

SELF CARE PRACTICES UTILIZED BY PREGNANT WOMEN IN EARLY PREGNANCY IN MANSOURA CITY

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ABSTRACT

Objectives: 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 6 health centers ,and 2 hospitals affiliated to the different available health organization in Mansoura 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 the majority of women lacked basic and essential knowledge about antenatal care. Thus more than two thirds (68.0%) had a bath 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, the majority (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% suffered from constipation as well as insomnia 58.6% and heaviness of the breasts (38.0%). Both traditional, harmful and harmless practices were used in coping with these discomforts.

Recommendations: Nurses should be trained in counseling pregnant women about their needs and self care management and encouraged to use information guide as a good 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 cope these discomforts.

Key words: *Self Care Practices • Early Pregnancy .*

INTRODUCTION

Pregnancy is a normal life event that involves considerable physical and psychological adjustments for the mother. A pregnancy is prescribed within specific time frames. A trimester is a division of pregnancy into three equal parts of 13 weeks each. With each time frame or trimester, numerous adaptations take place that facilitate the growth of the fetus. The most obvious are physical changes to accommodate the growing fetus. However, pregnant women also undergo psychological changes as they prepare for parenthood (*Lowdermilk, 2006*).

The first trimester of pregnancy is not easy for any woman, being pregnant requires having extra amount of energy, patience, and endurance for this most demanding of human female experiences. Extra care must be taken in caring for one's self, which includes the following; diet and making the environment as conducive as possible for a healthy pregnancy. In early pregnancy the pregnant women must utilize self care practices to improve the lifestyles for the maintenance of good health to mother and her baby such as exercise, physical activity, nutritional requirements, lifestyle considerations, ceasing smoking and drinking alcohol, vaccinations, and hygiene in early pregnancy (*Nigenda et al., 2003*).

Self-care is defined by several authors, including the WHO, as a broad concept. Self-care is the individual behaviour to manage activities for maintaining life, health, and well-being. "Self" is viewed as the individual taking responsibility for the totality of their health including physical, psychological, and spiritual needs and "Care" as the individual behaviour to maintain life and to develop in a normal way (*Cavanagh, 2001*).

Self-care practice in early pregnancy can be divided into two types: Self-care behaviors for maintenance of health and well-being and self-care behaviors for the management of common or minor discomfort.

Self-care behaviors in pregnant women may depend upon the information given during antenatal care. The clinical practice guidelines, in some countries such as; the United States, Australia and Canada implemented 11% of routine antenatal care have introduced pregnancy education to new mothers (*Haertsch, Campbell & Sanson-Fisher, 2000*). The role of maternal education is an important factor to encourage women to use maternal and child health services

in United States, such as the use of tetanus toxoid inoculations, prenatal care, and assistance from formal sources during delivery (*Raghupathy, 2004*). Most women spend some time with health care professionals during pregnancy. Responsibility for women's self-care behaviors in pregnancy can, however, be affected by health care professionals, family, friends, and their social network (*Hart, 2004*).

Concerning *Self-care behaviors for management of minor discomfort*, during pregnancy, most women experience symptoms such as; vaginal itching, morning sickness, headaches, and frequency of micturition (*Nigenda et al., 2003*). Taking medicines to solve these problems is of much concern because some medicines affect fetal development. Some groups of women only used vitamin and mineral supplements, while about 25% of pregnant women used over-the-counter drugs such as analgesics, and hormones (*Hawking et al., 1998*). Herbal medicines were used by 96% of pregnant women in Canada. Fifty percent of pregnant women relieved nausea and/or vomiting by using herbal remedies such as ginger, peppermint, and cannabis. They reported that all three herbs affected their symptoms to a moderate level (*Westfall, 2004*). Gingival health was the major oral health problem. 30% of Danish pregnant women had one or more gingival problems such as inflammation, bleeding gums, (*Christensen, & Petersen, 2003*).

AIM OF STUDY:

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

SUBJECT AND METHODS:

A cross sectional (descriptive) design was utilized in this study to assess self-care practices utilized by the pregnant women. The study was conducted at 6 MCH and 2 hospitals affiliated to the different available health organization in Mansoura city :- **Maternal and Child Health Centers (MCH)** :Meet Saseel , Elgwaber , ELetehad , EL Gafra , EL Kordey, and Meet Moraga, **Monsoura Governorate Hospital:** Meatsaseel hospital and Elgamalia hospital .The subjects consisted of all women attending the aforementioned study setting. Any of these women, was eligible for inclusion in the study sample according to the following criteria: women at reproductive age (19- 45 years), women should not be more than 20 week of gestation, women who had normal course of pregnancy, with no medical or obstetrical complications, and women who had singleton baby . A random sampling technique was followed for all the attendants of chosen setting, until 350 pregnant women were recruited for

this study that happened to attend these settings at the time of data collection and were fulfilling the criteria for inclusion.

