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Self-care Behaviors Of Primigravida And Multigravida Women's Concerning Minor Discomforts Management During Pregnancy : A Comparative Study

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By

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﴿اللَّهُ يَعْلَمُ مَا تَحْمِلُ كُلُّ أُنثَىٰ وَمَا تَغِيضُ الْأَرْحَامُ وَمَا تَزْدَادُ وَكُلُّ شَيْءٍ عِندَهُ بِمِقْدَارٍ ۝ عَالِمُ الْغَيْبِ وَالشَّهَادَةِ الْكَبِيرُ الْمُتَعَالِ ۝﴾

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Dedication

In the name of Allah , the most merciful, the most compassionate. i begin by thanking the almighty Allah for the many blessings that he blessed me with them. to the one who has been sent as a mercy, guide, and teacher to the world … the noble prophet Mohammad ; peace and best prayers be upon him and his pure and virtuous offspring to my family, this research carries with it your great and continuous efforts in supporting and encouraging me to achieve this great achievement colleagues, and friends, right persons in my life ...i present you this humble work.

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Abstract

Background: Pregnancy is a unique experience that alters every aspect of a person's social, psychological, and physical life. It is best to adjust to healthy changes in behavior during pregnancy, Pregnant women benefit from self-care and self-management of minor discomforts during the prenatal period; therefore, women's self-management behaviors are essential for protecting their health .

Objective: This study aimed to assessment primigravida and multigravida women's self-care behavior to management of minor discomfort during pregnancy , to compare multigravida and primigravida women's concerning self-care behavior to management minor discomfort , to find out the Association between primigravida and multigravida women with their reproductive and demographic characteristics

Method: A quantitative descriptive study (comparative study) was conducted to assess self-care behaviors of pregnant woman The study started from 25th septemper 2023 – 19Th June 2024

Non probability (purposive sample) of (350) pregnant woman's , Setting of this study was conducted in primary health care centers located in holy Karbala city , the questionnaire's design was divided into three sections

Result : according to the findings indicated the majority of sample have moderate level of self-care behavior 81.1% (M±SD= 203.49±28.786), physiological health , while more than half 61.4% of pregnant women (M±SD= 56.12±11.313) psychological health, and half of them with spiritual health, 55.7% (M±SD= 31.79±5.779).

There is a statistically significant correlation between the level of education "p .001, occupation ,. "p 002, additionally family type of pregnant women "p 004, and their of self-care behaviors.

Conclusion: The study concluded assessment of self-care behaviors about management of minor discomforts during pregnancy among women show moderate level .

Recommendations: extensive health educational program should be implemented to for all pregnant women's about minor discomforts & its correct self-care behavior intended for increasing their awareness through using social media, health booklets, posters., and primary health care centers staff .

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List of Abbreviations

Abbreviation	Meaning
Assess	Assessment
ADL	Activities of Daily living
BMI	Body Mass Index
BCFs	Basic conditioning factors
B-HCG	
BMC	Business model canvas
BMI	Body mass index
BRT	Benison relaxation technique
CO	Cardiac output
DVT	Deep vein thrombosis
GFR	Glomerular filtration rate
LBP	Low back pain
MMR	Measles ، mumps and rubella
MUI	Mixed urinary incontinence
NVP	Nausea and vomiting pregnancy.
NICE	National Institute for Care and Health Excellence
PHCSs	Primary Health care Sectors
PPD	postpartum depression
PFDs	Pelvic floor disorders
PC	Pubo - coccygeous
PGB	Pelvic girdle pain
P-Value	Probability Value
QOL	Quality of life
RBC	Red blood cell
SUI	Stress urinary incontinence
SPSS	Statistical Package for Social Sciences
UI	Urinary incontinence
UUI	Urgency urinary incontinence
US	United States
USA	United States of America
WHO	World Health Organization

Symbol Table

Symbol	Meaning
%	Percentage
=	Equal to
&	And
-	Minus
±	Minus/plus
>	More than
et al	And other
R	Reliability Coefficient
r_{pb}	Point Biserial Correlation Coefficient
r_S	Spearman Correlation Coefficient
S	Significant
N	Number of Samples
NS	Non-significant
Fig	Figure
H.S	High Significant
H0	Null Hypothesis
H1	Alternative Hypothesis
Sig	Significance
F	Frequency

Chapter one

Introduction

1.1. Introduction

A woman's first pregnancy is a unique time in her life that is marked by quick changes in her physiology, psychology, and social interactions due to the effects of hormones and her body's adaptation to the gestational process (Rai et al., 2020).

Although pregnant women may experience additional obstacles to altering their habits and increased motivation to improve their food and physical activity levels, little is known about the variables that impact these areas at this special time (Eldousoky et al., 2023).

Pregnancy-related physiological, biochemical, and anatomical changes are important because many of the typical pregnancy-related discomforts have their roots in the hormonal changes that occur during this time or in the physical changes that accompany the gravid uterus (Medforth et al., 2017).

The daily changes that a pregnant woman's body goes through can occasionally be upsetting and intolerable, but they are rarely cause for concern because pregnant women can effectively manage these minor discomforts with the right health education and easy at-home remedies (Sonwane, 2020) .

The essential adjustment during pregnancy may cause psychological, social, and behavioral difficulties in certain women, (Olutola & Adejuwon, 2021).

Most pregnant rely on nurses for reliable information and compassionate counsel. Health care providers should consider both mild discomforts and self-care habits that might alleviate them while providing appropriate treatment (Nguyen et al., 2022).

The effects of the hormones progesterone and estrogen take precedence over these modifications (Khalil, 2019). When it comes to providing proactive guidance that encourages women to take responsibility for their own self-care, nurses can be extremely important in dispelling myths and providing accurate information. The ability to recognize

environmental, cultural, social, behavioral, and lifestyle hazards during pregnancy and to propose solutions to these problems is an essential skill for pregnant women to acquire (Fatthy et al., 2021).

Pregnant women should take care of their physical and mental health because the growing fetus depends entirely on the mother for all aspects of growth and development. This will ensure that the pregnancy develops (Devkate et al., 2022).

Pregnant women with high preconception al Body Mass Index (BMI) are more likely to experience nausea and vomiting. Morning sickness is the most prevalent minor ailment, most likely brought on by a shift in hormone levels (Bagherzadeh et al., 2021)

Taking care of oneself throughout pregnancy helps alleviate some of the worries and concerns that come with wanting to have a healthy pregnancy that is safe for pregnant, baby, and the family as a whole (Hassan et al., 2020).

50–80% of pregnant women have nausea and vomiting throughout the first and early stages of the second trimester of pregnancy, also known as early pregnancy (NVP). Symptoms should go away after the 16–20 week period. NVP can be classified as either moderate emesis gravidarum or hyper emesis gravidarum, the latter of which necessitates admission to the hospital. Although the precise cause is unknown, several risk factors include gastrointestinal dysmotility, serotonin, immune system dysregulation, thyroid dysfunction, progesterone and estrogen, serotonin, and elevated leptin levels (Ayoub & Awed, 2018).

A bland, low-fat, low-fiber diet is best for women with NVP. This includes foods like breads, crackers, cereals, eggs, lean meat, peanut butter, fruits, and vegetables. They should also avoid foods with strong protein other alternative treatments (Aziz & Maqsood., 2016).

The uterine counter is increased during pregnancy, which causes the abdominal muscles to weaken and stretch. Additionally, low back pain starts as a result of posture abnormalities including pelvic anteversion and

increased lumbar lordosis brought on by gravity. These changes increase the strain on the lumbar spine and sacroiliac ligaments. Pregnancy-related low back pain is rarely treated (Khalil, 2019).

The best ways to lessen low back pain are to perform pelvic tilt exercises, which improve the muscles' ability to adapt to the large mass of the abdomen and preserve proper posture throughout pregnancy (Nooman et al., 2023).

Women may take care of themselves without medication by eating more roughage, drinking enough of water (six to eight glasses per day), making sure to have regular bowel movements, using relaxation methods (deep breathing, for example), and exercising moderately (Ayoub & Awed, 2018).

One of the most typical symptoms of pregnancy is constipation. This may arise from a variety of factors, such as altered dietary habits, decreased physical activity, and hormonal changes that impact the digestive system during pregnancy (Truong et al., 2017).

As a burning feeling in the neck and upper digestive system, heartburn is a common gastrointestinal ailment. More than two-thirds of pregnant women experience it, making it one of the most prevalent gastrointestinal symptoms that can arise at any point during the pregnancy (Ruth et al., 2019).

Changing patterns of self-care among women If your symptoms are minimal, changing your lifestyle may help. Many people advise women who suffer from heartburn to chew gum, eat smaller meals, not eat at night, sleep with their head propped up, and stay away from foods and medications that trigger the condition (Ayoub & Awed, 2018). Hormonal and mechanical changes that occur during pregnancy may accompany insomnia. Up to 90% of expectant mothers say they have trouble sleeping. (Mohamed and Ahmed, 2021).

some women experience severe sleep disturbances during pregnancy. Some solutions to this problem include changing one's sleeping

conditions, establishing regular waking and sleep periods, reducing one's intake of coffee and passive smoking, learning relaxation methods, getting a massage, applying heat to one's lower back to ease discomfort, and reducing one's fluid intake in the evening (Jafaru., 2022).

Virtually all women will have leucorrhea at some time in their life. When dealing with leucorrhoea, it's important to maintain proper cleanliness, avoid touching the affected area, use perineal pads as needed, and inform your primary healthcare physician if you notice any changes in color, character, or smell (Ayoub & Awed, 2018).

Leg cramps can be prevented or at least lessened by following a number of self-care behavior tips. These include: avoiding prolonged standing or sitting with crossed legs; attempting to stretch the calf muscles several times before bed; rotating the ankles and wriggling the toes whenever one sits down; lying on one's left side to improve circulation to and from the legs; and keeping the sheets and blankets loose at the foot of the bed to prevent toes and feet from pointing downward during sleep. attempting to unwind your muscles with a warm bath before bed; drinking water frequently to stay hydrated during the day; eating a balanced diet; taking supplements of calcium and magnesium; and Regarding vitamins C and D, the same is true (Ibrahim et al., 2023).

Due to the bladder is compressed by the expanding uterus during the first trimester, urinary frequency or incontinence is common. This is another typical complaint in the third trimester, particularly as the head of the fetus begins to bury itself in the pelvis. But as the uterus separates from the bladder region and becomes an abdominal organ in the second trimester, the pain usually gets better. The pregnant self-care behavior involves limiting their intake of caffeinated beverages and cutting back on fluids two to three hours before bed. Although increased urination is common, urge the pregnant to report any discomfort or burning that they experience (Yuksel & Bayrakci, 2019). Additionally, mention how elevated frequency of urination could decrease once during the second trimester

before returning in the third. Instruct the client in the daily use of pelvic floor muscle training exercises, often referred to as Kegel exercises, to increase perineal muscle tone and so decrease the likelihood of incontinence and improve urine control. This will increase support of the uterus, bladder, small intestine, and rectum (Webster et al., 2020).

Even if they get their usual amount of sleep at night, all pregnant clients experience fatigue, especially in the first and third trimesters (the second trimester is usually when they have the most energy). Mood swings and exhaustion in the first trimester are common symptoms of pregnancy, which is accompanied by a slew of physical and psychological changes, including increased oxygen consumption, progesterone and relaxin levels, metabolic demands, and role expectations (Saad et al., 2023).

Third trimester fatigue has been associated with a variety of sleep disturbances, including those caused by increased weight (many people have trouble finding a comfortable sleeping position because their abdomens expand), physical discomforts like heartburn, mood swings, anxiety from multiple roles, and a lack of exercise (Omaran et al., 2020).

After blood dyscrasias, anemia, and infections have been eliminated as potential causes of the self-care behavior, major blood vessels that supply oxygen and nutrients to the fetus during rest are relieved of pressure when pillows are used for support when lying on left side. Additionally, encourage the use of relaxation techniques, offer guidance when needed, and propose upping the amount of exercise each day (Jaras et al., 2019). Hemorrhoids are rectum varicosities that can be internal (beyond the sphincter) or external (beyond the anal sphincter). They arise from the pressure of the enlarged uterus on the rectum and lower intestine, as well as from vasodilation brought on by progesterone. Hemorrhoids are more common in those who smoke, have poor dietary habits, are constipated, or have had hemorrhoids in the past. Treatment for hemorrhoids includes increasing fiber intake and consuming at least 2 liters of fluid daily. Elevate the feet on a stool to reduce the chance of straining during the defecation

process. Encourage the pregnant to refrain from standing or sitting for extended periods of time as well (Pillitteri, 2018).

Unpredictable, painless contractions without cervical dilation are known as Braxton Hicks contractions. They usually get more intense in the third trimester as the baby gets ready to come out. Though they might not have been noticed, they have actually been there since the beginning of the pregnancy. They are supposed to make the uterine muscles more toned in order to induce labor and ensure that the contractions are normal. Teach the client to distinguish between labor contractions and Braxton Hicks (Keenan-Lindsay et al., 2021).

Describe how real labor contractions often happen at regular intervals and get stronger, longer, and closer together. True labor contractions typically become stronger when one walks, but Braxton Hicks contractions typically become less intense and eventually stop. In order to help the pregnant feel better, suggest that they stay well-hydrated and take some time to rest while lying on their left side. To reduce the discomfort, advocate employing breathing techniques like Lamaze techniques (Leifer, 2019).

Counseling and health education, however, are crucial in assisting the woman in overcoming the difficulties associated with her pregnancy's mild discomfort as well as in recognizing when a major complication has begun. The absence of appropriate documentation that can act as a point of reference for decision-making impedes the accurate assessment of these minor pregnancy disorders in developing nations, which in turn causes problems for effective planning, control, preventive, and evaluation programs. Because of the aforementioned, it will be important in the future to evaluate and improve pregnant women's knowledge of minor pregnancy disorders (Sowunmi et al., 2021).

In order to support women's responsibility for traditional behaviors, nurses can play a significant role in anticipatory guidance and education. They can also help dispel myths and rectify any misinformation. It is

crucial to teach the expectant mother how to recognize the risks to her safety that come from her surroundings or way of life and to suggest changes to prevent unfavorable consequences, in addition to providing care and health education about a better pregnancy and delivery that will occur, in order to lessen the physical and psychological issues, offer emotional support by involving the expectant mother and her family (Gouda et al., 2019).

The various health-related activities that expectant mothers may partake in are something that nurses need to be aware of. The evaluation safety and the way in which these activities interact with biomedical care depend on this awareness. the nurse possess adequate understanding of customary practices, suitable recommendations could be provided to support expectant mothers in enhancing their medical interventions, managing symptoms and unpleasant side effects, and preserving and enhancing their well-being (Hashem et al., 2020).

Maternity nurses are crucial in raising the standard of prenatal care by educating and supporting expectant mothers. Concurrently, the nurse offers medical and psychosocial services, including health promotion, education, counseling, nutrition, assessment of social services, and appropriate referral (Mendoza and Amsler, 2017).

In order to reduce the financial, psychological, and physical costs associated with maternal and newborn morbidity and mortality, maternity nurses play a critical role in identifying issues pertaining to minor discomforts experienced during pregnancy and coordinating prompt intervention for such issues. Thus, in order to provide comprehensive and holistic nursing intervention for women experiencing minor discomforts, it is imperative that nurses receive ongoing education and training (Abd Elaa et al., 2022).

Offering health information on how to avoid and take care of common pregnancy symptoms will help make sure the woman, child, and family all have a safe and healthy pregnancy. Depression, anxiety, stress,

and phobias connected to prenatal care may find some relief with this (Anthrayose, 2016).

Nurses may help pregnant women have healthier lives and reduce the risk of problems by giving them the right information and following up with telenursing. Additionally, nurses might take part in health education programs to increase understanding of how changes to one's lifestyle can impact symptoms experienced during pregnancy. Additionally, they may promote the use of natural therapies for mild pregnancy issues (Sandal et al., 2019).

The nurse's role in treating minor discomforts includes improving the client condition and preventing its recurrence. The prevention necessitates altering the women's risky self-care behaviors, and they should be educated about the most common minor discomforts and appropriate self-care behaviors (AbdElkhalek et al., 2020).

One approach that the American Nursing Association takes into consideration is telenursing, which focuses on the administration, service, coordination, and delivery of patient care through the use of telecommunications technology in the nursing profession. With the use of technology, telenursing provides time and distance-independent patient monitoring, health education, data collection, nursing interventions, pain management, and family support (Alageswari & Dash., 2019).

Regarded as a branch of telehealth, telenursing is concerned with the delivery, administration, and synchronization of nursing care and services through the use of telecommunications technology. The most popular applications of telenursing are to offer opportunities for education to expectant mothers, teleconsultations with nurses, review of laboratory investigation results, and support in the (Fatthy et al., 2021).

Improving self-care behaviors such as the early detection of any abnormal signs and symptoms in high-risk pregnancies, self-control of weight and control of blood pressure have essential roles in the prevention and reduction of maternal and infant mortality rates (Zhianian et al., 2015).

As mentioned, there are several investigations regarding the association of dietary patterns and pregnancy complications, whereas there is a lack of studies to investigate the association of maternal self-care behaviors and dietary habits, with these complications (Karimi et al., 2024).

Regarding the importance of pregnant women and infants' health, and trying to reduce the rate of chronic diseases, we should pay attention to these sensitive groups. In the present study, we aim to investigate the association of dietary habits and nutritional self-care behaviors with pregnancy complications (Rezaie et al., 2021).

1. 1. Importance of the Study

Based on findings of the previous studies about minor illness or discomforts during pregnancy, it is demonstrated that despite being non-life threatening, the high prevalence of these conditions among pregnant women has a major effect on productivity and may have great impact on the mortality and morbidity in pregnant women. The main aim of the study was to assessment existing self -care behavior regarding minor discomforts during pregnancy period among pregnant women who attended to primary health care center PHCs. A person engages in self-care when they establish and maintain healthy habits and coping methods. People employ their knowledge, beliefs, self-regulation abilities, and social facilitation to accomplish health outcomes throughout pregnancy, promote their health, avoid or minimize illness, and preserve wellbeing (El Hoda et al., 2021).

The report shows that over 4.5 million women and babies die every year during pregnancy, childbirth or the first weeks after birth, equivalent to one death happening every seven seconds, mostly from preventable or treatable causes if proper care was available. The new publication was launched at a major global conference in Cape Town, South Africa., according to the (WHO, 2023).

American Pregnancy Association in March 2007 reports that 50% to 70% of all pregnant women may have back pain. The prevalence of

constipation in pregnancy is reported to be between 11% and 38 %. Most diseases occur due to people's lifestyle which is influenced by their behavioral, cultural and social condition. These minor discomforts might affect the health of mother and fetus lifestyle is affected by physical and mental functions therefore, if pregnant women are helped to change behaviors related to lifestyle, it effectively restores their health. One of the objectives of the WHO by 2020 is to promote healthy lifestyle in all people and this is an effective factor in removing risk factors to prevent diseases and promote health(Aziz & Maqsood., 2016).

