severe in morning. It is caused due to high HCG (Human Chorionic Gonadotrophin) hormone.^{4,5} The women may start feeling nauseous somewhere around the sixth week of pregnancy. Morning sickness can range from a mild aversion to certain smells or foods, to persistent nausea to vomiting in severe cases. Morning sickness usually peaks between 8 weeks to 11 weeks and typically fades by the end of first trimester. However, some women can experience it well into second and even in third trimester.³ If vomiting is severe, causing a women to loose fluids and weight, it may be a sign of “hyperemesis gravidarum” that can lead to dehydration.^{4,5} Increased pressure from the gravid uterus on the rectum and intestines can interfere with digestion and subsequent bowel movements, which results in constipation. It may also be caused due to minimal physical exercise, relaxation of intestinal muscle, consumption of iron containing prenatal vitamins.

Heartburn and indigestion is caused by relaxation of esophageal sphincter, decreased frequency of stomach contraction making digestion sluggish and leading to acidity. Enlarged uterus can crowd the abdomen, pushing stomach acid upward leading to heartburn. If this condition is ignored, it may cause recurrent irritation and inflammation of esophagus and lead to ulcers.⁶ Frequency of urination is caused by increase in blood flow to kidneys by 50%.

Studies on minor acute illness during pregnancy suggests that despite being non life threatening, the high prevalence of these conditions has a major effect on productivity and may have profound impact on the lives of pregnant women and their families.⁷ Yet, surveillance of so called minor ailments during pregnancy is virtually non existent in developing countries. The lack of reliable data impedes proper assessment of the disease burden and is a barrier to effective planning of control and preventive activities.

LITERATURE REVIEW

Sharon Vincent, Sabitha Nayak and Shiney Paul (2015)⁸ conducted a study on knowledge of primi mothers on self management of minor discomforts of pregnancy with a view to develop information carried out in justice K.S Hedge charitable Hospital on 100 primigravida mothers by using purposive sampling technique. The findings of the study showed that 87% of the primi mothers were in the age group of 21 -30 years, 37% of the women had high school education, 70% of the subjects were Hindus, 77% belonged to joint families and 53% were in the gestational age group of 29-40 weeks .Most (59%) of the primigravida mothers had poor knowledge, 29% had average knowledge and 12% had good knowledge regarding minor discomforts of pregnancy and its self management.

Suneth Buddhika Agampodi ,Nuwan Dharshana Wickrenasinghe,Jennifer Hortan,Jhilini Chanchala,Agampodi(2013)⁹ conducted crosssectional study on 466 pregnant women with a gestational age more than 24 weeks at Anuradhapura district Sri Lanka .It was found that Nausea and vomiting during pregnancy was experienced by 325(69.7%) of the 466 pregnant women. Other symptoms were backache(32.6%),dizziness(24.0%) and heartburn(23.0%).Hospitalization were reported by 83(17.8%) pregnant women. The leading cause of hospitalization was nausea vomiting(43.1%)of total admission.

Mrs. Marie Rosy,(2014) ¹⁰ conducted a descriptive study on 100 antenatal mothers to assess the level of knowledge and practice regarding minor ailments of pregnancy and the incidence among antenatal mothers in Narasimma Raja Hospitals Kolar. It was found that 87% of antenatal mothers have inadequate level of knowledge and 65% have inadequate practice regarding minor ailments of pregnancy. The mean percentage of knowledge score is 49.2%. There is a significant association between knowledge of participants with occupation and income. The incidence and terms of relative frequency that is nausea and vomiting was 0.05, frequency of micturation and fatigue was 0.04.

Lata Gururani , Atul Kumar, Gomathi Mahalingam(2016)¹¹ conducted a quasi experimental study on 100 antenatal mothers at selected tertiary hospital uttrakhand to assess the effectiveness of structured teaching programme on the minor disorders of pregnancy and their home management. It was found that the majority (85%) of the mothers were aged between 21 -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 graduate and above. Three fourth (74%)of mothers were residing in the rural area and 80% of the mothers belonged to joint family. The majority (93%)were homemakers and belonged to hindu (86%)religion. Nearly one third (29%)of the participants monthly income was below rupees 3,000.The mean pre test knowledge score (19.5+-6.68) regarding minor disorders and home management was significantly lower than the mean post test knowledge score (37.58±2.93),which significantly improved with the difference of (18.02+-0.742), revealing the importance of planned teaching programme.

Alageswari and Manju Bala Dash (2018)¹² conducted a study on assessment of knowledge and expressed practice regarding self management of minor ailments among antenatal mothers at Rajiv Gandhi Government Women and Children Hospital ,Pondicherry. The study revealed that majority (62%)of antenatal mothers had moderately adequate knowledge, whereas 38% of mothers had poor knowledge on minor ailments .The data represented that frequency of urination is commonly prevalent in maximum number (31%) in first trimester and 53% in third trimester. On the other hand majority of mothers (41%) had nausea, vomiting extended upto second trimester, similarly backache(32%) and ankle edema (27%) in third trimester and only 4%subjects suffer from haemorrhoids. From the chi square value, gravid alone had significant association ($p>0.05$) with the knowledge of antenatal mothers on minor ailments, remaining all variables (age ,religion, residence, type of family)show non significant association($p,0.05$).