A structured interviewing schedule was designed, tested for validity and reliability and utilized by researcher to collect the necessary data. It entailed 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 three 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.

Content Validity:

After the tool had been designed, it was tested for its validity and reliability. Then the pilot study was carried out on 10% of the sample in the study setting that were excluded from the study sample. The purposes of the pilot study were to test the applicability and clarify the feasibility of the study tools and it served to estimate the time needed to complete the tools. It also helped to find out any obstacles and problems that might interfere with data collection, based on findings of the pilot study, certain modification of the tools were done. Subjects included in the pilot study were excluded from the study subjects. Following this pilot study, the process of data collection was performed.

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 more than 15 to less than 25 years and only 3.7% were between 35 to 45 years old. The majority of women (99.1%) were married and only 16.0% had a university education and 12.0% were illiterate. Moreover, most of the studied women (82%) were housewives and 50.6% reported that their monthly income was not enough.

Table 2 shows the distribution of women according to their obstetrical history. The table indicates that less than one third of the sample (30.3%) had ≥ 2 pregnancies, and almost one fifth (26.3%) had no previous delivery. Meanwhile, 63.4% had less than two years inter-pregnancy interval while 36.6% had more than two years interval as well as 34.0% had no living children. Moreover, the majority of the studied women had no history abortion and peri-natal losses ((79.4% & 92.0% respectively).

Table 3 shows self care hygiene practices among the studied pregnant females. A substantial proportion (27.7%) of the study subjects was showering three or more times per week, while 68.9% of them did it twice a week and only 3.4% had taken a shower once weekly. Meanwhile, more than half of the studied women (51.4%) reported that they wash their teeth with plain water, while, 55.6% did it twice a day. The majority of 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 are more comfortable.

Table 4 shows self-care dietary habits practices among the studied pregnant females. It is clear that most of the studied women (58.6%) received inadequate diet because they increase the quantity, especially the carbohydrates rather than looking for the quality of diet. Meanwhile, more than one fifth (23.7%) of the study sample was drinking more than one liter fluid per day, and more than one half (50.3%) drank about one liter of fluids per day.

Table 5 reveals self care practices concerning rest and exercise among the studied pregnant females. It is obvious that more than two thirds (71.1%) of the study subjects were taking rest during a day. Of those, about one half (53.1%) were sleeping for 4-7 hours during night. Meanwhile, the majority (84.3%) of women reported lack of 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 **table 6** more than one third (38.0%) of women reported that they were receiving drugs during pregnancy. The most common was folic acid (44.4%), followed by vitamins (21.0%), and motielium (9.0%). A sizable proportion (77.4%) of the study subject has been immunized during pregnancy, while; only 22.6% did not receive the immunization. More than half (52.3%) of them received their first antenatal visit at first month of pregnancy, while only 2.1% postponed the antenatal care until third month .

Table 7 shows distribution of the studied women according to minor discomfort encountered during pregnancy. Slightly more than half (58.6%) of the study sample did suffer from nausea and vomiting and less than two thirds (63.9%) eat dry food in morning .Yet 40.5% of them did avoid some foods or drinks and consumed prescribed drugs such as anti-emetic. According to the same table, slightly more than one third (37.1%) of the study sample did suffer from constipation. Meanwhile, more than half (57.7%) of the constipated women increase the intake of some foods (eat plenty of fruits and vegetables). Also, more than half of them (56.2%) increase the fluids such as: cold milk and water and only 5.2% used traditional remedies. A minority (16.2%) of them did stick to regular time for defecation, while 3.8% consumed prescribed drugs as laxative. Moreover, almost three fourth (75.4%) of the study sample did suffer from vaginal discharge and less than half of them (42.8%) use cotton underwear while, 70.2% of those who had vaginal discharge did perineum care and only 4.9% of them 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 fourth of the studied sample (29.9%) frequently did bladder evacuation while only 1.2% of them using medication.

Table (1): Distribution of the Studied Women According to their Socio-demographic Characteristics (n=350)

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

Table 3: Self Care Hygiene Practices among the Studied Pregnant Females.