In their typical pregnancies, the majority of the expectant mothers encountered mild discomforts. These mild discomforts could lead to changes in physiology, anatomy, endocrinology, and hormones. Pregnancy-related hormonal changes may have a disastrous effect on women's emotions and increase their susceptibility to anxiety (Eldousoky et al., 2023).

Between 50% and 80% of pregnant women report experiencing some minor discomfort, according to a 2008 study by the National Institute for Care and Health Excellence (NICE) (Oluwatosin & Like, 2017).

Although scientific advances have been made in improving the care of maternal deaths due to pregnancy complications, the most common cause of maternal mortality, particularly in developing countries, is due to lack of care during pregnancy. According to WHO in 2012, about 300 women die from pregnancy or childbirth-related complications around the world every day in Iran, as of 2012, with a rate of 20.3 deaths per 100.000 births. One of the major goals of health education programs for pregnant women is promoting self-care, which may lead to reduced mortality and morbidity, improve quality life and reduce pregnancy-related health care costs (Zhianian et al., 2015).

the gestational period poses a risk and potential source of stress for women who already have a history of numerous psychological health issues that develop during or shortly after pregnancy. Minor pains may not

be life-threatening, but they nevertheless take away from the mother's feeling of security and comfort, and if she isn't careful, they might lead to worse problems. Many times, people can prevent them by taking preventive and self-care actions (Hassan et al., 2020).

Fifty to seventy-five percent of pregnant women often suffer from mild nausea and vomiting throughout the first trimester of their pregnancy, as stated by (Patil et al., 2022), a whopping 89.1% of pregnant women experience some kind of minor discomfort, the most common of which is heartburn, throughout the second and third trimesters. More than 80% of pregnant women have swelling in the ankles and feet, and 78.2% of pregnant women, especially in the third trimester, have constipation. Breathlessness affects almost all pregnant women (94.1%). Up to 40% of pregnant women may experience the development of varicosities (Fatthy et al., 2021).

Compiling data on health behaviors, such as their frequency, causes, clustering (i.e., the co-occurrence of specific behaviors), benefits and risks to the mother and child, and timing, may aid in prioritizing behaviors from the standpoint of policy as well as assisting women in making decisions. Future studies that focus on priority settings for changing health behaviors before, during, and after pregnancy are desperately needed. Gaining a deeper understanding of context is also essential, as women's individual obstetric and medical histories, as well as their broader circumstances, will influence the (perceived) relevance of health behaviors. This is in line with the personalization agenda expressed in better births olander (Olander et al., 2018).

It is stated that this study benefits not only the mother and her unborn child but also the family, the neighborhood, policymakers, and medical professionals. there is a dearth of research available in Iraq regarding the self-care practices employed by expectant mothers to ease minor discomforts during their pregnancy. unfortunately, knowledge is prioritized over behavior in the majority of published international studies.

The extent of this phenomenon must be evaluated in order to provide the midwifery nurse with a foundation for future educational planning in our culture. therefore, it's critical to assess how primigravida and multigravida women manage common minor disorders in terms of their self-care practices. nurses and midwives ought to inquire about the tactics pregnant women are using. this makes it possible to identify the improper and incorrect behaviors and to provide instruction on the proper ones. Furthermore, there is a dearth of reliable scientific data; only a small number of studies have focused on this topic in relation to Iraq in general and Karbala in particular. A s a result, the PHC centers are the ideal locations, Assessment pregnant mothers' knowledge and awareness of their own behavior regarding minor discomforts will aid in the creation of educational programs and workshops about this topic, enhancing pregnant mothers' and their babies' chances of survival by reducing the risk of complications and developing their knowledge. This is because there hasn't been much study done on the health behavior of expectant mothers who visit primary health care centers, particularly in the city of Karbala.

In Karbala City, the project would begin gathering particular data on the health-related behaviors of expectant mothers.

1.2. Problem Statement:

A descriptive study conducted in a few primary health care centers to determine how well-informed expectant mothers are about managing minor discomforts on their own, there are minor disorders that do not pose a threat to life. A woman discovers her description is inaccurate as soon as she gets pregnant and experiences early pregnancy fatigue along with nausea and vomiting. It is the midwife's responsibility to recognize complications early on and make appropriate referrals. She needs to be educated as usual. Trace element causes can be broken down into four categories: postural, hormonal, regulatory, and metabolic changes. Pregnancy affects and adapts all of the body's systems. Pregnant only require guidance on certain causes.

A study on the self-behavior of minor pregnancy discomforts among primigravida and multigravida mothers with the goal of creating an information booklet for a particular in Primary Health Care Center. Pregnancy's mild discomforts pose challenges for both the expecting mother and the medical professional. The ability to tailor therapy and make perceptive observations are essential for managing the different symptoms. Therefore, having knowledge of a range of treatment alternatives enables professionals to work with client to choose the most effective therapeutic Minor pregnancy discomforts; primigravida and multigravida mothers; informational booklets; and knowledge. A survey was carried out to find out what common factors pregnant women reported helping to relieve their nausea and vomiting symptoms.

Midwives are expected to provide timely, accurate, and appropriate health education to expectant mothers who lack knowledge or are ill-prepared for managing minor pregnancy disorders. In order to improve coping and provide timely care in extreme situations, midwives should receive ongoing assessment and education at each prenatal clinic visit (Sowunmi, 2021).

On the other hand, there is a lack of research on improving self-care behaviors among the community of pregnant women at Karbala city who are a priority for health programs. Accordingly, the present study was conducted to determine self-care behaviors among pregnant women in Karbala city, Iraq .

This prompted the researchers to carry out this study in an effort to reduce the negative effects of the experiences on the developing fetus as well as the mother by improving the knowledge of pregnant women on self-care behaviors of minor disorders of pregnancy. Now carried out a study to evaluate the impact of self-care behaviors on primigravida and multigravida mothers attending antenatal HCC in terms of knowledge and behavior related to managing common discomforts during pregnancy.

1.3. Objective of the study:

1. To evaluate primigravida and multigravida women's self-care behaviors to management of discomfort during pregnancy.
2. To compare multigravida and primigravida women's concerning behaviors regarding self-care behavior to mang minor discomfort.
3. To find out the Association between primigravida and multigravida women s concerning managing minor discomfort with their reproductive and demographic characteristics.

1.4. Research Question

1. Are the women acting appropriately in terms of self-care to ease minor discomforts?
2. What are the differences in the ways that primigravida and multigravida women take care of themselves to manage a few minor pregnancy discomforts?

1.5. Definition of the Terms

1.5.1. Self-care behavior

A.Theoretical Definition:

A person's ability to maintain their own life, health, and well-being is referred to as self-care behaviors (Torres et al., 2021).

B .Operational Definition:

Self-care behavior, also known as health promotion, describes activities a pregnant woman can make to manage minor discomforts and enhance health and fetus .

1.5.2. Minor Discomforts

A .Theoretical Definition:

Pregnancy-related minor illnesses, also known as minor discomforts, are a collection of typical symptoms that bother women during their pregnancy (Medforth et al., 2017).

B .Operational Definition:

Self-Care Practices for Supervisors Mild discomfort during pregnancy in order to preserve excellent health and prevent any complications from their minor pregnancy discomforts.

Chapter Two

Review of Literature

Chapter two

Review of Literature

2.1. Overview

Being pregnant is a normal life event that requires significant changes for the mother both physically and mentally. The three trimesters of a pregnancy last 13 weeks each. Numerous adjustments are made during each trimester to aid in the fetus's growth (Kadar et al., 2020).

Pregnant women experience psychological changes as they get ready to become parents, in addition to the more obvious physical changes brought on by the expanding fetus (Ricci et al., 2020).

Presumptive, probable, and positive are the three general categories into which pregnancy signs are classified based on the likelihood that they are due to causes other than pregnancy a woman's pregnancy is a significant life event (Stephenson et al., 2018).

Asumed the amenorrhea emesis tenderness in the breasts darkening of the pigment frequency of urination Acceleration most likely the goodell sign the chadwick sign the sign of hegar the mcdonald's sign enlargement of the abdomen braxton contractions of hicks distribution striae positive test result for pregnancy good fetal heartbeat audible examiner feels movement in the fetus fetus visualization using ultrasound (Leifer, 2019).

The most creative and supporting parts of a woman's personality come out during her pregnancy, and she is also able to see new possibilities, so it's a joyful and rejuvenating period for her. Pregnancy, from the time of conception all the way through the postpartum period, requires extra care since it is the most significant event in a woman's life (Panuccio and others, 2022).

Healthy behaviors during pregnancy are linked to both pregnancy-related and long-term health outcomes for both mother and child. Poor diet, insufficient physical activity, and perceptions of weight gain objectives during pregnancy are associated with a number of unfavorable outcomes, including an increased risk of cesarean delivery, low birth weight,

inappropriate preterm birth, and chronic disease in adulthood (Eldousoky et al., 2023).

Additionally, it was critical for expectant mothers to distinguish between potentially fatal conditions and normal ones. In addition to making the pregnant mother's job easier, it was beneficial to tell them about methods for relieving their discomfort and to listen to them sympathetically (Elmetwaly, 2016). This fosters trust and understanding between the health worker and the pregnant mother.

2.2.Psychological Adaptations during pregnancy

The time a person spends pregnant is unique. Changes in social status and noticeable changes to physical appearance characterize this time (Theal, 2020) .

There is a simultaneous occurrence of all these modifications. Along with the physiological changes in the bodily systems, the expecting woman and her family experience psychosocial changes as they adapt to significant changes in their roles and lifestyles (Ricci et al., 2020).

World Health Organization advises that health-related behaviors, such as maintaining a nutritious diet, taking food supplements on a daily basis, and abstaining from drug use and abuse prior to becoming pregnant, should be discussed with expectant mothers. healthy habits have a positive impact on pregnant women's health. yet, unhealthy behaviors can have a number of negative physical and psychological effects in addition to raising the risk of birth defects, miscarriage, or premature birth. Conversely, healthy practices have a positive impact on pregnant women's health and the development of their spring (Masjoudi et al., 2020).

Pregnant womman also has a lot of specific concerns about the course and result of her pregnancy; psychoanalytic writers were the first to highlight the intricacy of psychological changes during pregnancy (Davis et al., 2020). Due to the fetus's attachment to the uterus, orality which results in food cravings, nausea, and vomiting dominates the first trimester. The fetus

exhibits more personhood in the second trimester, coinciding with the period of increased separation, as anal trends become more pronounced. Ultimately, urethral problems and the mother's heightened anxiety that she or the unborn child may die are the hallmarks of the third trimester (Harja et al., 2023).

The physical, mental, emotional, social, intellectual, and spiritual aspects of well-being are all taken into account in a holistic approach to health. Because it is linked to positive pregnancy outcomes, having good psychological wellness is therefore as important during the pregnancy period as engaging in healthy physical behaviors (Traylor et al., 2020).

Both short- and long-term psychological stress and prenatal depression impair immune system function and upset homeostasis in pregnant women, increasing the risk of miscarriage, preterm birth, and preeclampsia. Furthermore, low psychological health during pregnancy is linked to a number of unfavorable outcomes in children and is a significant predictor of postpartum depression. Pregnant women's psychological well-being and health behaviors are positively correlated in the literature (Nguyen et al., 2022).

Preterm birth and low birth weight were found to be significantly higher in cases where mothers experienced anxiety during their pregnancy. According to research on humans and animals, stress during pregnancy has an impact on the cognitive and behavioral development of the offspring, and signs of anxiety and depression in mothers raise their children's chances of experiencing a range of emotional, behavioral, and cognitive issues in the future (Amkawa & Sugiura, 2022).

A woman and her partner experience a wide range of emotions over the course of the nine months of pregnancy. These emotions include surprise at learning about the pregnancy (or wishing she wasn't), joy and acceptance as they start to identify with the unborn child in the middle of the pregnancy, worry for the child and themselves, and acute impatience near the end of the pregnancy. A woman and her partner might experience

further surprise after the baby is born, realizing that they are parents (Rashan et al., 2021).

Common description of psychological change first trimester assignment: Acknowledging your pregnancy The woman and her partner focus on what it's like to be pregnant and take time to recover from the shock of finding they are pregnant (Naghizadeh et al., 2019).

Ambivalence, or feeling both happy and unhappy about the pregnancy, is a typical response. Task for the second trimester: Accepting the fetus The woman and her partner focus on what it will be like to be a parent, going through phases of narcissism and introversion. Dreaming more and role-playing are common. Task for the third trimester: Getting ready for the baby and the end of the pregnancy (Jaras et al., 2019)

As the woman and her partner get ready for delivery, they also get impatient and set up the baby's bedding and clothes (Pillitteri, 2018).

Pregnancy alters not only one's physical and physiological conditions but also one's psychological and social makeup. A woman's first pregnancy, in particular, is a profound psychological experience. Women encounter not only a completely new situation during their first pregnancy, but also a critical phase in their rapid development as mothers (Omran et al., 2020).

Being pregnant and a mother are the culmination of the deepest desires and aspirations to become a parent and have a child (Bjelica et al., 2018).

Undoubtedly, a pregnant woman must confront her biological femininity, which shapes her perception of herself (Simó et al., 2019).

Ambivalence is a common first trimester experience for expectant mothers. After the first fetal movements, known as quickening, are felt in the second trimester, ambivalence typically turns into acceptance. Numerous elements, such as an individual's personality, ability to adapt, and partner's responses, will influence how well they adjust to being pregnant and embrace becoming a mother (Doaa et al., 2018).

Early in pregnancy is a common time for introversion, or self-focus. The expectant mother might withdraw and grow more consumed with the fetus and herself. For most people, this introspective behavior is a typical psychological adjustment to motherhood (Yuksel et al., 2019).

When a woman concentrates on taking steps to ensure a safe and healthy pregnancy outcome, introversion appears to increase during the first and third trimesters of pregnancy. In addition to being aware of this behavior, couples should receive education on how to support and strengthen the family (Keenan-Lindsay et al., 2021).

Acceptance the physical changes of the developing fetus during the second trimester, such as an expanding abdomen and fetal movement, give the pregnancy legitimacy and reality (Mo et al., 2021).

There are numerous concrete indications that someone other than herself is there. The expectant mother may hear the heartbeat and feels the movement of the fetus. The client may discuss the new life within and accept the new body image (Leifer, 2019).

Variations in mood most pregnancies are characterized by emotional instability. A pregnant person may experience extreme happiness for a brief period of time, followed by shock and bewilderment. Pregnant women often begin to cry for no apparent reason at all. Some individuals have the sensation of being on an emotional "roller-coaster." It is crucial to provide concise explanations of how typical mood swings are during pregnancy (Davidson, 2020). Modification of Body Image Pregnancy has a wide range of effects on a person's body image. While some women spend their pregnancy feeling uncomfortable and overweight, others feel as though they have never looked better. Some clients discover that being pregnant allays their concerns about gaining weight, while others discover that being pregnant simply exacerbates their fears. Despite being common, shifts in body image can be extremely stressful for the expecting client (Pierce et al., 2022). Pregnant women typically report experiencing mild discomfort to some extent; additionally, the anxiety levels of primigravida

and multigravida pregnant women differ. These variances include the degree of attention provided during childbirth, the degree of encouragement from friends and family, the lack of awareness of typical minor discomforts, and concerns regarding the baby's health and delivery (Kaur et al., 2018).

2.3. physiological changes during Pregnancy

pregnancy's physiological changes and associated pains in the first trimester breast tingling and pain vomiting and nausea (morning sickness) frequency of urination weary anxiety and during the second trimester belly enlargement Pigmentation of the skin gravidarum striae vascular spiders constipation gastric reflux or heartburn cramps in the legs round ligament stretching causing pain in the groin leucorrhea and during the third pregnancy dyspnea cramps in the legs and feet constipation heartburn, gastric reflux, and indigestion foot edema weary discharge from the vagina frequency of urination contracción braxton-hicks (Fawzy & Ezzat, 2021).

When it comes to having a healthy baby, prenatal care is crucial. Adaptations made by the reproductive organs uterus size increases by a factor of 20 during pregnancy compared to its size before pregnancy. there has to be 2,000 times more room for the growing fetus. gains of 2 oz to almost 2 lb are typical at term. an enlarged uterus may be caused by either myometrial cell hyperplasia or hypertrophy. during labor, the uterus may contract and force the baby out of the body due to its enhanced strength and flexibility**.** (Murray, 2020). By increasing the size of individual cells in the second and third trimesters and the number of myometrial (muscle) cells in the first trimester, the uterus progressively grows during pregnancy. by the end of the first trimester, the uterus transforms into a transient abdominal organ (Lopes et al., 2017).

The cervix undergoes a transformation from a stiff structure to a more malleable and soft one shortly after conception, allowing the baby to flow out. more water is absorbed, and it becomes larger and more vascularized (Mockridge et al., 2019).

Progesterone stops pathogens from entering the developing fetus by causing a thick mucus plug to form, which seals the cervical os. ovaries The ovaries do not release ova, or eggs, while a woman is pregnant. The corpus luteum, also known as the empty graafian follicle, remains on the ovary and secretes progesterone during the first six to seven weeks of pregnancy in order to maintain the integrity of the decidua, or uterine lining, until the placenta can take over (McKinney et al., 2017).

The flow of blood into the vagina grows increased vascularity brought on by estrogenic influences, which accounts for chadwick's sign's bluish hue. he mucosa of the vagina thickens and the rugae (ridges) show more clearly. as the baby is born, the connective tissue softens in preparation for distention. vaginal discharges rise. in order to shield the uterus and vagina from harmful microbes, the pH of the vagina also becomes more acidic. many obstetricians regularly screen pregnant women for bacterial vaginosis early in the pregnancy because it has been linked to preterm labor. antimicrobial therapy is frequently administered between weeks 12 and 20 of pregnancy (Davidson, 2020).

Breasts early in pregnancy, hormones cause changes to the breasts. elevated progesterone and estrogen levels prime the breasts for lactation. the sebaceous glands in the nipples, known as the tubercles of montgomery, become noticeable, and the areolae of the breasts typically develop a deep purple color. a lubricant that coats the nipples is secreted by the tubercles. a thin, yellow fluid known as colostrum may be expressed from the breasts I the final few months of pregnancy. for the first two to three days following delivery in a nursing mother, the mother's antibodies against diseases are secreted in colostrum (Ricci et al., 2020).

The digestive system pharynx and mouth: the gums become easily prone to bleeding, friable, swollen, and hyperemic. saliva production increases reduced tone and pressure in the lower esophageal sphincter, which raises the possibility of heartburn (Campbell et al., 2016). Stomach: reduced histamine production and gastric acidity, which lessens the

symptoms of peptic ulcer disease; delayed stomach emptying time and reduced tone and mobility increase the risk of vomiting and gastro esophageal reflux reduced intestinal tone motility and longer transit times increase the likelihood of flatulence and constipation. gallbladder: reduced motility and tone, which could raise the possibility of gallstone development (Ward & Hisley, 2016).