Sarada Karnati and Vanaja Kumari B(2015)¹³ conducted a cross sectional study to assess the knowledge regarding home management of minor ailments in pregnancy among 30 pregnant women in Venkatachalam at Nellore Andhra Pradesh. It was revealed that with regard to level of knowledge on home management of minor ailments among pregnant women ,8(26.67%) had good knowledge, 10(33.33%) had average knowledge and 12(40%) had poor knowledge. Therefore educational programme needs to be organized to improve the knowledge of pregnant women.

VerginiaDSouza,Preethi,Priyanka,Ranjana,Rushali,Seena,,shalu,shweta,sunita,swetha,,Zirsanglia ni(2019) ¹⁴ conducted a descriptive study on 60 antenatal women to assess the knowledge on minor ailments of pregnancy among primi mothers at selected hospital Hanavar uttar kannada Karnataka.It was found that 35% of respondents had inadequate knowledge ($\leq 50\%$),60% had moderate knowledge(51-75%)and 5% of them had adequate knowledge ($>75\%$).The mean percentage of knowledge scores was 57.5%.There is significant association between knowledge of minor ailments during pregnancy with their demographic variables(age ,group, religion, education, family income).

Sreelakshmi L, Blessy Lali Chacko,SeethuUdayan,Anjaly N,Nisha S.Kurup,Linda Varghese(2015)¹⁵ conducted a descriptive study on 60 antenatal mothers to assess the prevalence of minor ailments of pregnancy and related knowledge among antenatal mothers attending obstetrics and gynaecology OPD,AIMS ,Kochi. It was revealed that the most common minor ailments were frequency of micturation (80%),Nausea and Vomitting(80%)

Ms.Amandeep Kaur,Ms Gagandeep(2017)¹⁶ conducted a descriptive study to assess the knowledge and expressed practices regarding self management of minor ailments among 100 antenatal mothers at selected Hospitals of district Patiala,Punjab .It was revealed that different minor ailments are prevalent among antenatal mothers with regard to their gestational age. Among all minor ailments nausea /vomiting is commonly prevalent in maximum number(37%)in first trimester. Similarly almost all equal number of antenatal mothers (34%)had constipation in first trimester. Likewise leg cramps (22%) and heartburn(14%) among antenatal women usually occur in First trimester. On the other hand ,majority of mothers (30%)had backache in second trimester and only 4%subjects suffered from haemorrhoids. It was also depicted that majority(76%)of antenatal mothers had average knowledge ,22% had poor knowledge and a very few(2%) had good knowledge regarding minor ailments of pregnancy and their home remedies.

CONCLUSION

Minor disorders may occur due to hormonal changes, metabolic changes and postural changes. Every system of the body is affected by pregnancy. Women who become pregnant for the first time confront with symptoms that would be considered abnormal in the non pregnant state. These discomforts are fairly specific to each trimester of pregnancy such as nausea and vomiting, constipation, heartburn and micturation. Often these minor ailments associated with pregnancy can cause discomfort. These discomforts can be overcome by making small adjustments to the life style, thereby ensuring healthy and comfortable pregnancy. According to WHO 5,85,000 women die each year from pregnancy related causes, 99%of whom are from developing countries.¹¹Nausea and vomiting in pregnancy affects approximately 75% pregnancies. Constipation and heartburn are commonly gastrointestinal complaints during pregnancy. Constipation occurs in 11-38% of pregnant women[Vazquez 2008]. Pregnancy is considered as a normal physiological process during the reproductive age, but stands for morbidity and mortality of the mother and child if not cared properly during pregnancy.

In India ,more than one lakh women die annually for reasons related to pregnancy [*Eapen Nita*].Yet surveillance of so called minor ailments during pregnancy is virtually non existent in developing countries. The lack of

reliable data impedes proper assessment of the disease burden and is a barrier to effective planning of control and preventive activities.⁹ Hence the investigator felt the need to carefully identify and synthesize relevant literature related to minor ailments of pregnancy to evaluate the research question and thereby provide readers with a state-of-the-art understanding of the research topic. The findings of various studies revealed that majority of the pregnant women had average or inadequate knowledge regarding minor disorders of pregnancy and their management and most of them even required hospitalization to get the condition treated. Hence, awareness programme on management of minor ailments in pregnancy is a pre-requisite of ante-natal care. It is also concluded that studies related to management of minor ailments of pregnancy should be conducted on a wider scale so that these minor disorders could not be troublesome on a day-to-day basis. Nevertheless, these minor ailments should be considerably improved by offering a proper explanation and with simple treatments.

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