Self Care Hygiene Practices	Studied females (n=350)	
	No.	%
Number of shower per week		
Once	12	3.4
Twice	241	68.9
Three times	97	27.7
Regular teeth brushing		
Yes	180	51.4
Number of teeth brushing daily [n=180]		
Once	71	39.4
Twice	100	55.6
Three times	9	5.0
Breast care		
Using water	77	22.0
Soap and water	273	78.0
Wearing bras during pregnancy		
Yes	181	51.7
Wearing cotton clothes during pregnancy		
Yes	187	53.4

Table (4): Self Care Dietary Habits Practices among the Studied Pregnant Females.

Self care Dietary Habits Practices	Studied females (n=350)	
	No.	%
Diet received		
Adequate	145	41.4
Inadequate	205	58.6
Amount of fluid intake per day		
Less than 1 liter	91	26.0
About 1 liter	176	50.3
More than 1 liter	83	23.7

Table (5): 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 Mean±SD	1-7 1.6±0.7	
Duration of night sleep (hours) [n=350] Min-Max Mean±SD	3-10 7.5±1.0	
Duration of total sleep (hours/day) 4-<7 7-<10 10 or more	186 161 3	53.1 46.0 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 Car Airplane	25 9 2	69.4 25.0 5.6

Table (6): Self Care Medical Practices among the Studied Pregnant Females

Self Care Medical Practices	Studied females (n=350)	
	No.	%
Medications		
Receive medications during pregnancy		
Yes	133	38.0
#Type of medication [n=133]		
Folic acid	59	44.4
Vitamins	29	21.8
Kortegen	1	0.8
Dipoveet	11	8.3
Iron	4	3.0
Motelium	12	9.0
Omega 4	6	4.5
Novadoxegen	12	9.0
Zantac	4	3.0
*Others	8	6.0
Vaccinations		
Receive vaccinations		
Yes (tetanus vaccine)	271	77.4
Antenatal care		
Timing of first antenatal care visit		
First month	183	52.3
Second month	156	44.6
Third month	11	3.1
Number of antenatal care visits		
1-3 visits	324	92.6
4 visits or more	26	7.4

#Categories are not mutually exclusive

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

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Table (7): Practices Related to Minor Discomfort During Pregnancy Symptoms among the Studied Pregnant Females

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

#Categories are not mutually exclusive

DISCUSSION

The prenatal period is a time of physical and psychological preparation for birth and parenthood. Becoming a parent is one of the milestones of adult life, and as such, it is a time of intense learning for both parents and those close to them. The prenatal period provides a unique opportunity for nurses and other members of the health care team to influence family health. During this period, essentially healthy women seek regular care and guidance. The nurse's health-promotion interventions can affect the well-being of the woman, her unborn child, and the rest of her family for many years (*Studd, 2006*).

The purpose of prenatal care is to identify existing risk factors and other deviations from normal in order to enhance pregnancy outcomes (*Johnson, Gregory, Niebyl, 2007*). Major emphasis is placed on preventive aspects of care, primarily to motivate the pregnant woman to practice 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 only 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 promote satisfaction of the mother and family with pregnancy and the birth experience.

The basic data of the study subjects reveals the general characteristics of the middle cluster women who participated in the study. Their socio-demographic data as well as their obstetrics, medical and surgical history was not unusual. However, data obtained through this study regarding self-care practices about early prenatal hygiene and its minor discomfort will be very useful later on in designing and developing an educational program about the evidence based self-care practices based upon women needs.

The present study revealed that more than half of the studied subjects had a bath three or more times a week and the rest did so twice a week. This does not seem to be a good practice, especially because the data was collected during summer time. Summer in Egypt is characterized by being hot and humid. Therefore, pregnant women are expected to experience excessive sweating that is augmented by dusty surroundings. Therefore, women should shower at least once daily in order to enhance their hygiene and maintain good health. In this respect *Studd & Galotti (2002)* mentioned that during pregnancy the sebaceous (sweat) glands are highly active because of hormonal influences and women often perspire freely. Baths and warm showers are therapeutic because they relax tense and tired muscles, help counter insomnia, and make the pregnant woman feel fresh.

Meanwhile, more than one-half of the study sample washed their teeth with plain water once or twice daily. This finding seem to be similar to that of *Lacey (2007)* who have had done a study about dental care during pregnancy and had reported that his sample had care for their teeth twice a day. However, the situation is completely different in the two 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 tooth past to brush their teeth, flossed their teeth and used an alcohol and sugar-free mouth rinse as a routine dental care. It is obvious that the former group's dental self-care practices are not adequate, especially because they never visited a dentist during their pregnancy for follow-up and checking.