Heart-related system blood volume: significantly higher than non-pregnant values in plasma 50% and red blood cells 25–33%; Hemodilution is the outcome, and lower hematocrit and hemoglobin levels are the result. Heart rate and cardiac output: by the 32nd week of pregnancy, CO cardiac output rises by 30–50% over the nonpregnant rate (Bottone-Post, 2022).

More right ventricular output and increased venous return are linked to elevated CO, particularly when the patient is positioned left laterally. between weeks 14 and 20 of pregnancy .the increase in heart rate lasts until term and is between 10 and 15 bpm. blood pressure: By the middle of the pregnancy, the diastolic pressure typically reaches its lowest point by dropping by 10 to 15 mm Hg; by the end of the pregnancy, it gradually returns to baseline values that do not include pregnancy. Blood components: red blood cell RBC counts increase to 25–33% higher during pregnancy than they do at non pregnant levels. Increases in a number of blood-clotting factors correspond with increases in plasma fibrinogen and fibrin levels. Pregnancy is a hypercoagulable state due to these factors (Pillitteri, 2018).

Respiratory tissues: the diaphragm can elevate itself up to 4 cm beyond its typical position due to a larger uterus. As we go from abdominal to thoracic breathing, the thoracic muscles and cartilage relax, allowing the chest to expand. Air volume per minute increases by 50% as a consequence of this. Tidal volume, or the volume of air inhaled, progressively increases by 30–40% from 500 to 700 mL during pregnancy (Ricci et al., 2020).

Kidney/renal system :a dilation of the renal pelvis occurs. above the pelvic rim, the ureters enlarge, swell, and curve more sharply, with the

right ureter leading the way. term, bladder capacity doubles and bladder tone decreases. GFR glomerlar filtration rate rises by 40–60% during gestation. the increase in cardiac output causes a 50–80% increase in blood flow to the kidneys (Davis & Narayan, 2020).

Skeletal system : as the fetus grows, the abdomen distorts, tilting the pelvis forward and changing the center of gravity. the woman makes up for this by growing a greater curvature lordosis in her spine. the progesterone and relaxin hormones cause joints to relax and become more mobile, which results in the distinctive "waddle gait" that expectant mothers exhibit as they approach term (McKinney et al., 2018).

Foot and ankle system: the most typical change to the skin that occurs during pregnancy is hyperpigmentation. the inner parts of the thighs, the axilla, the areola, and the genital skin are among the most frequently affected areas. about half of pregnant women may develop irregular reddish streaks on their abdomen, breasts, or buttocks known as striae gravidarum, also known as stretch marks. the pigmented linea nigra, which stretches from the umbilicus to the pubic area, may sometimes be seen on the skin of the abdomen's central region. the "mask of pregnancy," or melasma, may impact up to 70% of pregnant women. discolored areas on the face, most

often on the cheeks, nose, and chin, are the hallmark of this condition (Davidson, 2020). The corpus luteum is maintained by the secretion of relaxin by the ovarian, uterus, and placenta; oxytocin by the posterior pituitary gland; prolactin by the anterior pituitary gland; and a variety of hormones and growth factors by the placenta, including estrogen, progesterone, , and others. each of these systems regulates the duration and quality of gestation. defense system pregnancy causes the protective response to a specific foreign antigen to be suppressed and the innate immunity phagocytosis and inflammatory response to increase broadly. These immunologic alterations affect how long-term conditions such as autoimmune diseases progress, increase the likelihood that the mother will

become infected, and prevent the fetus foreign body from being rejected by the immune system (Mockridge & Maclennan, 2019).

2.4. Minor discomforts: An concept

A Minor discomforts are a group of symptoms that women frequently encounter and find annoying during their pregnancy. It was brought on by the results of uterine growth and the effects of pregnancy hormones. corresponding author:. hormone levels, particularly those of prolactin, progesterone, and estrogen, rise quickly during pregnancy. Pregnancy hormones make the uterus a healthy place for the growing baby, but they can also be uncomfortable for the mother (Medforth et al., 2017).

A lot of changes are happening to the client's body in the first three months of pregnancy. While some people will feel a lot of discomfort, others won't. As the pregnancy goes on, these discomforts that are brought on by the body's changes will go away (Ricci et al., 2020).

The majority of women encounter some of the so-called discomforts of pregnancy, and they may come to regard these conditions as a common symptom of the condition. These could be considered minor since they do not pose a threat to life, but they could be a major cause of illnesses. The woman may have to manage these conditions in addition to her job and family responsibilities; she frequently has to take care of other children while feeling worn out and uncomfortable. However, in developing nations, there is essentially no monitoring of minor illnesses during pregnancy. These illnesses should be properly treated because they have the potential to worsen and even become fatal(El-Sharkawy et al., 2020).

The body experiences a variety of anatomical and physiological changes during pregnancy, primarily as a result of the significant hormonal changes that take place during the antenatal and intranatnal phases (Parmar & Tiwari, 2021).

These alterations result in what are known as minor ailments, which include heartburn, nausea, vomiting, and constipation, all of which

seem typical for a pregnant woman. On the other hand, these minor discomforts could become serious issues if they are not diagnosed and treated promptly (Devkate et al., 2022).

During the first trimester of pregnancy, nausea and vomiting are common minor discomforts that affect between 50 and 75 percent of pregnant women. In the second and third trimesters of their pregnancy, 89.1% of pregnant women report having heartburn as a common minor discomfort. Most healthy pregnancies (more than 80%) end in edema of the ankles and feet, and constipation, particularly in the third trimester, affects 78.2% of women. Of all pregnant women, 94.1% experience dyspnea. Forty percent of pregnant women may develop varicosities, according to (Ruth et al., 2019).

Mild illnesses that fluctuate during the first second, and third trimesters of pregnancy are referred to as pregnancy-related discomforts. Significant hormonal changes during the first trimester of pregnancy are often the cause of many discomforts experienced, but these usually subside by the beginning of the fourth month (Khalid and Hamad , 2019)

Ptyalism, nausea and vomiting, frequent urination, fatigue, stuffy nose, nosebleeds, pica, gingivitis, and increased vaginal discharge. Furthermore, it can be difficult to categorize the discomforts that experience in the second and third trimesters because many of them are specific to each individual woman (El-Sharkawy et al., 2020).

Heartburn, flatulence, round ligament pain, carpal tunnel syndrome, constipation, back pain, cramping in the legs, hemorrhoids, ankle edema, fainting, and dizziness are some of these pains. After delivery, the majority of minor illnesses that develop during pregnancy will go away on their own. women shouldn't worry excessively as a result (Ayoub & Awed, 2018).

Taking care of mild ailments during pregnancy is now challenging for pregnant women and medical professionals alike. Identifying and alleviating a wide range of symptoms calls both expert observation and a

breadth of therapeutic expertise. doctors and nurses should collaborate with female patients to diagnose and treat minor health issues (Alageswari & Dash, 2019).

With the right knowledge and fast care, most pregnancy-related diseases are preventable. The nurse's role is multifaceted; she must educate pregnant women on a broad variety of topics while also offering suggestions for their care. The perceptive nurse not only listens, but also knows the common worries of pregnant parents, so she can ask the right questions and reassure both the mother and her husband (Aldossary et al., 2018).

Pregnant Women in selected ibadan Hospitals: Their Experiences and Strategies for Coping with Minor Pregnancy Discomforts Prior to beginning pharmaceutical treatment, it is recommended that non-pharmacological treatments be explored as a first line of defense. a woman's health and the safety of her unborn child are paramount, thudoctors may prescribe medicine to keep the mother from experiencing any complications throughout her pregnancy (Bhuvaneswari, 2018).

During pregnancy, a woman's body experiences many changes that can result in a range of discomforts referred to as "minor disorders." These minor discomforts are brought on by changes in hormones, posture, accommodation, and metabolism. Most of these pains are safe to treat at home and don't represent a threat. It is important to investigate non-pharmacological therapies as a primary course of treatment before starting pharmaceutical therapy. However, medications or drugs might be used to safeguard the mother's health and shield the fetus—or, on rare occasions, the mother herself—from harm (Bhuvaneswari, 2018).

Managing minor discomforts throughout pregnancy may be done with the right rationale, some easy fixes, and some changes to how you live your life. As a result, expectant mothers should be aware of the common but slight symptoms of pregnancy. They should also be aware of ways to alleviate these problems while pregnant (Hassan, et al., 2019).

The health of the mother and the fetus may be affected by minor discomforts, but pregnant women's health is effectively restored if they receive assistance in changing their lifestyle. when pregnant women receive empathetic guidance on self-management techniques to reduce these discomforts, their overall health and wellness improve (Christiana et al., 2021).

2.5. Common minor Discomforts of Pregnancy

Many common minor discomforts can be brought on by pregnancy, including physiological ones like edema, constipation, heartburn, nausea and vomiting, backache, leg cramps, and fatigue; psychosocial ones like anxiety, mood swings, and a lack of family support (Medforth et al., 2017). These changes affect pregnant women differently. Despite the fact that these discomforts don't seem alarming on their own, they negatively impact a woman's sense of comfort and wellness, which causes anxiety (Gouda Nasr et al., 2019).

2.5.1 First-Trimester Discomforts

2.5.1.1. Urinary Frequency or Incontinence

Because the bladder is compressed by the expanding uterus during the first trimester, urinary frequency or incontinence is common. This is another typical complaint in the third trimester, particularly as the head of the fetus begins to bury itself in the pelvis. But as the uterus separates from the bladder region and becomes an abdominal organ in the second trimester, the pain usually gets better. Early in pregnancy, micturition frequency affects about 60% of women. This seems to be a more typical nulliparas symptom. As the uterus emerges from the pelvis, this usually gets better by week 14 (Leifer, 2019).

Fifty-two percent of pregnant women who were 25 years of age or younger had urinary incontinence. approximately 50% of teenagers and

young adults in each age group reported using UI (urinary incontinence) while pregnant. Patients who were incontinent or continent did not appear to have different demographics (Erkal et al., 2021).

Pregnancy is considered to be a major risk factor for UI, along with age. While the precise frequency among expectant mothers has not been thoroughly documented, estimates could reach 42%.4 Far less is understood about UI in those who are both young and pregnant (Jean et al., 2018).

There are a number of risk factors that lead to urinary incontinence. Because of the physiological and anatomical changes that occur during pregnancy, one of the risk factors is pregnancy according to the study, 31% of pregnant women had urinary incontinence in the third trimester; of these, 70% had stress urinary incontinence, 21.5% had mixed urinary incontinence, and 3.4% had urge urinary incontinence (Karim et al., 2019).

UI has been extensively studied at the population level in Brazil, despite its high prevalence. The few studies that are currently available are conducted on a small number of pregnant women, typically from a single health service, and lack any kind of population representativeness (Ting et al., 2020)

The prevalence ranges from 6% to 31% postpartum and from 18.6% to 75% during pregnancy (Elsebeiy et al., 2019).

Young pre-partum women who have to wear incontinence pads often suffer from a loss of self-confidence and individuality in addition to losing control over their bladder. Urgency UI UUI , stress SUI or a combination of the two mixed UI MUI can all result in urinary leakage when coughing or sneezing. In the per partum period, women often encounter UI for the first time. SUI is typically more closely linked to the peripartum phase, whereas the prevalence of MUI and UUI increases with age (Moossdorff et al., 2021).

Pregnancy and vaginal delivery are two of the main risk factors for the development of UI later in life. Moreover, if SUI happens during

pregnancy, there's a good chance will get it 12 years after giving birth. (Wang et al., 2022). Prior systematic reviews focused on the prevalence of pelvic floor disorders (PFDs) among community-dwelling women and the prevalence of UI in nulliparous women or female athletes (Dinc, 2018).

2.5.1.2.Interventions: Promoting Normal Urinary Elimination Patterns

A pregnant woman should limit her intake of caffeinated beverages and cut back on fluids two to three hours before bed. While more frequent urination is common, encourage the client to report any discomfort or burning that they experience (Medforth et al., 2019).

Additionally, mention how elevated frequency of urination could decrease once during the second trimester before returning in the third. Instruction in the use of pelvic floor muscle training exercises, also known as Kegel exercises, can help improve urinary control and lower the risk of incontinence by strengthening perineal muscle tone throughout the day and increasing support for the uterus, bladder, small intestine, and rectum (Karim et al., 2019).

All pregnant women should learn how to perform proper pelvic floor exercises, as improved pelvic floor tone prior to delivery can affect the recovery of normal pelvic floor function following delivery (Dagdeviren et al., 2018).

The woman can then be asked to try to stop the flow of urine while she urinates in order to show her where the pubo-coccygeous (PC) muscle is located. After the bladder has been identified, exercises involving the PC muscle should be performed with an empty bladder. Repeat the exercise until the PC muscle is fatigued by first releasing the strain after three to five seconds of holding it. The first exercise is this one. For a week, the woman should try three sets of five squeezes, once or twice a day. She should then move on to three sets of eight, ten, fifteen, and finally twenty squeezes (Dagdeviren et al., 2018).

Attempting three sets four times a week is how maintenance is accomplished once a routine is established there are ways to vary the exercise, such as adjusting the squeezes' speed and doing it at different times of the day (Jean et al., 2018).

2.5.1.3. Fatigue: All pregnant clients experience fatigue, especially in the first and third trimesters (the second trimester is usually when they have the most energy), even if they get their usual amount of sleep at night. Primitive trimester exhaustion is often associated with the many physiological (more oxygen consumption, greater levels of progesterone and relaxin, increased metabolic needs) and psychological (mood swings, various role demands) changes that occur throughout pregnancy (Medforth et al., 2017)

Third-trimester fatigue has been linked to physical discomforts like heartburn, insomnia caused by mood swings, multiple role anxiety, and sleep disturbances brought on by weight gain (many find it difficult to find a comfortable sleeping position due to the expanding abdomen (Aziz & Maqsood, 2016).

2.5.1.4. Nausea and Vomiting

During the first half of their pregnancy, 70% to 80% of expectant mothers report feeling nauseated; symptoms can range from mild upon awakening to nausea throughout the day and 50% vomiting (Obsa, 2021).

Nausea and vomiting are common sign of pregnancy (NVP). For between 50% and 90% of pregnant women, nausea and vomiting during pregnancy (NVP) usually starts the fourth week after the last menstrual cycle and ends by the twentieth week of pregnancy (Roberts, 2023).

Although the causes of nausea are unknown, they have been linked to: pregnancy-related nausea and vomiting can have a negative physical and psychological impact on the expectant mother (Smith et al., 2022).

Pregnancy-related nausea and vomiting and pelvic girdle pain, both during and for the first four to six months after giving birth business model canvas (BMC) maternity and delivery (Chortatos et al., 2018).

Heightened pregnancy test beta- hCG levels low blood sugar heightened need for metabolism Progesterone's effects on the gastrointestinal tract (Aziz & Maqsood, 2016). Eighty percent of pregnant women experience nausea and vomiting during the fourth and seventh week of pregnancy, which goes away by the twentieth week of gestation (Wang et al., 2022).

matching the placenta's capacity to take over the support of the developing embryo (Ayoub & Awed, 2018).

The general sense of well-being and daily life of women may be affected by these symptoms (Bottone-Post, 2022).

Depending on how severe the symptoms are, nausea and regurgitation of gestation can be treated differently (Brox 2022).

Music therapy, yoga, biofeedback, mind distraction techniques, relaxation, lifestyle modifications, guided imagery, time management, and cognitive restructuring are examples of common complementary and non-pharmacological interventions that are easy, efficient, and affordable ways to treat nausea and vomiting discomforts (Liu et al., 2022).

Additionally, women should be advised to: Before standing up, take a few mouthfuls of something. Prepare a snack to eat by the bed. Carefully get out of bed. Keep up a healthy fluid intake and sip small amounts often throughout the day. Every two to three hours during the day, eat little and often. Midway through the day, take a nap (Laitinen et al., 2023).

Consume yoghurt, dry toast, tiny pieces of fruit, and plain crackers. Steer clear of caffeine, alcohol, and spicy or high-fat foods (Wang et al., 2023).

Have a little snack before turning in for the night. To get rid of cooking food odors, open a window. Consume more liquids than solids and more protein than carbs (Putri et al., 2020).

Steer clear of clothing that is too tight or constricting as this could put more strain on growing belly. Refrain from stress Steer clear of highly

seasoned foods like those that have been prepared with chile, garlic, onions, or peppers.(Ngo, 2023).

One of the best muscle relaxation techniques that pregnant women who are experiencing nausea and vomiting can tolerate better is Benson's Relaxation Technique (BRT). Hospitalization costs are reduced and there are fewer side effects with this approach (Zahra et al., 2019).

Herbert Benson (1975) introduced this technique and mentioned that it can lower autonomic nervous system activity and thus induce a relaxation response. It is the most practical and user-friendly approach to nursing intervention (Mansour & Saadoon, 2022).

Regretfully, there are times when these self-management techniques fall short. every woman deals with her NVP in a different way (Saad et al., 2023).

Some say they are reluctant to take prescription drugs early in pregnancy out of concern that it will negatively impact the unborn child's development. Some women express gratitude for the availability of prescription drugs that help to lessen their NVP symptoms (Paquette, 2021).

2.5.1.5. Breast Tenderness:

In the first trimester, when estrogen and progesterone levels are high, the breast adipose tissue thickens and the number of milk ducts and glands increases, leading many customers to experience breast discomfort. It's critical to provide a comprehensive explanation of the causes of the breast discomfort. This discomfort can be lessened by using a larger bra with adequate support. Encourage a pregnant woman to wear a bra that supports her, even at night. Encourage clients to upsize their bra size as breasts grow in size to guarantee proper support (Leifer, 2019).

2.5.1.6.Constipation

Up to 38% of pregnancies are affected by constipation. Pregnancy-related increases in progesterone cause the gastrointestinal tract

to contract less, the passage of drugs through the colon to move more slowly, and an increase in water absorption as a result (Patil et al., 2022).

Constipation is the result of all of these factors. Constipation can also be exacerbated by a diet low in fiber or fluids, as well as by not exercising. To make matters worse, the expanding uterus mechanically compresses the large bowel (Ricci et al., 2020).

In the first and third trimesters, constipation may also be exacerbated by the iron and calcium found in prenatal vitamins. Describe how pregnancy aggravates constipation symptoms and make the following recommendations: Every day, consume fruit—fresh or dried. Consume more raw produce, including the skins of fruits and vegetables. Eat cereals and breads that are whole grains, such bran flakes and raisin bran. Maintain a regular exercise routine. Practice yoga, stretches, and pelvic floor exercises on a daily basis. Consume food on a regular basis (Leifer, 2019).

Before get down to business, set aside some time each day to relieve yourself. To ease any tension, prop up feet on a stool. Maintain a daily water intake of six to eight glasses. Cut down on processed carbohydrates. Upon rising, sip on some warm liquids to encourage intestinal motility. Reduce intake of sugar-filled sodas. Steer clear of excessive amounts of cheese. Suggest that the client take a bulk-forming laxative if the aforementioned suggestions don't work (Medforth et al., 2017).

2.5.1.7. Nasal Stuffiness, Bleeding Gums, Epistaxis Nosebleeds

Nasal and oral cavity mucous membrane edema is brought on by elevated estrogen levels. Encourage women who are expecting to use a cool mist humidifier in their bedroom at night or to drink more water to hydrate their mucous membranes. It is recommended to gently blow one nostril at a time if they need to blow their nose to relieve nasal stuffiness. Tell expectant mothers not to use sprays or decongestants for their noses. (Leifer, 2019).

Tell the pregnant woman to take off any neck coverings, bend her head forward, squeeze her nose for 10–15 minutes, and then put an ice pack on the bridge of her nose if she starts to hemorrhage during labor. If the patient has bleeding gums, it is important to remind them to use a soft toothbrush and floss regularly as part of good dental hygiene. A warm, saltwater mouthwash might help alleviate discomfort. If the patient's gum disease doesn't go away, tell them to see a dentist (Ricci et al., 2020).

2.5.1.8. Leucorrhea:

Throughout the first trimester and the duration of the pregnancy, there is an increase in vaginal discharge (Ricci et al., 2020).

Elevated levels of estrogen lead to increased vascularity and vaginal hypertophy, which are the physiological changes responsible for leukorrhea. As a result, during pregnancy, vaginal secretions gradually increased (Leifer, 2019).

Encourage the expectant mother to take a daily shower and wash perianal area with a mild soap and water to maintain it dry and clean. Additionally, advise clients not to wear tight-fitting nylon clothing such as pantyhose, which can obstruct airflow to the genital area (Aziz & Maqsood, 2016).

To allow for more airflow, wear a nightgown instead of pajamas and promote the use of cotton underwear. Additionally, advise clients not to use tampons or douching (Ayoub & Awed, 2018)

2. 5.1. 9. Emotional liability:

Most pregnancies are characterized by emotional instability. A pregnant woman may experience extreme happiness for a brief period of time, followed by shock and bewilderment. pregnant women often begin to cry for no apparent reason at all. some individuals have the sensation of being on an emotional roller-coaster couples and family members may find it challenging to talk to the expectant mother without blaming her for mood swings due to these intense emotional states. It is crucial to provide concise

explanations of how typical mood swings are during pregnancy (Ricci et al., 2020).

2.5.2. Second trimester Discomforts

2.5. .2. Backache

In pregnancy, low back pain (LBP) can be defined in a few different ways, It can be a symptom of multiple cases involving the spine, low back, or pelvic pain, or it can be persistent or recurrent pain from the lumbar spine or pelvis that lasts longer than one week. Backaches are the most common minor disorder among expectant mothers, affecting up to 90% of them during pregnancy. Risk factors for backache include obesity, a prior history of back issues, and greater parity (Gharaibeh et al., 2018).

Musculoskeletal pain is common during pregnancy and following childbirth. Pregnant women report experiencing back pain 50% of the time. This could have a major detrimental impact on socioeconomic conditions and quality of life due to missed workdays. It could be lumbar or sacroiliac. Another possibility is that the discomfort is limited to the evenings (Ricci et al., 2020) .

Pregnant women often have low back discomfort, which may greatly impact their daily lives. Pregnant women may find it difficult to carry out normal activities, such as going to work, due to back discomfort, which is the leading cause of disability globally. Low back discomfort affects an estimated half of all pregnant women and a significant portion of new moms (Bussieres et al., 2018).

Musculoskeletal discomforts and pains are common during pregnancy. 20% of women experience pelvic girdle pain (PGP) and more than 65% of women experience lower back pain (LBP), with the pains occurring separately or concurrently and interfering with the performance of Activities of Daily Living (ADL), compromising women’s quality of life (QOL), and in some cases leading to absenteeism and even disability (Quintero & Troynikov, 2019)

Classification of LBP according to WHO in 2013 Subacute 6-12 weeks, acute less than six weeks, chronic longer than 7-12 weeks. In general, lumbar pain during pregnancy is similar to low back pain experienced by non-pregnant women; this form of pain typically increases with prolonged positions (such as sitting, standing, or repeated lifting) (Oltean et al., 2014).

When it comes to minor health issues, especially during pregnancy, pregnant women who behavior self-management make use of their knowledge, beliefs, skills, abilities, and social support. Low back pain can be lessened with self-management. It has mostly been described as a care model in which expectant mothers learn techniques to control and monitor their health while maintaining a lead role in the process, as well as techniques to deal with minor discomfort on a daily basis throughout their pregnancy (Traeger et al ., 2019).

Due to missed workdays, this may have a significant negative influence on socioeconomic conditions. The soreness may be sacroiliac or lumbar. It's also possible that the pain only occurs at night (Ricci et al., 2020) .

During pregnancy ligaments become softer under the influence of the relaxin and stretch to prepare the body for labour . This is particularly focused on the pelvic joints and ligaments which become more supple to accommodate the baby at delivery. The effects can put a strain on the joints of the lower back and pelvis, which can cause backache .As the baby grows, the curve in the lumbar spine may increase as the abdomen is thrust forward and this may also cause backache (Ayoub et al., 2018).

The following advice can be given to the woman to alleviate backache: Avoid heavy lifting and use a good lifting technique, bending the knees and keeping the back straight when lifting or picking something up from the fl oor. The woman should take care when picking up a heavy older child. Heavy weights should be held close to the body. Any working surface used should be high enough to prevent stooping. When carrying

loads such as shopping the weight should be equally balanced on both sides of the body (Aziz & Maqsood, 2016).

The woman can be shown how to sit and stand with her spine in a neutral position so that good posture is maintained. A fi rmer mattress gives better support during sleep. Using a bed board can make a soft mattress more supportive. Some women fi nd relief from using pillows to support their pregnant abdomen while lying derown. Rest as much as possible as the pregnancy progresses. If the backache is very painful and debilitating the woman can be referred to an obstetric physiotherapist for advice on lumbar support and helpful exercises (Hashem et al., 2020).

2.5.2.2. Varicosities:

The increased venous stasis brought on by the gravid uterus's pressure on pelvic vessels and the vasodilation brought on by elevated progesterone levels are linked to varicosities of the vulva and legs. Because progesterone relaxes vein walls, blood may pool in the extremities and find it difficult to return to the heart. Other contributing factors include obesity, poor muscle tone, inactivity, and genetic predisposition. Instruct clients on how to properly apply and encourage them to wear support hose (Ricci et al., 2020).

Before using the hose, lie back for ten minutes and raise the legs above the level of the heart to promote venous return. Tell customers not to cross their legs or wear stockings that are too high on the knee. These may tighten the muscles and blood vessels in the legs, which could lead to venous stasis (Samarakoon et al., 2020).

Urge clients to move around a lot, avoid standing or sitting for extended periods of time, and wear low-heeled shoes. Additionally, they ought to be motivated to raise both legs above the level of the heart for a minimum of five to ten minutes twice a day. Ice packs should be applied to the vulvar varicosities patient's affected area while they are in a prone position (Medforth et al., 2017).

2.5. .2. 3. Braxton-Hicks contractions : Unpredictable, painless contractions without cervical dilation are known as Braxton Hicks contractions. They usually get more intense in the third trimester as the baby gets ready to come out. Though they might not have been noticed, they have actually been there since the beginning of the pregnancy. They are supposed to make the uterine muscles more toned in preparation for labor. Tell the client that you understand that these contractions are typical (Leifer, G., 2019).

Teach the woman to distinguish between contractions of labor and Braxton Hicks syndrome. Describe how, in a real labor, contractions tend to get stronger, longer, and closer together at regular intervals. True labor contractions typically become stronger when one walks, but Braxton Hicks contractions typically become less intense and eventually stop. In order to help the client feel better, suggest that they stay well-hydrated and take some time to rest while lying on their left side. To reduce the discomfort, advise utilizing breathing exercises like Lamaze techniques (Davis & Narayan, 2020).

2.5.2.4. Changes in pigmentation:

The increased pigmentation that occurs on the breasts and genitalia also develops on the face to form the “mask of pregnancy,” which is also called facial melasma. It occurs in up to 70% of pregnant people. There is a genetic predisposition toward melasma, which is exacerbated by the sun, and it tends to recur in subsequent pregnancies. This blotchy, brownish pigment covers the forehead and cheeks in dark-haired people (Ricci et al., 2020).

After pregnancy, some facial pigmentation may linger, but the majority of it disappears when the hormones leave the body. The linea nigra, a pigmented strip of skin that runs from the umbilicus to the pubic region, can appear on the skin in the middle of the abdomen. Up to 90% of pregnant women have sporadic reddish streaks on their abdomen, breasts,

and buttocks known as striae gravidarum, also known as stretch marks. Striae peak in visibility after six to seven months. They are caused by a combination of factors including genetics, weakened connective tissue from high adrenal steroid levels, and secondary structural stretching brought on by growth. Younger adults, those with larger infants, and those with higher body mass indices are more likely to experience them (Leifer, 2019).

2.5. 3. Third trimester Discomforts

2.5.3.1. Shortness of Breath and Dyspnea

During pregnancy, dyspnea is a common complaint. Under such circumstances, a substantial dyspnea may be brought on by hemodynamic and physiological changes. Dyspnea during routine activities can indicate heart and lung disease in certain people and be linked to poor perinatal and cardiac outcomes; however, early detection can help avoid negative outcomes. Late in pregnancy, the uterus's growing size inhibits the lungs' ability to fully expand. The diaphragm's ability to expand is constrained during the second and third trimesters due to the uterus's upward growth. Lying on one's back can cause dyspnea because the gravid uterus presses against the vena cava, reducing the amount of blood returning to the heart (Leifer, 2019).

It will be helpful to inform the pregnant woman that dyspnea is typical when the fetus lowers into the pelvis, which may happen when lightning strikes. Direct their attention away from large meals, which put extra strain on the belly, and have them stand or sit up straight so that their chests may expand fully. Using blocks or pillows behind the back to raise the head of the bed is another helpful tip. Typically, resting with the head up and breathing deeply and slowly may alleviate dyspnea symptoms. Furthermore, emphasize that breathing will be better and the uterus will be moved off the vena cava when you lie on your left side. Dyspnea can be relieved by having the patient stand up occasionally, stretch their arms above their heads, and take a deep breath. Additionally, counsel them

against exercising in a way that causes dyspnea, to take a break after exercising, and to stay cool in warm weather. Encourage the client to give up smoking if they continue to do so (Ricci et al., 2020).

2.5.2.3. Heartburn

When progesterone levels are high, the cardiac sphincter relaxes, allowing stomach acid and other digestive secretions to back up into the esophagus and causing heartburn. Heartburn is the burning sensation caused by irritation of the lining of the esophagus. Up to 70% of people experience it at some point during pregnancy, with the third trimester seeing the highest frequency of occurrences. The throat and neck may also feel the pain. When the expectant mother lies down, bends over after eating, or dresses too tightly, it gets worse. Indigestion, described as a vague abdominal discomfort after meals, can occur as a result of eating too much food too fast, being under stress, fatigue, or emotional disturbance, eating heavy food, eating food that is overly fatty or spicy, or eating food that has been improperly prepared or processed (Murray & Hendley, 2020).

Furthermore, during the third trimester, the large uterus presses against the stomach, pushing it upward and decreasing its ability to empty quickly. Indigestion and heartburn are caused by food sitting. Examine the clients' typical food intake and advise them to restrict or stay away from fatty or gas-producing foods as well as large meals. Tell expectant mothers to monitor when they experience any discomfort. Heartburn could be the cause if the pain starts 30 to 45 minutes after eating. In order to prevent gastric acid reflux into the esophagus due to gravity, pregnant women should be encouraged to maintain good posture and sit for one to three hours after eating. Encourage customers to eat small, frequent meals and to chew their food well to avoid swallowing too much air, which can raise stomach pressure (Elizebeth, 2021) .

Advise expectant mothers to stay away from foods that can act as triggers, such as chocolate, coffee, alcohol, citrus, greasy, gas-forming

foods, peppermint or spearmint, and caffeine-containing drinks. These products may cause reflux into the esophagus by inducing the release of gastric digestive acids. Stay away from large meals, late nights, and chewing gum. Don't go to bed for three hours after eating. The bed should finally have its head raised by 10 to 30 degrees (Ibrahim et al., 2023).

2.5.3 .3. Ankle edema:

Swelling is the result of increased capillary permeability caused by elevated hormone levels and increased blood volume. Sodium and water are retained and thirst increases. Edema occurs most often in dependent areas such as the legs and feet throughout the day due to gravity; it improves after a night's sleep. Warm weather or prolonged standing or sitting may increase edema. Generalized edema, appearing in the face, hands, and feet, can signal preeclampsia if accompanied by dizziness, blurred vision, headaches, upper quadrant pain, or nausea . This edema should be reported to the health care provider (Ricci et al., 2020).

Appropriate suggestions to minimize dependent edema include: Elevate feet and legs above the level of the heart periodically throughout the day. Wear support hose when standing or sitting for long periods. Change position frequently throughout the day. Walk at a sensible pace to help contract leg muscles to promote venous return. When taking a long car ride, stop to walk around every 2 hours. When standing, rock from the ball of the foot to the toes to stimulate circulation. Lie on left side to keep the gravid uterus off the vena cava to return blood to the heart. Avoid foods high in sodium, such as lunch meats, potato chips, and bacon. Avoid wearing knee-high stockings. Drink six to eight glasses of water daily to replace fluids lost through perspiration. Avoid high intake of sugar and fats, because they cause water retention (Leifer, 2019).

2.6. Nursing management to promote discomforts during pregnancy

Creating an evaluation tool to pinpoint expectant mothers who are most likely to experience a self-care deficit is also essential to offering a

tailored intervention to stop the emergence of self-care deficiencies. Furthermore, by expanding our knowledge of the effects of basic condition factors BCFs on empowerment as a mediating factor and self-care behaviors, this model can help with the development of tailored interventions that target modifiable factors to change the outcome. To educate expectant mothers and encourage self-care behaviors regarding pregnancy-related minor discomforts, health care providers could collaborate with volunteers to develop an educational intervention (Nurhasanah et al., 2020).

In the past, nurses have concentrated their efforts on health promotion through counseling, behavior modification, clinical nursing procedures, follow-up care, and health education for expectant mothers. Nonetheless, in their capacity as administrators, counselors, health educators, and health promoters, they have interdisciplinary expertise and experience in health promotion from their nursing practice, which helps them to ease their minor discomfort. This has enhanced the accessibility of prenatal care services and decreased pregnancy discomforts. For instance, information on eating habits that are typically thought to be able to control or lessen early pregnancy nausea and vomiting, such as eating small, frequent meals and avoiding spicy food, or the significance of high-fiber foods like fruits, vegetables, and whole-grain products that increase fluid intake in order to prevent constipation in expectant mothers (Elmetwaly et al., 2016).

When minor discomforts occur, a pregnant woman receives nursing care. Educating women to embrace the discomforts of pregnancy in order to reduce frequency of urination or incontinence To improve control over leakage, try some pelvic floor exercises. When you initially experience a full feeling, empty your bladder. Steer clear of caffeinated beverages as they induce urination. After supper, cut back on your fluid intake to help prevent urination at night (Ibrahim & Ali, 2020).

Weary Make an effort to obtain uninterrupted sleep for the entire night. Consume a well-balanced diet. Every day, plan to take a nap in the early afternoon. Rest when you're feeling exhausted (Leifer, 2019).

Back pain Steer clear of spending a lot of time sitting or standing still. Put a heating pad on the small of your back on the low setting. Use pillows to support your lower back when seated. In order to lift anything, use appropriate body mechanics. Steer clear of prolonged standing, bending, or walking without breaks. Don supportive, low-heeled footwear; stay away from high heels. To maintain proper posture, stand with your shoulders back (Elmetwaly et al., 2016).

cramps in the legs Throughout the day, raise your legs frequently above your heart. Flex your feet toward your body and straighten both legs if you experience a cramp. Consult your doctor about taking extra calcium supplements as they may help lessen leg spasms (Ibrahim et al., 2023).

Feeling queasy and throwing up Never eat on an empty stomach. When you go to bed, eat a toast or some dry crackers. Consume multiple small meals during the day. To prevent the gag reflex, wait before brushing your teeth after eating. Wristbands with acupressure can be worn every day. Instead of drinking liquids with meals, do so in between. Steer clear of foods that are oily, fried, or have strong smells, like Brussels sprouts or cabbage (Leifer, 2019).

Differences in Velocity To increase circulation to the extremities, walk every day. While you're at rest, raise both legs above your heart. Steer clear of standing still for extended periods of time. Don't put on tight socks and stockings. When sitting for extended periods of time, avoid crossing your legs. Put on support stockings to encourage improved blood flow. hemorrhoids Set aside a specific time each day for defecation. Steer clear of straining and constipation when removing waste. Avoid straining by eating a diet high in fiber, drinking lots of water, and getting regular exercise. For comfort, apply cool witch hazel compresses and warm sitz baths (Ricci et al., 2020).

Constipation Eat more foods high in fiber and make sure you get at least eight glasses of fluid (8 ounces) per day. Consume prune juice or prunes, which are organic laxatives. Drink warm liquids (tea) as soon as you wake up to encourage peristalsis. Every day, engage in brisk walking exercise to encourage intestinal motility. Cut back on the quantity of cheese eaten (Truong et al., 2017).

Heartburn/Diarrhea Eat small, frequent meals and stay away from greasy and spicy foods. Place multiple pillows under your head to raise it thirty degrees while you sleep. To lessen stimulation, give up smoking and stay away from caffeinated beverages. After eating, stay upright for at least three hours. Sips of water can help lessen the burning feeling. Steer clear of fried foods, citrus, soda, chocolate, and foods that cause symptoms. If the burning sensation is severe, use antacids sparingly (Ayoub & Awed, 2018).

Contractions of Braxton Hicks Remember that this is a normal sensation—these contractions. To lessen the sensation, try shifting positions or doing some light exercise. Try to increase your fluid intake (Leifer, 2019).

Educating women about how to prevent and take care of their own pregnancy discomforts can help to ensure a safe pregnancy that benefits the mother, child, and family in both physical and emotional ways. This may assist in easing some maternity care-related stress, anxiety, depression, and fears (Anthrayose, 2016).

2.6. Nursing Management to Promote Self-Care Behavior during pregnancy

Self–care is" defined as the capacity of human being, people and publics to promote health, prevent illness, and preserve health to cope with illness and disability with or without the support of a healthcare provider . There are still continuing in and neonatal deaths that occur in the unacceptably (Jihad & Kadham, 2016).

Concept of self-management emerged in response to need for improved methods of promoting clinical and behavioral change in search

for improved outcomes. Early research concluded that self-management consisted of three components, self-monitoring, self-evaluation, and self-reinforcement that interacted to create personal self-management of one's behavior. Self-management technique is used to assist individuals with maladaptive behaviors, as shyness, low self-concept, bullying, anxiety, autism among others (Igbokwe et al., 2019).

Self-management regarding minor discomforts and practices during the prenatal period is the process whereby the women use knowledge and beliefs, self-regulation skills and abilities, and social facilitation to promote the positive outcome and restore the healthy lifestyle during the pregnancy (Sandal et al., 2019).