Many evidence based researches on breast care emphasized that no soap should be applied on the nipples because it removes natural oils and hence excessive dryness is induced. Meanwhile, the breasts become heavier thought pregnancy, which stresses the need to wear larger bra with wide straps to balance the weight of the breasts (*Keep, 2007*). The current study results revealed that more than three quarters of the studied women used soap and water for cleansing the breast and almost half wore the same size of the bra. This finding may reflect lack of information about the importance 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 can cause varicosities (*Genny, 2007*). However, almost half of study subject did so; this may be explained by the fact that cotton clothes are usually more expensive or being unaware of the importance of clothing in pregnancy.

Good nutrition is important for the maintenance of maternal health during pregnancy and the provision of adequate nutrients for embryonic and fetal development (*American Dietetic Association [ADA], 2008*). Assessing a woman's nutritional status and providing information on nutrition are part of the nurse's responsibilities in providing prenatal care. In the present results almost half of the study sample did not consume daily meals with proper components, women stress on the quantity rather than the quality of diet. They consumed more carbohydrates and less protein, vegetables, and fruits. Therefore, they are expected to be deprived from some essential food elements such as vitamins and minerals. This is in agreement with the study of *Rashed (2001)* about dietary habits of pregnant women in Monsora. She reported that her sample lacked both the knowledge as well as the proper practice in choosing the components of their meals. In the same line, *El-Shazli (1989)* study

in Sudan reported that his sample did restrict their food intake during their pregnancies to avoid the minor discomforts and for fear of having large fetus leading to difficult labor.

However, more than two thirds of the study subjects were taking snakes per day rather than large meals. Similarly, *Samuelson (2004)* study about the dietary practices during pregnancy in U S A had found that more than one third of the pregnant woman in his sample did eat small, irregular meals and followed a pattern called snakes. The present study's finding in this respect-may be attributed to the fact that most subjects were having a moderate or low income. Therefore, their food choices were greatly influenced by their financial abilities. Consequently, they depended on small cheap snakes rather than regular relatively expensive meals. The dietary patterns are also expected to be greatly influenced by the culturally imposed patterns, where old housewives stated that the pregnant women should eat whenever she feels like eating instead of sticking to big regular meals. Furthermore, they may refrain from heaving regular big meals because of some minor discomforts or because of fear of bringing a regular baby leading to difficult labor (*Davis, 2004; Sharer, 2004*).

Although more than one half of the study sample had two hours rest during the day, yet half of them did not have enough night sleep. This is in congruent with the finding of the *National Sleep Foundation (1998)*. Where they did a study about the pattern of sleep during pregnancy and reported that about three-fourth of their 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 per day to insure a stat of well-being (*Safer, 2007*).

Physical activity promotes a feeling of well-being in the pregnant woman. It improves circulation, promotes relaxation and rest, and counteracts boredom, as it does in the non pregnant woman. A detailed exercise tips for pregnancy have been cited by the American College of Obstetricians and Gynecologists (*ACOG, 2002*), that help relieve the low back pain that often arises during the second trimester because of the increased weight of the fetus. In the present study few women recognized these exercises.

Conversely, *Jean (2007)* study in USA found 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 that the latter sample were more educated and knowledgeable about self-care practices during pregnancy. This is expected because ante-natal educational class is an important component of antenatal services in USA.

Although research has revealed much in recent years about fetal drug toxicity the possible teratogenicity of many medications, both prescription and OTC, is still unknown. This fact is

especially true for new medications and combinations of drugs. Moreover, certain subclinical errors or deficiencies in intermediate metabolism in the fetus may cause an otherwise harmless drug to be converted into a hazardous one. The use of all drugs, including OTC medications, herbs, and vitamins, should be limited, and a record should be kept and discussed with the health care provider (*Macones, 2006*). However, the present result revealed that only less than two fifths of women who pointed out that this should not be permitted without prescription.

The tetanus immunization should be giving twice in first pregnancy, after that once in each pregnancy. In the present study, more than two three quarters of the study sample was appropriately immunized during pregnancy. This is consistent with the result of *Green Wood (2003)* study in London who has found that more than eighty percent of this sample receive the appropriate immunization during pregnancy (*Wood & Studd, 2006*). The present study's satisfactory self-care practice regarding tetanus immunization is definitely attributed to the great effort of the Egyptian Ministry of Health and Population (MOHP) in providing the immunization through several repeated campaigns. In addition to, the availability of tetanus vaccination in all antenatal clinics all over the governorates of Egypt and health teaching about the importance of immunization for pregnant women and their baby through mass media in community.

Beside the universal self-care requisites in pregnancy, there is a health deviation that would be abnormal in the non-pregnant state. The discomforts of the first trimester are fairly specific. The pregnant woman should have information about the physiology, prevention of and self-management for discomforts. Nurses can do much to allay a first-time mother's anxiety about such symptoms by telling her about them in advance (*Mandour, 2005*).