By ensuring the physical and emotional safety of the mother, child, and family, self-care during a healthy pregnancy can help alleviate anxiety and fears associated with maternity care (Hashem et al., 2020).

In order to ensure a healthy pregnancy that is safe for the mother, child, and family—both physically and emotionally—self-care for pregnancy discomforts can help lessen some of the anxiety and fears associated with maternity care (Hassan et al., 2020).

Most pregnant women have symptoms like frequent micturition, headaches, morning sickness, and vaginal itching. It is very concerning to take medications to treat these issues because some medications have an impact on fetal development. Some subsets of women only took vitamin and mineral supplements, but approximately 25% of pregnant women also took over-the-counter medications like hormones and analgesics. In Canada, 96% of pregnant women used herbal medicines. The majority of herbal tonics were used as herbal medicines, and 78% of women said they preferred using them to treat 23 different health issues. Fifty percent of expectant mothers reported that using herbal remedies like peppermint, ginger, and cannabis helped with nausea and/or vomiting. They stated that all three herbs had a mild effect on their symptoms. The primary issue with oral health was gingival health. Thirty percent of Danish expectant mothers

experienced one or more gingival issues, including swelling, bleeding during tooth brushing, inflammation, and gum color changes. The majority of women went to the dentist and focused more on maintaining good oral hygiene, which includes brushing their teeth twice a day to avoid developing gingivitis and other oral health issues (Rizk et al., 2019).

There are also lots of opportunities for the nurse to talk about pregnancy-friendly diets, exercise routines, and staff behaviors. The mother will occasionally ask the nurse for advice. Advice should frequently be customized to the particular issue the woman is facing, such as minor illnesses linked to pregnancy. Women will be given instructions on how to change their behavior in order to maintain, improve, and restore equilibrium based on this discussion (Alageswari & Dash, 2019).

Furthermore, basic disease management education has produced excellent results at a very low cost. Health education about minor illnesses helps mothers improve their health status and falls under the purview of nursing practice; therefore, it is essential that mothers acquire the knowledge necessary to better equip themselves to handle, adjust to, and tolerate concerning symptoms or discomfort, as well as to feel more confident about themselves and their pregnancy (Bej, 2018).

Prenatal nursing was a wonderful resource for expectant mothers because it allowed them to maintain a healthier lifestyle for both the unborn child and themselves throughout the pregnancy. In the past, nurses have prioritized follow-up care, clinical nursing procedures, behavior modification, counseling, and health (Rezaie et al., 2021).

Exercise, a nutritious diet, stress management, proper sleep hygiene, and healthy relationships are examples of health-promoting behaviors that increase resilience and improve general well-being. A particular kind of prenatal care that was advised to mothers-to-be in order to guarantee a safe pregnancy. It assisted in identifying minor discomforts that a mother might experience while pregnant (Rosset al., 2017).

Orem's theory of self-care deficit, which held that self-care is an action taken by an individual for the purpose of sustaining life, healthy functioning, and well-being, served as the foundation for this study. The basic conditioning factors (BCFs) that affect self-care include age, gender, developmental stage, environmental factors, family system factors, sociocultural factors, health state, pattern of living, health-care system factors, and resource availability, according to Orem's self-care deficit nursing theory. these BCFs might affect a person's capacity for self-care or change the type or quantity of self-care that is necessary (Nurhasanah et al., 2020).

Pregnant women, regardless of their basic knowledge, may generally endeavor to make a significant contribution to their own care; however, the opposite effect may also be supported by clinical and demographic differences (specifically, older age, cultural influences, and clinical conditions). However, further study is needed to look at the knowledge and self-care profiles of pregnant women as a whole, especially to find out if pregnant women can lead the way in self-care even if they lack the necessary background knowledge (Nurhasanah et al., 2020).

In order to promote the pregnant person's responsibility for self-care, nurses can play a significant role in anticipatory guidance and teaching. They can also help to dispel myths and correct any misinformation. In addition, counseling ought to cover healthy food preparation techniques, advise against taking drugs unless prescribed, and teach clients how to recognize teratogens in the workplace or surroundings and minimize their risk of exposure (Ricci et al., 2020).

Encourage clients to reduce the amount of bacteria on their hands and under their fingernails by washing them frequently throughout the day. Sweating increases during pregnancy due to the hormone-induced activation of the sebaceous (sweat) glands. This increase might necessitate taking more frequent showers and using a stronger deodorant. Moreover, during pregnancy, the vaginal and cervical glands secrete more secretions.

Regular showering encourages improved hygiene and keeps the area dry. To promote better air circulation, encourage the use of cotton underwear (Nurhasanah et al., 2020). Advise expectant customers not to use tanning beds, hot tubs, saunas, or whirlpools while they are pregnant. Both the person's temperature and fetal tachycardia may be brought on by the heat. Another reason to stay away from hot tubs when pregnant is the possibility of bacterial exposure from inadequate cleaning (Emi & Kinuko, 2022)

Urge clients to minimize the effects of these secretions by encouraging them to wear only cotton underwear and to shower frequently. Clients should be warned against doucheing, which may lead to infections, and against using panty liners, which trap moisture and prevent ventilation. Tell them not to use lotions, perfumed soaps, perineal sprays, or strong laundry detergents as these can cause irritation and increase the risk of infection (Shabaan et al., 2018).

No longer is pregnancy a reason not to receive dental care; in addition, nurses can help expectant mothers understand the connection between good oral hygiene and a healthy pregnancy, as well as how it can lower their child's risk of developing dental caries (Leifer, 2019).

Encourage pregnant not to wear tight clothing or girdles that will squeeze their expanding abdomens. Tell them not to wear knee-high hose, as this could restrict blood flow to the lower limbs and raise the risk of deep vein thrombosis DVT. Wearing low-heeled shoes can reduce the likelihood of pelvic tilt and back pain. It may be more comfortable to wear layered clothing that can be taken off as the temperature changes, particularly in the later part of the term when the pregnant might feel overheated (Emi & Kinuko, 2022). In order to lower these risks and encourage a healthy pregnancy, exercise is crucial. It is safe for a healthy individual to exercise during pregnancy. increases energy, elevates mood and well-being, enhances circulation, lessens bloating, constipation, and swelling, strengthens, tones, and builds muscle endurance; may help in preparing for labor; corrects posture; encourages rest and relaxation; and

eases lower back pain, which frequently develops as pregnancy goes on (Leifer, 2019). If a client has poor weight gain, anemia, edema in the hands and face, pain, hypertension, multiple gestations, dizziness, dyspnea, decreased fetal activity, cardiac disease, or palpitations, they shouldn't exercise while pregnant. Pregnancy exercise facilitates a client's body's recovery after giving birth. Over time, exercise during the early stages of pregnancy improves muscle tone, weight management, and posture exercise also lowers the risk of diabetes and hypertension, helps the fetus maintain a healthy birth weight, and guards against osteoporosis after menopause (AbdElhaliem et al., 2018) .

Rest and Sleep A person feels better and performs at their best during the day when they get enough sleep. Maintain a regular routine by setting aside time for bed and waking up. To maintain consistency in your external body cues, eat regular meals at regular times. Before going to bed, take some time to relax and unwind. Create and adhere to a bedtime routine or pattern. Reduce the amount of light and lower the temperature in the room to create a comfortable sleeping environment. When you're tired, go to bed; if you don't fall asleep, keep reading until you do. Cut back on your caffeine later in the day. Reduce your fluid intake after supper to cut down on bathroom breaks (Ibrahim & Ali, 2020).

For better health and circulation, exercise every day. If you want to increase circulation in your lower limbs, try a modified Sims position. After the fourth month, avoid lying on your back as this could impair circulation to the uterus. Steer clear of bending your knees sharply as this encourages venous stasis below the knees. Don't let worries and anxieties enter the bedroom. Allocate a particular section of the house or period of the day for them (Leifer, 2019).

Although there is typically less sexual activity in the third trimester of pregnancy compared to pre pregnancy patterns, sexual satisfaction generally remains unchanged during this time. To help couples better understand potential sexual modifications brought on by pregnancy, a

discussion of expected changes in sexuality should be conducted on a regular basis. It is evident that, in spite of certain challenges pertaining to sexual activity prior to (Ricci et al., 2020). To enhance circulation to the lower limbs, engage in calf-tensing exercises while seated for extended flights. Nausea, constipation, heartburn, indigestion, hemorrhoids, leg cramps, vaginal discharge, frequent urination, and fatigue are among the most common problems that pregnant travelers may encounter. To prevent blood clots, always use support hoses while flying. Drink plenty of water during the flight to ensure that you are properly hydrated. Postpone your trip if the risks outweigh the benefits (Murray, 2019).

Immunizations and Medications Vaccines are among the greatest public health achievements of the 21st century, credited with significant reduction of morbidity and mortality from many diseases caused by bacteria and viruses. Ideally, pregnant should receive all childhood immunizations before conception to protect the fetus from any risk of congenital anomalies. If the pregnant comes for a preconception visit, discuss immunizations such as measles, mumps, and rubella (MMR), hepatitis B, and diphtheria/tetanus (every 10 years); administer them at this time if needed (Sowunmi et al., 2021).

The security of over-the-counter drugs and natural cures is a common question that patients have for nurses. It is difficult to provide broad recommendations for drugs as many of them have not been the subject of controlled research. Therefore, it is important to urge pregnant individuals to see their doctor before beginning any new drug. One of the subjects discussed at the first prenatal appointment is the usage of herbal and over-the-counter remedies (Leifer, 2019).

Counseling and health education, however, are crucial in assisting the woman in overcoming the difficulties associated with her pregnancy's mild discomfort as well as in recognizing when a major complication has begun. The absence of appropriate documentation that can act as a point of reference for decision-making impedes the accurate assessment of these

minor pregnancy disorders in developing nations, which in turn causes problems for effective planning, control, preventive, and evaluation programs. Because of the aforementioned, it will be important in the future to evaluate and improve pregnant women's knowledge of minor pregnancy disorders (Sowunmi et al., 2021).

Nurses can be important contributors to anticipatory guidance and education that upholds women's accountability for customs. They can also assist in debunking myths and correcting any inaccurate data. It is essential to teach the expectant mother how to identify the dangers to her safety that stem from her environment or lifestyle and make recommendations for adjustments to avoid negative outcomes. Involve the pregnant lady and her family in offering emotional support to reduce physical and psychological concerns. This may be done in addition to giving treatment and health information about enhanced pregnancy and delivery (Gouda et al., 2019).

The various health-related activities that expectant mothers may partake in are something that nurses need to be aware of. Ensuring safety and understanding how these activities relate to biomedical care rely on this understanding. Should the nurse possess adequate understanding of customary practices, suitable recommendations could be provided to support expectant mothers in enhancing their medical interventions, managing symptoms and unpleasant side effects, and preserving and enhancing their well-being (Hashem et al., 2020).

Maternity nurses play a pivotal role in elevating the caliber of prenatal care by providing pregnant patients with education and support. In addition to social services assessment and management, the nurse provides medical and psychosocial services, such as nutrition, education, counseling, health promotion, and appropriate referrals (Mendoza and Amsler, 2017).

Maternity nurses are essential in identifying problems related to minor discomforts encountered during pregnancy and arranging timely intervention for such problems in order to minimize the financial, psychological, and physical costs associated with maternal and newborn

morbidity and mortality. Therefore, it is essential that nurses receive continual education and training in order to provide comprehensive and holistic nursing intervention for women experiencing minor discomforts (Abd Elaa et al., 2022).

In addition to being proactive in teaching expectant mothers about lifestyle modifications that can impact pregnancy-related symptoms and raising awareness of the practice of home remedies for minor pregnancy disorders, nurses can significantly contribute to preventing or reducing pregnancy-related discomforts through appropriate education and follow-up telenursing (Sandal et al., 2019).

The nurse's role in treating minor discomforts includes improving the patient's condition and preventing its recurrence. The prevention necessitates altering the women's risky self-care behaviors, and they should be educated about the most common minor discomforts and appropriate self-care behaviors (AbdElkhalek et al., 2020).

Regarded as a branch of telehealth, telenursing is concerned with the delivery, administration, and synchronization of nursing care and services through the use of telecommunications the most popular applications of telenursing are to offer opportunities for education to expectant mothers, nursing teleconsultations, review of laboratory investigation results, and support in the implementation of management protocols (Alageswari and Dash, 2018) .

Nurses can help prevent or lessen pregnancy-related complications and support pregnant women in maintaining a healthy lifestyle by offering appropriate education and follow-up telenursing. Nurses can also actively participate in health education campaigns to increase awareness and knowledge about lifestyle modifications that can affect pregnancy-related symptoms they can also proactively promote the use of home remedies for mild pregnancy discomforts (Sandal et al., 2019)

2.9. Previous Studies

2.9.1. First study

Aziz & Maqsood, (2016) "Self-Management of Pregnant Women Regarding Minor Discomforts in Primary Health Care Centers in Erbil City." evaluated pregnant women's practices and knowledge about minor discomforts during pregnancy in their study, The study included 370 pregnant women in good health from Erbil City College
of Nursing, Hawler Medical University, Erbil, and the four primary health care centers in IRAQ (Kurdistan, Brayati, Nawroz, and Nazdar Bamarni).

The majority of the study sample, according to the results, was made up of housewives, nuclear families, secondary school graduates, and people between the ages of 18 and 25. Pregnant women had fair knowledge and poor self-management, according to the study's findings. The study's conclusions showed that pregnant women's self-management techniques for addressing minor discomforts were also appalling. Knowledge was significantly correlated with gestational age, age group, and educational attainment. However, there was no discernible correlation found between age group and self-management techniques for minor discomforts.

2.9.2. Second study

Ayoub and Awe, (2018) "Comparative Study between Primigravida and Multigravida Regarding Women’s Self-Care Practices for Management of Selected Minor Discomforts" Goals: This study aimed to compare primigravidae and multigravidae self-care practices for addressing particular minor discomforts. Setting of this study was conducted in the keebly MCH at Menofya governorate in Egypt

Based on the survey, only 33.3% of primigravida and 21.4% of multigravida had a reasonable level of education. Fewer than half of first-time mothers attempt to curb their nausea and vomiting by avoiding the aroma of food, as compared to 26.3% of multi-gravidas. More than half of the two groups also avoid fried, greasy, or spicy meals (54.1% multi,

55.3% primi). In conclusion, there was no discernible difference in the self-care strategies used by primigravida and multigravida women to treat heartburn, constipation, leucorrhea, and back pain.

2.9.3. Third study

Samarakoon et al., 2020). conducted a study Knowledge and practices regarding self-management of minor ailments among pregnant mothers. This study was aimed to assess the knowledge and practices regarding self-management of minor discomforts among pregnant mothers attending to selected Antenatal Clinics (ANC), Medical Officer of Health (MOH) area, Batticaloa. Sri Lanka

Results: Nearly half of the participants (54.6%) were in 20–29 years and 62% of them were primiparous mothers. Around 93% of them were experienced nausea and vomiting during their pregnancy and among them all were reported nausea and vomiting has been occurred during their 1st trimester. About 75% of them mentioned that home remedies are the best way to self-manage the minor discomforts. The mean knowledge score on minor discomforts and self-management was 12.16 (SD= 14.64). Majority of participants (94.1%) scored less than 50%. Knowledge score was significantly associated with participant's ethnicity, religion, monthly income, educational level and their parity.

2.9.4 . Fourth study

Aldossary et al. (2018) examine the knowledge and habits of primigravida women in relation to common and mild pregnancy discomforts. The purpose of this research was to examine first-time mothers' understanding of common pregnancy symptoms and their methods for dealing with them. in Dammam, Saudi Arabia, at the Maternity & Children Hospital's Obstetrics & Gynecology Outpatient Department's prenatal clinic. the research shows that first-time mothers completed 47.0% of the recommended steps to alleviate their pregnancy-related pain (excellent practice score). Of the 96 women who were selected for the

study, 14 declined to take part. Therefore, 82 women participated in this study. The study encompasses 82 participants, with Table 1 providing demographic data indicating that 79.2% of the subjects are between the ages of 20 and 30 and 9.8% are under 20. The educational attainment of primigravida women showed that 46.3% had finished college, 36.6% had finished high school, and just 1.2% had a postgraduate degree. The table also shows that housewives made up 84.1% of the participants. 43.9% of the participants were in the 29–40 week gestation period, followed by 30.5% in the 15–28 week gestation period and 25.6% in the 0–14 week gestation period. The participants were in different phases of gestation. According to the subjects' income classification, 32.9% of them make less than 5,000 rupees per month, while 59.8% of them earn between 5,000 and 10,000 rupees per month.

2.9.5 . Fifth study

Singh and Kaur, (2018). A descriptive study conducted in a selected hospital in Jalandhar, Punjab, India, to evaluate antenatal mothers' knowledge of how to self-manage minor illnesses during pregnancy. Based on the study, it was found that 1% of pregnant women had excellent knowledge, 6% had good knowledge, 73% had average knowledge, 16% had below average knowledge, and 4% had poor knowledge about how to take care of minor illnesses on their own during pregnancy. The relationship between quantitative characteristics or traits and occupation as a significant socio-demographic variable was examined using the CHI-SQUARE test.

2. 9.6 .Sixth study

2020 by Ibrahim and Ali Hassan "Minor discomforts among pregnant women attending Beni-Sweif University Hospital" Egypt was There are no statistically significant differences in the percentage of women who visit obstetricians based on their age, place of residence, employment, past pregnancy history, or stage of pregnancy. Nonetheless, compared to those with less education, 76.5%, the percentage of visiting

doctors is much higher among secondary school graduates (97.1%) and university graduates (92.1%). employment in comparison to the over three-quarters of pregnant women who do not work. Additionally, the findings of the current study showed that one-third of the mother were no previous pregnancy.

2. 9.8. Seventh study

Lyimo et al., (2022) a study titled "Pregnant women's self-care practices for relief of minor discomforts in Dodoma Region, Alexandria Tanzania". Egypt According to the study's findings, the mother's mean age was 27.98 ± 7.66. Over half (55.3%) of the research participants lacked sufficient knowledge. Sixty-five percent of pregnant women reported using inadequate self-care techniques to ease minor discomforts. Furthermore, there was a favorable relationship found between self-care behaviors and awareness of minor discomforts. According to the study's findings, the majority of women did not take adequate care of themselves to ease minor discomforts.

2. 9.8 . Eighth study

Abd-Elhaliem et al., 2018) Jordan The knowledge and attitude of expectant mothers toward using self-care techniques to ease minor discomforts were found to have a highly significant relationship. In general, 55% of the sample under study knew exactly what minor discomfort was and how to use measures to relieve it. In addition, 54% of mothers had a favorable attitude regarding using measures. The studied sample's utilization measures show varying degrees of mild, moderate, and severe relief (44.3%, 42.2%, and 13.5%, respectively). More than half of the sample members were correctly informed about common sources of discomfort and ways to ease them. Additionally, it was noted that among over half of the participants, usage measures were effective in relieving minor discomforts.

2. 9.9. Ninth study

Sowunmi et al., (2021) Improving Expectant Mothers' Understanding of Self-Management of Minor Pregnancy Disorders at a State Specialty Hospital in Southwest Nigeria In terms of education level, the knowledge mean scores for self-management of minor pregnancy disorders before and after the intervention showed statistically significant differences ($p = 0.00$).

2. 9.10 . Tenth study

Hashem et al., (2020). " Effectiveness of teaching program on awareness regarding the minor discomfort problems among pregnant women. The current study aimed to evaluate the effectiveness of planned teaching program on awareness regarding minor discomfort problems among primigravida women.in Egypt this study was conducted in two maternal health care centers in Minia city. Results: Most of the primigravida women had poor awareness about minor discomfort during pregnancy in the pre-teaching program which decreases to the minority after post teaching program with a highly statistically significant difference. Also, more than three-quarters of them had a poor level in total practice about minor discomforts in the pre-teaching program which decrease to the minority in the post-teaching program with a highly statistically significant difference. In addition, there was a fair positive association between the total knowledge score and the total practice score of primigravida women in the pre-teaching program.

Chapter Three Methodology

Methodology

This chapter explains the methodology and design of the current study. Administrative Arrangement, study setting, study sample and sampling, study phases, data collection methods, pilot study, instrument and educational program reliability and validity, data analysis, and study constraints are also included..

3.1. The Research Design

A quantitative descriptive study (comparative study) was conducted at Primary Health Care Centers between 30th September 2023 and 19th June 2024 to assess primigravida and multigravida women's self-care behaviors for handling minor pregnancy discomforts.

3.2. Administrative Arrangements

1. After reviewing the research's objectives, title, and questionnaire, the College of Nursing's Scientific Research Ethics Committee gave its approval to perform the study (Appendix A).
2. To facilitate the task of collecting samples, an official administrative request was submitted by the University of Kerbala's College of Nursing. Next, the Holy Kerbala Health Directorate received a formal administrative request from the College of Nursing/University of Karbala (Appendix B).
3. Karbala Health Directorate (Training Department and Development) assigned the researcher to fill out the approval form of the Research Protocol\ Ministry of Health (Appendix B1) which has information related to the study.
4. Then sent approval form to Training Department and Development present in the Central Sector. To obtain permission to collect samples from Primary Health Care Centers (PHCCs).
5. In the final phase of administrative arrangements, a formal letter from the Kerbala Health Directorate (Training Department a Development)

Permission Submission to College of the Nursing / University of Kerbala and Central Sector (Appendix B2).

6. In addition, the consent helped the researcher to collect the data from (PHCCs) and meet the mothers for the purpose of gathering information using the structured questionnaire format after taking the pregnant women's permission to participate in the study.
7. A formal request must be by university of Kerbela collage of nursing made to the relevant governmental authorities in order to officially begin the current research.

3.3. Ethical Considerations

The researcher obtained write informed consent from each pregnant woman. The researcher informs moms of the study's objectives before they participate in it. The sample ' agreement sheet states that the researcher also told them that taking part in the study was voluntary and gave them his word that the data would be kept secure and confidential both during and after the study.

3.4. The Setting of the Study

Among the accessible population were expectant women who visit at the PHCCs in Holy Kerbala City. The Central Sector was one of the few particular primary healthcare sectors in Holy Kerbala City where the study was conducted. Five major primary health care centers (PHCCs) were selected at Non randomly from each of the city's sectors for the study, accounting for 10% of the total. The site listed in table (3-1) was the site of data collection. Each of the Central Sector's PHCCs was written on a single piece of paper that was sealed and thoroughly mixed inside a container. The Central Sector (Al-Kawthar' Al-Nidal 'Al-Ghadeer 'Al-NasIr' hay AL-muzafine') PHCCs PHCCs has been chosen; Data collection took place at this location as shown in table (3-1).

Table (3-1): Sectors of Primary Healthcare and Associated Primary Healthcare Facilities in Holy Karbala City

Health Directorate	Primary health care sectors	PHCCs
Holy Karbala Health Directorate	Central Sectors	Hay -Al-Kawthar’
		Hay Al-Ghadeer
		Hay AL- Nidal
		Hay ’Al-Nassir’
		hay AL- muzafine’

3.5. The Samples of the Study

A non-probability (purposive sample) of 350 pregnant women who have minor discomforts , the study collected data on pregnant visit to each primary health care centers in Holy Karbala City, as well as in order to obtain an accurate sample size that represents the study population, the statistics of the visits of pregnant for the previous three months in each health center included within the health centers of the study sample and for the previous three months were taken by the researcher, as the total number of visits for the previous months was divided by 3 to obtain an average of the approximate visits and then (10%) of the total number of visits to each health care center were taken, which were shown in the table below.

The study selected randomly five out of the seven primary health care sectors , Estimating the samble size for a correlational studys validity and reliability was calculated using G+ Power analysis and According to Daniel Soper’s research, determining the appropriate sample size for correlation analysis involves considering factors like the desired correlation coefficient, statistical power, and significance level. Soper emphasizes the importance of planning for a sufficient sample size to detect the desired correlation coefficient effectively. For instance, to detect a correlation coefficient of 0.25 with an alpha of 0.05 and 95% power, a minimum of 350 samples is recommended. While this minimum sample size guideline is a starting point, researchers are encouraged to consider larger sample sizes

to enhance the accuracy of their findings. Soper's work underscores the significance of adequate sample size planning in correlation studies to ensure robust and meaningful results (Bujang & Baharum, 2016) These centers distributed thought (1) primary health care sectors (PHCSs), table (3-2).

Table (3-2): Distribution of the Study Sample at the (5) Selected Primary Health Care Centers

Primary health care centers	Average No. of Health Visitsof Mothers	10 % of the Average No. of Health Visits of Mothers	No. of Participant Chosen
Al-Kawthar	802	10%	81
Nidal	921	10%	93
Al-Ghadeer	603	10%	61
Al-Nasir	495	10%	50
AL- muwzafine	650	10%	65
Total			**350 without pilot study**

3.5.1. Inclusion Criteria:

1. Pregnant women who attended Primary Health Care Centers/ Karbala City to follow up her pregnancy within each trimester.
2. Not diagnosed with chronic disease for example: diabetes, anemia, and hypertension.
3. Mothers who gave verbal agreement to participate in the study sample.

3.5.2. Exclusion Criteria:

1. The pilot study sample..
2. Pregnant women who had chronic disease and Complication during pregnancy .

3.6. The Study Instrument:

The questionnaire is based on the experiences of the investigators as well as a thorough analysis of related literature and earlier studies (Torres Soto et al., 2021) (Appendix C)

Section (1): Socio-Demographic Characteristics for pregnant woman: Characteristics of the studied pregnant are age, educational level Employment status and residence, family type **Section (2): Obstetric information:** Gravidity, Abortion, Births, Gestational age, Follow-up current pregnancy, Time of initial follow-up, History of parity, Kinship relationship between husband and wife

Section (3): Self-Care behavior concerning Minor Discomforts Management during pregnancy

This section includes (3) parts of Self-Care behavior for Management them during pregnancy

Part (1): Assessment of Self-Care Behavior Concerning Management of Physiological Minor Discomforts during Pregnancy among Women

This part include (10) items assess of pregnant woman ' Self-Care behavior concerning for selective common Minor Discomforts Management during pregnancy.

first: Assessment of self-Care behavior about management of physiological minor discomforts related to "Nausea & Vomiting" among women It includes (9) items .

Second: Assessment of self-Care behavior about management of physiological minor discomforts related to constipation and hemorrhoids among women It includes (11) items .

Third: Assessment of self-Care behavior about management of physiological minor discomforts related to "heartburn" among women It includes (6) items .

Fourth: Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Backache" among Women It includes (6) items **.**

Fifth: Assessment of self-Care behavior about management of physiological minor discomforts related to "Leucorrhea" among women It includes (8) items .

Sixth: Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "sleeping" among Women It includes (4) items**.**

Eight: Assessment of self-Care behavior about management of physiological minor discomforts related to "frequent urination" among women It includes (6) items .

Ninth : Assessment of self-Care behavior about management of physiological minor discomforts related to "fatigue" among women It includes (4) items.

Tenth: Assessment of self-Care behavior about management of physiological minor discomforts related to "varicose vein" among women It includes (9) items.

Eleven: Assessment of self-Care behavior about management of physiological minor discomforts related to "respiratory disorder " among women It includes (6) items.

Part (2): Self-Care Behavior about psychological Health among Pregnant Women It includes (17) questions of Self-Care behavior about psychological health

Part (3): Self-Care Behavior about spiritual Health among Pregnant Women It includes (9) questions Self-Care behavior about spiritual health In all of these self-care behavior questions, there were five closed-ended options (Never, almost never, Occasionally, almost always, and Always) that the expectant mother was to mark to indicate her self-care behavior. The following five-level Likert scale was used to score and rate the responses to these questions: The numbers 1 through 5 stand for never, 2 for almost never, 3 for occasionally, 4 for almost always, and 5 for

always. The mothers' overall self-care behavior scores were calculated as the sum of the scores for each test question.

3.7. The Validity of the Study Instrument

To increase the instrument's validity, a panel of twenty experts (Appendix D) in the study's fields evaluated it. Experts reviewed the study's instruments and made additions and deletions. The instrument is valid after taking into account the advice and opinions of experts, and the experts are distributed based on the fields, as shown in Table (3-3).

Table (3-3): The Experts' Distribution According to the Field

The field	No.
Faculty member from College of Nursing/ Karbala University	7
Faculty members from College of Nursing/ Baghdad University	2
Faculty members from College of Nursing/ Babylon University	2
obstetrician from College of medicine / Karbala University	6
Faculty member from higher institute of health	1
Faculty members from College of Nursing/ KUFA University	1

3.8. Study Instrument Reliability

In nursing research, reliability pertains to the ability of a research tool, like a questionnaire or interview, to yield consistent and accurate results when applied repeatedly in the same setting (NSF Consulting, 2021). Valid results must be produced by an instrument that is dependable, meaning that it measures the things it is supposed to measure (Nicoll et al., 2023).

3.9. Internal coherence:

The present research established dependability, which is defined as the degree to which the various elements of the instrument are consistent with one another. "It assesses the consistency of the instrument and asks how well a set of items measures a specific test characteristic," Edwin explains. To evaluate the reliability coefficient, test items are correlated separately (Edwin, 2019).

A nonrandomly selected sample of thirty-five participants was examined to determine the internal consistency between items using the Cronbach's alpha coefficient, which was computed using IBM SPSS version 26.0 (Table 3–4). The test's excepted results are displayed below for the structured questionnaire format, which was administered to a sample of 350 people, or 10% of the entire population.

Table (3-4) Instrument Reliability Analysis (N = 35)

Scales	No. of Items	Cronbach`s alpha	Evaluation of Internal Consistency
Self-care behaviors	95	0.851	Excepted

The self-care behaviors scale has a very good Cronbach's alpha evaluation (0.851), indicating that the questionnaires' internal consistency and equivalency measurability were sufficient.

3.10. The Pilot Study

A pilot study is carried out to evaluate the study instrument's dependability prior to data collection. It was carried out in the Primary Health Care Sector in Holly Karbala City (PHCS) from December 21 to December 28, 2023, on a pilot study sample of thirty-five pregnant women who were not part of the original study sample.

3.10.1. The Purposes of the Pilot Study were:

1. To ascertain the questionnaires' dependability.
2. To ascertain whether any revisions are necessary and to verify that the questionnaire structure is adequate in terms of both clarity and content as understood by the study participants.
3. To calculate how long, it will take to complete the questionnaire.
4. To determine the most effective strategy required to ascertain the type of challenges they may encounter.

3.10.2. The Result of the Pilot Study:

1 .The reliability of the questionnaires is determined
2 The items of the questionnaire are clear, easy to understand and adequate to assess the phenomenon underlying the study.
3 The average time required for answering questionnaire is nearly (15-25) minute.

3.11. Data Collection Methods Face-to-face interviews and questionnaire formats were used to collect data; the mothers filled out the questionnaires themselves, providing clarification where necessary when any of the paragraphs were unclear. Between ١٠th December , 2023, and 5th march , 2024, Face-to-face interview was conducted with pregnant woman who were attended to the (PHCCS) to fill in the questionnaire after permission was arranged from primary health care sector and an agreement of pregnant to participate in the interview, then the researcher explaining the purpose of the study in simple way. Pregnant woman who are unable to read and write the questionnaire format were filled out by the researcher under the supervision of the pregnant woman. Most of the pregnant woman were attending primary health care centers at morning, the researcher collected these data in or out of the immunization unites and antenatal care unit in PHCCs, because all primary health care centers have the same building design, with regard to the immunization unit in which the data collection process took place, as it contains the main hall for taking the vaccine and also a waiting hall for pregnant woman , and the researcher collected and gave the questionnaire to pregnant woman in both the immunization halls and the waiting hall because of the difficulty of collecting information in the immunization hall due to Momentum, difficulty of movement, and lack of flow of work for caregivers and for the largest number of pregnant woman in a short time, the average time of (15-25) minutes required for each pregnant woman to complete the questionnaire format about.

3.11. Data Analysis

In nursing research, data analysis is a crucial stage wherein a range of techniques are utilized to characterize and evaluate the information that the investigator has collected. The type of data gathered will determine which analysis method is used; for quantitative research, numerical data is analyzed using both descriptive and inferential statistics (O'Connor, 2020) The data was analyzed and interpreted using the Statistical Package for Social Sciences (SPSS), version 26.0.

3.11.1. Descriptive Statistical Tests

Frequency (f): The number of times an event happened during an experiment or study is its frequency in statistics (Kenny & Keeping, 2022). It was used to characterize the degree of self-care behaviors as well as the socio-demographic traits of expectant mothers.

Percentage (%): A percentage in mathematics is a value or ratio that is given as a percentage of 100. One can compute a percentage by multiplying a given number by 100 and dividing it by the whole. Consequently, % can be thought of as a portion per hundred. The percent symbol is used to denote it. (Shwetha, 2023). It was used to characterize the degree of self-care behaviors as well as the sociodemographic traits of expectant mothers.

Mean (M): In biostatistics, the arithmetic average of a collection of values is referred to as the "mean". It is computed by adding up all of the values in the dataset and dividing the result by the total number of values. It is a measure of central tendency. The average value of a given set of data is represented by the symbol (\bar{x}), which stands for mean (Taylor, 2003). It was employed to characterize the range of self-care practices.

Standard Deviation: A random variable's predicted variation or dispersion around its mean is measured by the "standard deviation" in statistics. According to Blond and Altman (1996), this metric shows how different each observation is from the average. The purpose of using it was to quantify and describe self-care practices.

3.11.2. Inferential Statistical Tests

Cronbach Alpha (α): To find out how reliable a collection of survey questions is, researchers use Cronbach's alpha coefficient. Find out whether a collection of products regularly assesses the same quality by using this statistic. Using a uniform 0–1 scale, Cronbach's alpha is used to measure the degree of agreement. According to Polit and Hungler (2013), higher values denote greater agreement between the items. It was used tdetermine the correlation between the variables under investigation and the internal consistency of the study instrument.

Independent sample t-test: As a way to ascertain if two separate groups' means vary significantly, an inferential statistical test known as an independent sample t-test, or two-sample t-test, is utilized. When each group's cases, or participants, are distinct from the others and the groups are unrelated to one another, the test is employed (SPSS Statistics, 2021). It was employed to ascertain whether primigravida and multigravida self-care behaviors differed significantly.

The correlation coefficient of Spearman's rank: Pearson's correlation coefficient between rank variables is called the Spearman correlation coefficient.. When two variables have the same rank values, their Pearson correlation and Spearman correlation are equal. 2003 saw Myers et al. It was used to determine the relationship between women's sociodemographic characteristics and their self-care behaviors.

Point Biserial Correlation: when a variable is dichotomous—that is, when there are only two possible values, represented by the codes 0 and 1 what is the Pearson's product moment correlation value One helpful metric for gauging the statistical significance of a discrepancy in means between two groups is the point biserial correlation. According to (Kornbrot 2014), it is based on Pearson's product moment correlation. Its purpose was to collect data on women's self-care behaviors and how those habits related to their sociodemographic profile

3:12. Ranging and Scoring

The self-care behaviors were scored on a 5-Likert scale as follows: never (1), almost never (2), occasionally (3), almost always (4), and always (5). To estimate the total score, the range was calculated by subtracting the lowest and highest values, then split into three levels. The scores were then assigned accordingly: **Physiological health**: Poor= 69 – 161, Moderate= 161.1 – 235 and Good= 235.1 – 345.

Psychological Health: Poor= 17 – 39.66, Moderate= 39.67 – 62.33 and Good= 62.34 – 85.

Spiritual Health: Poor= 9 – 21, Moderate= 21.1 – 33 and Good= 33.1 – 45.

Overall Self-care Behaviors: Poor= 95 – 221.66, Moderate= 221.67 – 348.33 and Good= 348.34 – 475.

The level of each item is scored and rated into three levels also as follow: Poor= 1 – 2.33, Moderate= 2.34 – 3.66 and Good= 3.67 – 5.

Chapter Four

Results of the Study

Results of the Study

Results of the Study

This chapter describes the levels of self-care behaviors regarding management of minor discomfort during pregnancies and compares them between primigravida and multigravida. It also presents a descriptive analysis of the sample with respect to sociodemographic and health characteristics for women. The important connections between women's self-care practices and their sociodemographic traits are also defined in this chapter. In order to analyze and interpret the current study's results, statistical procedures were used; the results were manipulated. Based on sample answers to the study questionnaire, those findings were produced.

Table (4-1): The distribution of pregnant "Based on their Sociodemographic attributes

List	Characteristics		f	%
1	**Age (year)** **M±SD= 28 ± 6.6**	> 20	37	10.6
		20 – 29	164	46.9
		30 – 39	137	39.1
		40 ≤	12	3.4
		Total	***350***	***100***
2	**Level of education**	cannot write or read	35	10
		Read & write	39	11.1
		primary educational school	62	17.7
		Intermediate school	39	11.1
		Secondary school	56	16
		Diploma	40	11.4
		Bachelor	66	18.9
		Postgraduate	13	3.7
		Total	***350***	***100***
3	**Occupation**	Housewife	198	56.6
		Employee	133	38
		Free work	19	5.4
		Total	***350***	***100***

4	**Residency**	Rural	62	17.7
		Urban	288	82.3
		Total	***350***	***100***
5	**Family type**	Nuclear	208	59.4
		Extended	107	30.6
		Largely extended	35	10
		Total	***350***	***100***

(SD: Standard deviation " %: Percentage, f: Frequency, and M: Mean,)

According to this (Table 4-1) the average age of womens is 28±6.6 years, with 46.9% of them being in the 20–29 age range and 39.1% being in the 30–39 age range. In terms of educational attainment, the largest proportion relates to 18.9% of female bachelor's degree graduates and 17.7% of primary school graduates.