Nausea and vomiting or morning sickness is the most commonly reported symptom of early pregnancy and it generally subsides by the beginning of second trimester (*Schilling, 2004*). In the present study, almost half of the sample suffered from nausea and vomiting. In the same line, *Mandour (2005)* revealed that the occurrence of nausea and vomiting during early pregnancy is a common complaint among women in Tanta-Egypt. Eating dry food in the morning such as; dry bread, toast and/ or dried fruits was the most common coping mechanism. This finding is similar to *Wills (2005)* study in Australia who found that more than one half of his sample did manage their nausea and vomiting during pregnancy by eating dry foods such as dry biscuits or toast before rising.

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, a group of women avoid taking breakfast and decreasing number of meals/day or taking medications without physician prescription. These harmful practices indicate that health teaching and nutritional counseling are badly needed 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, *Mandour (2005)* 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 (*Owen, 2005*). 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 the present study, most of pregnant woman with vaginal discharge had tried to manage it by frequent washing and caring of perineal area. This result is in line with those of *Guise (2001)* 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 local application of antibiotic ointment. Women, in the present 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 considered to be an accepted self-care practice that reflects women's awareness about feminine hygiene. Yet, a minority of the study subject with vaginal discharge had tired to mangle it by insertion of aspirin tablet into the vagina. This could be a harmful practice as aspirin can cause change in vaginal PH beside local irritation and inflammation (*Guise, 2001*).

CONCLUSION:

Based on study findings, it can be concluded that:

The majority of 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 them both those with and without reasons. Moreover, a sizable proportion was exposed to minor discomforts of early pregnancy such as; morning sickness, constipation, insomnia, frequency of micturition and leucorrhea. But, the majority tried to ignore them and waited for their symptoms to disappear without taking medicines. When women became severely ill, they usually consulted a health professional rather than practising self-medication. Traditional treatments or herbal medicines were mentioned to prevent and treat some symptoms. Experienced people especially mothers or mothers-in-law were the most important sources of support.

RECOMMENDATIONS:

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

- Ante-natal health education should consider the reinforcement, modification or abolishment of pregnant folk self-care practices according to their beneficial versus harmful effect
- Mass media should reinforce messages given by health personnel about pregnancy and the importance of follow up visits.
- Simple illustrative printed materials should be designed by specialized personnel to meet pregnant women needs. This should be made available to pregnant women at all antenatal clinics and maternal and child health centers.
- Nurses should be trained and encouraged to use information guide as a good educational tool in counseling pregnant women
- Further researches are needed to explore self-care practices among high-risk pregnant women.

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ممارسات العناية الذاتية لدى السيدات الحوامل في الفترة المبكرة من الحمل بمدينة المنصورة

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الخلاصة

العناية الذاتية للسيدات الحوامل تعني أن السيدات الحوامل تكون قادرة على تلبية احتياجاتهن ومتطلباتهن بطريقة جيدة للمحافظة على صحتهن وصحة الجنين والهدف من هذا البحث معرفة كيفية ممارسة الرعاية الذاتية للسيدات الحوامل في الفترة المبكرة من الحمل وقد استخدمت دراسة وصفية لهذا البحث وأخذت العينة بطريقه عشوائية من ست مراكز صحية واثان عيادة خارجية بمستشفيات مدنية المنصورة وعدد العينة (350) حاله وقد استخدمت استمارة استبيان لجمع المعلومات من خلال مقابلة للسيدات الحوامل وقد أظهرت النتائج أنه حوالي 68 % يقمن بالاستحمام مرتين في الأسبوع وحوالي 78% من العينة يغسلن الثدي بالماء والصابون فقط وحوالي 55% يغسلن الأسنان مرتين في اليوم وحوالي (53%) يلبسن الملابس المناسبة أثناء الحمل وحوالي (41%) من العينة يتناولن الغذاء المناسب أثناء الحمل وحوالي (77%) يأخذن التطعيمات أثناء الحمل وحوالي (58.6) يحدث لهن قيء أثناء الصباح و(37%) يحدث لهن أسماك و(58%) يحدث لهن أرق أثناء النوم و حوالي (38%) يحدث ثقل في الثديين. وخلصت الدراسة إلي أن بعض السيدات عندهن نقص في المعلومات الأساسية والفسولوجية والنفسية عن الحمل وكيفية التكيف معه ومن التوصيات يجب تدريب الممرضات على إعطاء السيدات الحوامل المعلومات الكافية عن تقديم العناية الذاتية لهن أثناء الحمل .

الكلمات الإسترشادية : ممارسات العناية الذاتية ، الفترة المبكرة من الحمل.