In accordance to their occupational status, 38% of women work for the government and 56.6% of women are housewives. According to the residency, 82.3% of women live in cities and just 17.7% in rural areas. 59.4% of them reported having a nuclear family, while 30.6% reported having an extended family.

Table (4-2): Distribution of pregnant based on characteristic of Reproductive Health

List	Characteristics		F	%
1	**Gravidity**	Primigravida	127	36.3
		Multigravida	223	63.7
		Total	***350***	***100***
2	**Abortion**	None	199	56.9
		Once	84	24
		Twice	46	13.1
		More than two	21	6
		Total	***350***	***100***
3	**Parity**	None	75	21.4
		1	72	20.6
		2 – 3	113	32.3

		More than 3	90	25.7
		Total	***350***	***100***
4	**Gestational age**	First semester	17	4.8
		Second semester	1	.3
		Third semester	332	94.9
		Total	***350***	***100***
5	**Current pregnancy follow-up**	No	0	0
		Yes	350	100
		Total	***350***	***100***
6	**First follow-up**	First semester	307	87.7
		Second semester	30	8.6
		Third semester	13	3.7
		Total	***350***	***100***
7	**Lived children**	None	69	19.7
		1 – 3	222	63.4
		4 – 6	55	15.7
		7 ≤	4	1.1
		Total	***350***	***100***
8	**Lived birth**	None	84	24
		1 – 3	209	59.7
		4 – 6	53	15.1
		7 ≤	4	1.1
		Total	***350***	***100***
9	**Still birth**	None	280	80
		1 – 3	68	19.4
		4 ≤	2	.6
		Total	***350***	***100***
10	**Duration of marriage** **M±SD= 7 ± 6**	1 – 5(years)	186	53.1
		6 – 10)(years)	81	23.1
		11 – 15(year)	35	10
		16 (year ≤)	48	13.7
		Total	***350***	***100***
11	**Kinship degree**	Yes	205	58.6

	with husband	No	145	41.4
		Total	***350***	***100***

(M: Mean and f : Frequency, SD: Standard deviation %: Percentage,)

The highest percentage 63.7% of women were multigravida while 36.3% of them are is primigravida. Regarding number of abortion, 24% of women had one abortion and 13.1% had two abortions. The highest percentage of parity refers to 32.3% of women who had 2-3 parity and 25.7% who had more than three. The gestational age reveals that majority of pregnant women were at third semester (94.9%). Regarding follow-up for current pregnancy, all women reported that they adhere to follow-up (100%). The first follow-up was at first semester as reported by 87.7% of pregnant women. The number of lived children refers to 1 – 3 lived children among 63.4% of women; the number of lived birth is referring to 1 – 3 also among 59.7%. The number of dead birth refers to 1 – 3 among 19.4% only. The duration of marriage indicates that 53.1% are married since 1 – 5 years; the average refers to 7±6 years. The kinship degree with husband reveals that 58.6% of women were their husbands have kinship with them.

Table (4-3): Assessment of Self-Care Behavior Concernin Management of Physiological Minor Discomforts during Pregnancy among Women:

Self-care behavior	F	%	M	SD	Ass.
Poor	21	6	203.49	28.786	Moderate
Moderate	284	81.1			
Good	45	12.9			
Total	***350***	***100***			

(Percentage, SD: Standard Deviation for total score M: Mean for total score, f: Frequency, %:,) Ass: Assessment , (Poor= 69 – 161, Moderate= 161.1 – 235, Good= 235.1 – 345)

This table illustrates that pregnant women show moderate self-care behavior regarding management of physiological minor discomforts as reported among 81.1% of them (M±SD= 203.49±28.786).

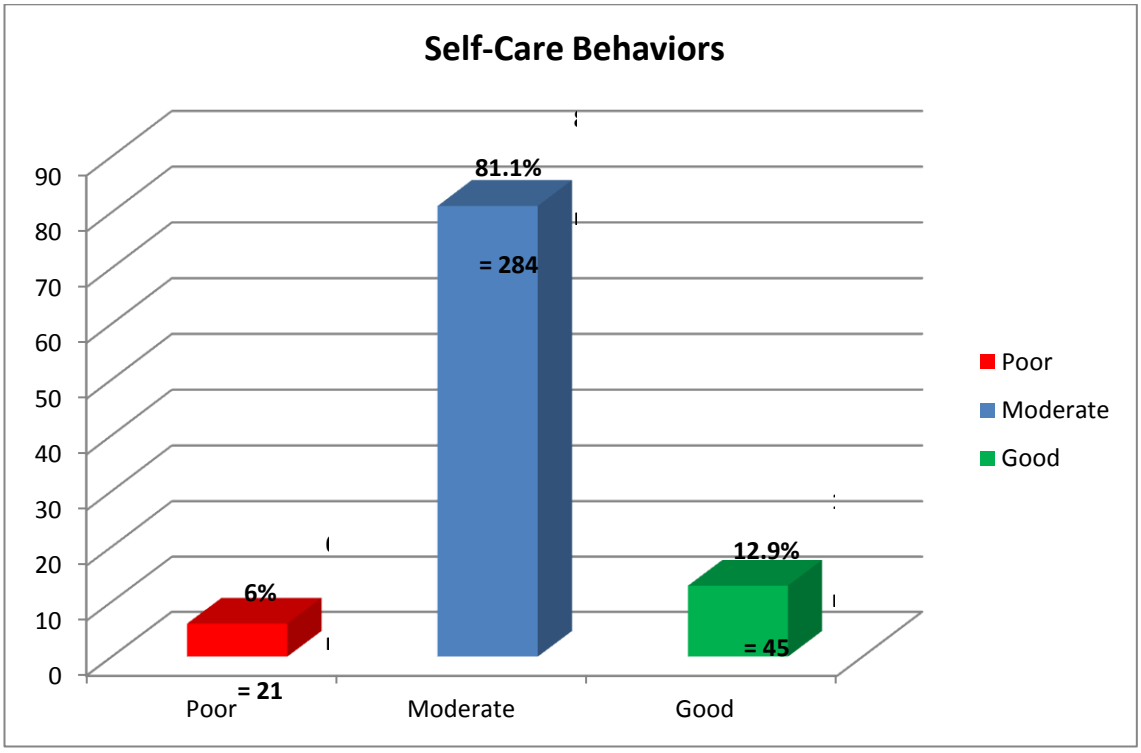


Figure (4-1): Self-Care Behavior for Management of Physiological Minor Discomforts (N=350)

In terms of managing physiologically minor discomforts, this figure shows that 81.1% of pregnant women engage in moderate "self-care behavior" .

Table (4-4): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Nausea & Vomiting" among Women (N=350)

List	Self-care behavior: Nausea & Vomiting	M	SD	Assessment
1	I try to Avoid Food Smelling	3.07	1.385	Moderate
2	I try to Take Medication (as antiemetic's) as doctor order	3.15	1.471	Moderate
3	I eat Dry biscuits Before getting out of Bed	1.97	1.239	Poor
4	I Eat dry carbohydrate meal on awakening(as fruit "rice " grains "legumes "processed cakes" potatoes " sweets " bread)	2.79	1.284	Moderate
5	I Avoid spicy food	3.18	1.438	Moderate
6	Reduce your tea /coffee intake	3.34	1.37	Moderate
7	I eat small " frequent meals	3.22	1.379	Moderate

8	I try to take care of my oral and dental hygiene	4.00	1.292	Good
9	Use deep breathing exercises	2.31	1.365	Poor
Grand Mean*		***27.03***	***5.888***	***Moderate***

(M: Mean, Good= 3.67 – 5 Poor= 1 – 2.33, Moderate= 2.34 – 3.66, SD: Standard Deviation,)
* Poor= 9 – 21, Moderate= 21.1 – 33, Good= 33.1 – 45

This table shows that, when it comes to managing the physiological minor discomfort of nausea and vomiting, pregnant women have a grand mean (M±SD= 27.03±5.888) that indicates a moderate level of self-care behavior. The mean score is moderate for the majority of items, with the exception of two that demonstrate poor self-care behavior: "I eat dry biscuits before getting out of bed" and "Use deep breathing exercises." On the other hand, items like "I try to take care of my oral and dental hygiene" show good " self-care behavior" .

Table (4-5): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Constipation and Hemorrhoids" among Women (N=350)

List	Self-care behavior: Constipation and Hemorrhoids	M	SD	Assessment
1	Drink at least six glasses of water daily.	3.41	1.292	Moderate
2	Frequently Increase roughage in the diet (for example, bran, coarsely ground cereals, and fresh fruits and vegetables with dandruff).	2.75	1.175	Moderate
3	I Do moderate exercise every day.	1.77	.947	Poor
4	Maintain a regular schedule for bowel movements (rink plenty of water "exercise "especially abdominal exercise 'and walk regularly).	2.91	1.227	Moderate
5	I avoid enemas and laxatives	3.38	1.441	Moderate
6	I avoid constipation by emptying my bowels daily	3.35	1.301	Moderate
7	Take baking soda in the water with warm bath	1.09	.435	Poor
8	Avoid sitting for long time	3.23	1.216	Moderate
9	Use cold compresses	1.33	.846	Poor

10	Use traditional treatments (medical herbs)	1.31	.900	Poor
11	Take medications as directed by doctor	1.81	1.348	Poor
Grand Mean*		***26.33***	***5.100***	***"Moderate"***

M: Mean, SD: Standard Deviation
Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 11 – 25.66, Moderate= 25.67 – 40.33, Good= 40.34 – 55

The grand mean (M±SD= 26.33±5.100) of this table indicates that pregnant women have a moderate self-care behavior when it comes to managing physiological minor discomforts like constipation and hemorrhoids.

Table (4-6): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Heartburn" among Women (N=350)

List	Self-care behavior: Heartburn	M	SD	Assessment
1	Avoid fried, spicy, and fatty food	3.06	1.377	Moderate
2	I Eat frequent, small meals.	3.06	1.381	Moderate
3	I Drink coca cola, 7-up, bicarbonate soda.	2.85	1.433	Moderate
4	I try Do not lie down after eating.	3.04	1.368	Moderate
5	I try eat Dry biscuit Before getting up From Bed	1.98	1.296	Poor
6	Keep the head of the bed higher than the foot of the bed	2.41	1.441	Moderate
Grand Mean*		***16.39***	***4.317***	***"Moderate"***

M: Mean, SD: Standard Deviation
Poor= 1 – 2.33, Moderate= 2.34 – 3.66, Good= 3.67 – 5
* Poor= 6 – 14, Moderate= 14.1 – 22, Good= 22.1 – 30

The grand mean (M±SD= 16.39±4.317) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort from heartburn; the mean score is moderate for all items except for one (I try to eat a dry biscuit before getting out of bed) , which demonstrates poor "self-care behavior" .

Table (4-7): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Backache" among Women (N=350)

List	Self-care behavior: Backache	M	SD	Assessment
1	I try to neglect treating backache	2.73	1.443	Moderate
2	Use good body mechanics (comfortable and correct body posture	3.22	1.265	Moderate
3	Avoid standing for long time	3.35	1.243	Moderate
4	Avoid high heeled shoes	3.07	1.241	Moderate
5	Practice pelvic exercises	1.76	1.041	Poor
6	Avoid bending when lifting objects	3.07	1.361	Moderate
Grand Mean*		***17.20***	***3.820***	***"Moderate "***

(M: Mean, SD: Standard Deviation)
(Good= 3.67 – 5, Moderate= 2.34 – 3.66, Poor= 1 – 2.33)
* (Good= 22.1 –, Moderate= 14.1 – 22, 30Poor= 6 – 14)

The grand mean (M±SD= 17.20±3.820) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort, such as backaches. The mean score for all items is moderate, with the exception of the pelvic exercise item, which demonstrates poor " self-care behaviors".

Table (4-8): "Assessment " of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Leucorrhea" among Women (N=350)

List	Self-care behavior: Leucorrhea	M	SD	Assessment
1	I try daily shower	3.07	1.356	Moderate
2	I try wearing cotton under wears	3.07	1.522	Moderate
3	Use pad and change frequently	2.33	1.441	Moderate
4	I try to ignore and not give presence of Leucorrhea	2.25	1.271	Poor

5	Use Vagina suppositories as directed by your doctor	2.59	1.252	Moderate
6	Wash the perineal region from front to back.	3.80	1.225	Good
7	Maintain a dry and clean perineal area.	4.05	1.096	Good
8	Avoid using tampon and internal lotion	3.53	1.252	Moderate
Grand Mean*		***24.67***	***5.212***	***"Moderate "***

(SD: Standard Deviation M: Mean,)
(Good= 3.67 – 5, Moderate= 2.34 – 3.66, Poor= 1 – 2.33)
* (Poor= 8 – 18.66, Moderate= 18.67 – 29.33, Good= 29.34 – 40)

(This table demonstrates that , when it comes to managing the physiological minor discomfort caused by leucorrhea, pregnant women have a grand mean (M±SD= 24.67±5.212) that indicates moderate self-care behavior. The mean score is moderate for all items except for one that shows poor self-care behavior (I try to ignore and not give presence of Leucorrhea) and two that show good self-care behavior (Wash the perineal region from front to back and Maintain a dry and clean perineal area).

Table (4-9): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Sleeping Disorders" among Women (N=350)

List	Self-care behavior: Sleeping Disorders	M	SD	Assessment
2	Take Warm shower before bedtime	2.90	1.252	Moderate
3	I do activities that help me feel relaxed " such as reading before " meditation	3.02	1.300	Moderate
4	Encourage side lying with pillow support	3.35	1.269	Moderate
Grand Mean*		***12.00***	***3.443***	***Moderate***

(SD: Standard Deviation, M: Mean, Good= 3.67 – 5Moderate= 2.34 – 3.66, Poor= 1 – 2.33,)*(Poor= 4 – 9.33, Moderate= 9.34 – 14.66, Good= 14.67 – 20)

Based on the grand mean (M±SD= 12.00±3.443), this table shows that pregnant women have a moderate self-care behavior regarding management of physiological minor discomfort or sleeping disorders.

Table (4-10): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Frequent Urination" among Women (N=350)

List	Self-care behavior: Frequent Urination	M	SD	Assessment
2	Empty your bladder frequently during the day	3.95	1.152	Good
3	Reduce drinking tea and coffee	3.41	1.323	Moderate
4	Use Warm water to wash	3.59	1.233	Moderate
5	Reduce oral fluids intake	2.45	1.382	Moderate
Grand Mean*		***19.18***	***4.002***	***Moderate***

(M: Mean, Good= 3.67 – 5 Moderate= 2.34 – 3.66Poor= 1 – 2.33, SD: Standard Deviation,)* (Moderate= 14.1 – 22,Poor= 6 – 14, Good= 22.1 – 30)

With the exception of the item "Empty your bladder frequently during the day," which demonstrates good self-care behavior, the grand mean (M±SD= 19.18±4.002) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing the physiological minor discomfort of frequent urination.

Table (4-11): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Fatigue" among Women (N=350)

List	Self-care behavior: Fatigue	M	SD	Assessment
1	To stay healthy, I eat a balanced diet.	3.58	1.297	Moderate
2	I take time to relax and replenish my energy.	3.90	1.986	Good
3	Minimize strenuous activities	3.43	1.311	Moderate
4	Get enough sleep to feel rested	3.56	1.342	Moderate
Grand Mean*		***14.47***	***3.995***	***Moderate***

SD: Standard Deviation M: Mean, Moderate= 2.34 – 3.66, Good= 3.67 – 5 Poor= 1 – 2.33,)* (Poor= 4 – 9.33, Moderate= 9.34 – 14.66, Good= 14.67

– 20)The grand mean (M±SD= 14.47±3.995) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort or fatigue; the mean score is moderate for all items except for the one that demonstrates good self-care behavior, which is "I rest to regain my health and energy."

Table (4-12): Assessment of Self-Care Behavior about Management of Physiological Minor Discomforts related to "Respiratory Disorders" among Women (N=350)

List	Self-care behavior: Respiratory Disorders	M	SD	Assessment
1	I sleep with my head and chest elevated	2.56	1.378	Moderate
2	Wear loose and comfortable clothing	3.78	1.289	Good
3	Limit strenuous activities during the day	3.58	1.208	Moderate
4	Take good posture when sitting	3.64	1.205	Moderate
5	I take medications as Doctor order	1.26	.799	Poor
6	I eat small " frequent meals	3.01	1.493	Moderate
Grand Mean*		***17.83***	***3.631***	***Moderate***

(SD: Standard Deviation "M: Mean Good= 3.67 – 5 Moderate= 2.34 – 3.66, Poor= 1 – 2.33,)* (Poor= 6 – 14, Moderate= 14.1 – 22, Good= 22.1 – 30)

The grand mean (M±SD= 17.83±3.631) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort from respiratory disorders. The mean score is moderate for all items, with the exception of "I take medications as prescribed by my doctor," which demonstrates poor self-care behavior, and "Wear loose and comfortable clothing," which demonstrates good self-care behavior.

Table (4-13): Evaluation of Women's (N=350) Self-Care Practices Regarding the Management of Physiological Minor Discomforts Associated with "Varicose Vein"

List	Self-care behavior: Varicose Vein	M	SD	Assessment
1	Wear elastic stockings during regency	2.19	1.416	Poor
2	Take periods of rest and move as much as possible in case Standing or sitting for long periods	3.29	1.240	Moderate
3	Elevate the feet on a pillow to encourage blood m ovement toward the heart again	3.03	1.265	Moderate
4	Avoid bending your feet when sitting	3.11	1.204	Moderate
5	Practice simple daily exercises that increase blood circulation after consulting a doctor	2.45	1.318	Moderate
6	I sleep on the left side to relieve uterine pressure	3.34	1.265	Moderate
7	Reduce sodium consumption to reduce swelling of the veins	2.94	1.306	Moderate
8	Avoid tight belts around the waist or pelvis, stockings with tight elastic bands, and tight or high-heeled shoes	3.86	1.194	Good
9	Wear loose and comfortable clothing	4.19	.989	Good
Grand Mean*		***22.92***	***4.568***	***Moderate***

(SD: Standard Deviation" M: Mean Good= 3.67 – 5, Poor= 1 – 2.33,Moderate= 2.34 – 3.66,)
* (Good= 33.1 – 45,Moderate= 21.1 – 33, Poor= 9 – 21)

As can be seen from the grand mean (M±SD= 22.92±4.568) in this table, pregnant women exhibit moderate self-care behavior when it comes to managing the physiological minor discomfort associated with varicose veins. The mean score is moderate for all items, with the exception of one that shows poor self-care behavior (wear elastic stockings during regency), two that show good self-care behavior (avoid tight belts around the waist or pelvis, tight or high-heeled shoes), and one that shows good self-care behavior (wear loose and comfortable clothing).

Table (4-14): Assessment of Self-Care Behavior Concerning Psychological Health during Pregnancy among Women

Self-care behavior	f	%	M	SD	Ass.
Poor	26	7.5	56.12	11.313	Moderate
Moderate	215	61.4			
Good	109	31.1			
Total	***350***	***100***			

(M: Mean for total score, , Ass: (Assessment, Good= 62.34 – 85Moderate= 39.67 – 62.33, Poor= 17 – 39.66,) SD: Standard Deviation for total score, f: Frequency, %: Percentage)

The table indicates that 61.4% of pregnant women (M±SD= 56.12±11.313) report having moderate self-care behaviors for their psychological health, while 311% report having good self-care behaviors.

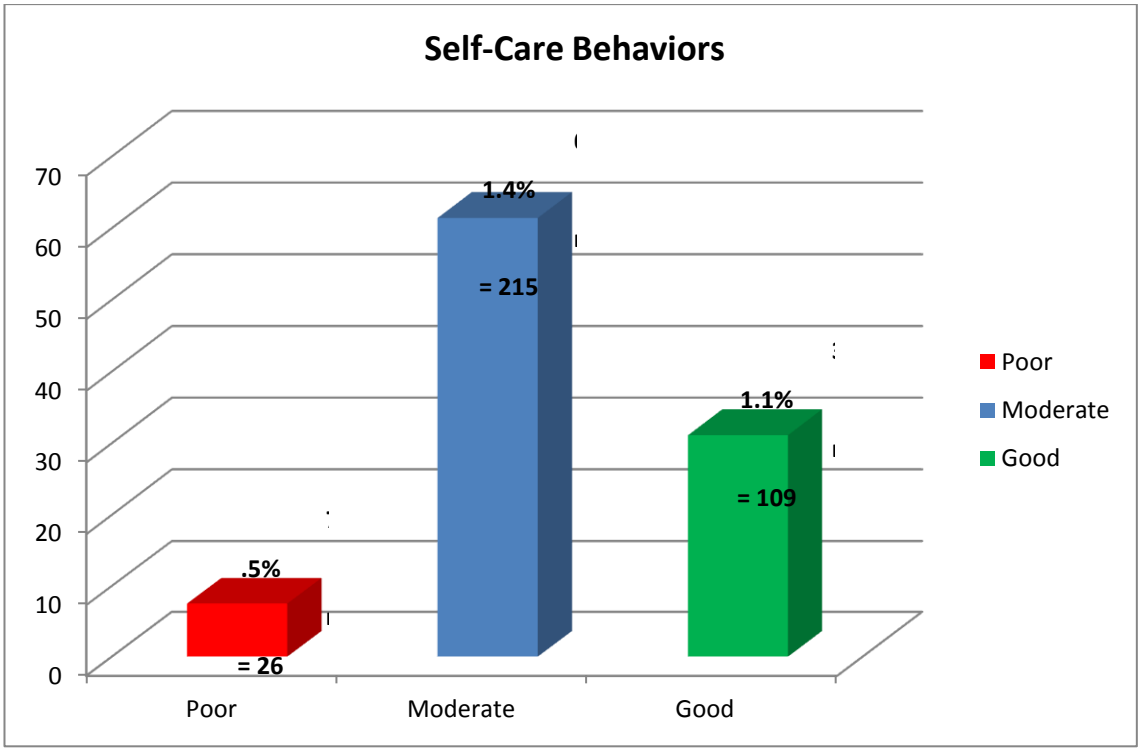


Figure (4-2): Self-Care Behavior for Psychological Health among Women (N=350)

In response to this Figure (4-2) statistic, 61.4% of expectant mothers engage in modest self-care activities related to their mental health.

Table (4-15): Assessment of Self-Care Behavior about Psychological Health among Pregnant Women (N=350)

List	Psychological health	M	SD	Assessment
1	Typically, I worry about getting pregnant	3.99	1.089	Good
2	I believe it's important to pay attention to my feelings and disposition.	3.71	1.090	Good
3	I make an effort to be upbeat.	3.67	1.097	Good
4	When I'm depressed, I consider all of life's blessings.	3.42	1.114	Moderate
5	Even though I experience sadness occasionally, my outlook is usually positive.	3.29	1.256	Moderate
6	I engage in activities (like reading a book, playing sports, or going for a run) to decompress from my daily worries.	2.70	1.204	Moderate
7	I make time for the things I enjoy doing.	2.95	1.224	Moderate
8	I make an effort to keep my body, emotions, and mind in harmony.	3.02	1.212	Moderate
9	I engage in pursuits that enhance my personal growth.	2.99	1.238	Moderate
10	I engage in things that promote wellbeing.	3.13	1.261	Moderate
11	I like to keep up good relationships with other people.	3.52	1.208	Moderate
12	I make an effort to be at ease with myself every day.	3.42	1.201	Moderate
13	I try to reward myself with any enjoyable activity after work (or study).	3.04	1.205	Moderate
14	I make an effort to divert my attention when I feel anxious.	3.24	1.112	Moderate
15	Whenever I feel low, I make an effort to focus on happy thoughts.	3.30	1.070	Moderate
16	I make an effort to think positively, even when I'm feeling down.	3.39	1.096	Moderate
17	I engage in better-feeling activities to keep my mind at ease and peaceful.	3.34	1.240	Moderate

(Good= 3.67 – 5, Moderate= 2.34 – 3.66,Poor= 1 – 2.33,) SD: , M: Mean, Standard Deviation

This table shows that, in terms of psychological health, pregnant women practice moderate self-care; the mean score for all items is moderate, with the exception of the following: (Usually Feel worried about pregnancy), (I believe it's important to pay attention to my feelings and mood.), and (I make an effort to be in a good mood). These items demonstrate good self-care practices.

Table (4-16): Assessment of Self-Care Behavior Concerning Spiritual Health during Pregnancy among Women

Self-care behavior	f	%	M	SD	Ass.
Poor	16	4.6	31.79	5.779	Moderate
Moderate	195	55.7			
Good	139	39.7			
Total	***350***	***100***			

(SD: Standard Deviation for total score,M: Mean for total score, f: Frequency, %: Percentage , Ass: Assessment, Poor= 9 – 21, Moderate= 21.1 – 33, Good= 33.1 – 45)

According to this table, pregnant women practice moderate to good self-care when it comes to their spiritual health, with 55.7% of them falling into the moderate self-care category (M±SD= 31.79±5.779) and 39.7% falling into the good self-care category.

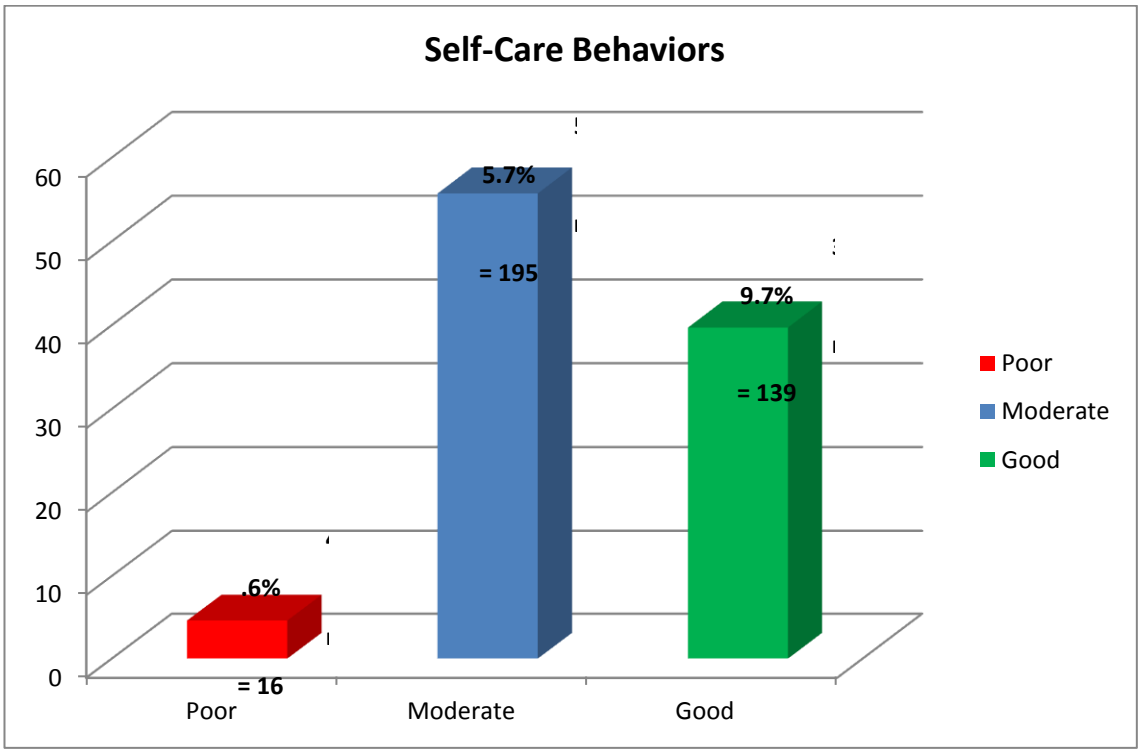


Figure (4-3): Self-Care Behavior for Spiritual Health among Women (N=350)

This statisticin the Table (4-17) shows that 55.7% of expectant mothers had moderate spiritual health self-care practices.

Table (4-17): Assessment of Self-Care Behavior about Spiritual Health among Pregnant Women (N=350)

List	Spiritual health	M	SD	Assessment
1	After meditating, I feel satisfied.	4.15	1.190	Good
2	To find strength and inner peace, I turn to meditation.	2.88	1.350	Good
3	I engage in spiritual pursuits to achieve world peace.	2.85	1.299	Good
4	I experience a sense of connectedness to a higher power (God).	3.95	1.245	Moderate
5	To stay healthy, I engage in spiritual activities such as yoga, tai chi, meditation, prayer, biblical coexistence groups, and reading spiritual literature.	2.77	1.328	Moderate
6	My ability to love others is aided by my relationship with God, a higher power.	4.14	1.079	Moderate
7	I've gained the ability to forgive others.	3.96	1.140	Moderate
8	I've got better at forgiving myself.	3.94	1.121	Moderate
9	I turn to spiritual practices for solace, such as prayer, meditation, going to church or other spiritual gatherings, or receiving spiritual therapy.	3.15	1.200	Moderate

(M: Mean, Good= 3.67 – 5, Moderate= 2.34 – 3.66 Poor= 1 – 2.33, SD: Standard Deviation,)

This table shows that pregnant women practice moderate self-care when it comes to their spiritual health; the mean score is moderate for all items, with the exception of three that demonstrate good self-care practices: (Having meditated, I feel content), (I use meditation to find strength and inner peace), and (I turn to meditation to find inner peace and strength).

Table (4-18): Overall Assessment of Self-Care Behavior about Management of Minor Discomforts during Pregnancy among Women

Self-care behavior	f	%	M	SD	Ass.
Poor	16	4.6	291.39	39.131	Moderate
Moderate	307	87.7			
Good	27	7.7			
Total	***350***	***100***			

(M: Mean for total score, , Ass: Assessment, Poor= 95 – 221.66, Moderate= 221.67 – 348.33, Good= 348.34 – 475 " SD: Standard

Deviation for total score, f: Frequency, %: Percentage As indicated by 87.7% of the pregnant women in this table (M±SD= 291.39±39.131), moderate self-care behavior is displayed regarding the management of minor discomforts during pregnancy.

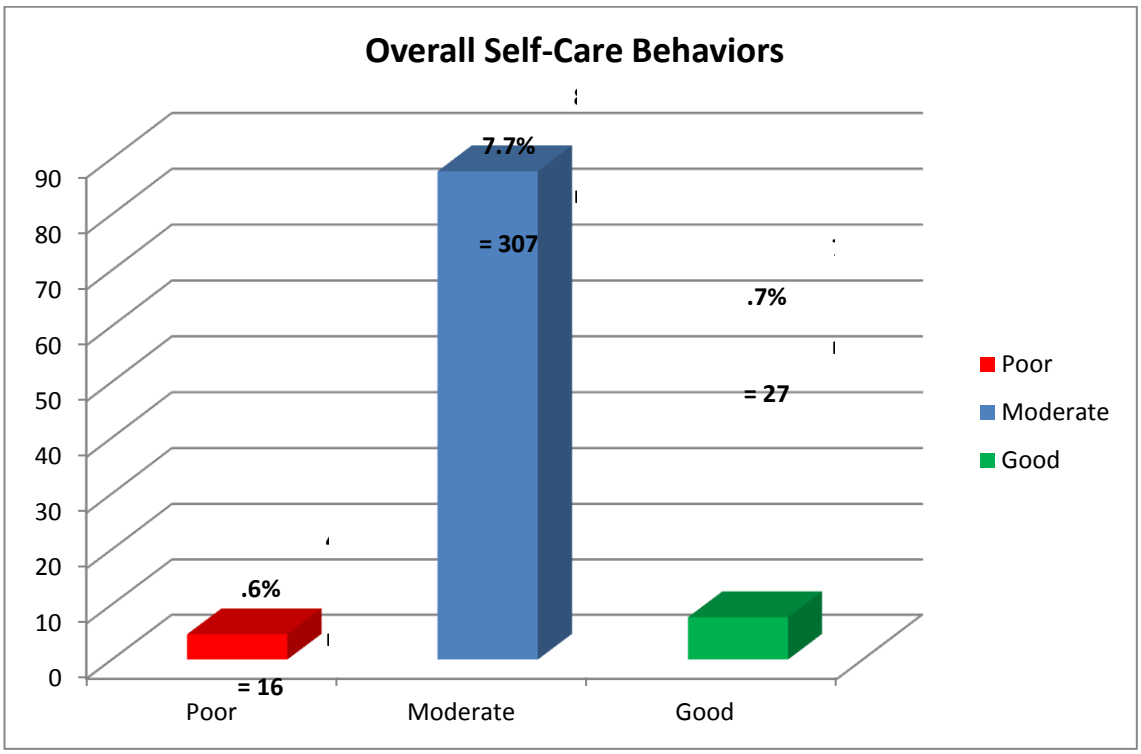


Figure (4-4): Overall Self-Care Behavior among Women (N=350)

According to this data in figure (4-4), 87.7% of expectant mothers engage in modest self-care activities.

Table (4-19): Considerable Variation in Self-Care Practices according to Gravity (N=350)

Behavior \ Gravidity		M	SD	t	df	p≤ 0.05	Sig
Physiological discomfort	Primigravida	207.18	28.583	1.817	348	.040	**S**
	multigravida	201.39	28.753				
Psychological health	Primigravida	56.99	11.926	1.089	348	.277	**N.S**
	multigravida	55.62	10.945				
Spiritual	Primigravida	32.61	5.783	.773	348	.440	**N.S**

health	multigravida	31.61	5.782				
Overall self-care behavior	Primigravida	296.28	38.841	1.767	348	.048	**S**
	multigravida	288.61	39.110				

(Sig: Significance, p: Probability value, N.S: Not significant, S: Significant and H.S: High significant df: Degree of freedom, M: Mean, t: t-test, SD: Standard deviation,)

The self-care behaviors related to primigravida as a whole show a significant difference (p-value =.048); additionally, the management-related self-care behavior of physiological minor discomfort show a significant difference (p-value =.040).

Table (4-20): Relationship among Overall Self-Care Behaviors among Women and their Sociodemographic Variables (N=350)

Variables		**Self-care behaviors**				**Association**
		Poor	**Moderate**	**Good**	**Total**	
Age (year)	> 20	2	32	3	37	**r^s = .086** **P-value= .109** **Sig= N.S**
	20 – 29	7	138	19	164	
	30 – 39	5	127	5	137	
	40 ≤	2	10	0	12	
	Total	16	307	27	350	
Level of education	Doesn't read and write	5	27	3	35	**r^s = .220** **P-value= .001** **Sig= H.S**
	"Read and write"	0	37	2	39	
	"Primary school"	5	55	2	62	
	Intermediate school	1	37	1	39	
	"Secondary school"	3	49	4	56	
	"Diploma "	1	34	5	40	
	"Bachelor"	1	57	8	66	
	"Postgraduate "	0	11	2	13	
	Total	16	307	27	350	
Occupation	Housewife	12	177	9	198	**r^s = .162** **P-value= .002** **Sig= H.S**
	Employee	4	114	15	133	
	Free work	0	16	3	19	
	Total	16	307	27	350	
Residency	Rural	8	45	9	62	**r^* = 059**

	Urban	8	262	18	288	**P-value= .273** **Sig= N.S**
	Total	16	307	27	350	
Family type	Nuclear	3	188	17	208	***r*^{s} = .153** **P-value= .004** **Sig= H.S**
	Extended	9	89	9	107	
	Largely extended	4	30	1	35	
	Total	16	307	27	350	

(r^{s}: Spearman Correlation coefficient, r^{*}: Biserial correlation coefficient, P: Probability and Sig: Significance N.S: Not Significant, S: Significant, H.S: High Significant,,)

The table illustrates a statistically significant association between the level of of education, ocupation, and family type of pregnant women and their overall self-care behaviors, using p-values of.001,.002, and .004 respectively.)

Table (4-21): Relationship among Overall Self-Care Behaviors between Women and their Reproductive Health Variables (N=350)

Variables		**Self-care behaviors**				**Association**
		Poor	**Moderate**	**Good**	**Total**	
Gravidity	Primigravida	4	108	15	127	***r** = .447** **P-value= .001** **Sig= H.S**
	Multigravida	12	199	12	223	
	Total	16	307	27	350	
Abortion	None	5	176	18	199	***r*^{s} = .164** **P-value= .002** **Sig= H.S**
	Once	5	70	9	84	
	Twice	4	42	0	46	
	More than two	2	19	0	21	
	Total	16	307	27	350	
Parity	None	0	65	10	75	***r*^{s} = .142** **P-value= .008** **Sig= S**
	1	3	66	3	72	
	2 – 3	9	95	9	113	
	More than 3	4	81	5	90	
	Total	16	307	27	350	
Gestational age	First semester	1	14	2	17	***r*^{s} = .080** **P-value= .134** **Sig= N.S**
	Second semester	0	1	0	1	
	Third semester	15	292	25	332	
	Total	16	307	27	350	
First follow-up	First semester	14	266	27	307	***r*^{s} = .130** **P-value= .050** **Sig= S**
	Second semester	1	29	0	30	
	Third semester	1	12	0	13	
	Total	16	307	27	350	
Duration of marriage	1 – 5 (years)	3	163	20	186	***r*^{s} = .135** **"P-value = .011**
	6 – 10(years)	7	70	4	81	

	11 – 15 (year)	4	30	1	35	**Sig= S**
	16 (year ≤)	2	44	2	48	
	Overall	16	307	27	350	

(r^s: Spearman Correlation coefficient, S: Significant, H.S: High Significant, N.S: Not Significant, (P: Probability and Sig: Significance, r^*: Biserial correlation coefficient,)

According to this Table (4-21), there is a significant correlation (p-values =.001,.002,.008,.050, and.011, respectively) between the total self-care behaviors of pregnant women and their gravidity, number of abortions, parity, and length of marriage.

Table (4-22): Relationship among Self-Care Behaviors Domains among Women and their Socio-demographic Variables (N=350)

Variables		**Self-Care Behaviors**		
		Physiological health	**Psychological health**	**Spiritual health**
Age	Correlation	.112*	.009	.004
	Sig.	.037	.865	.941
Level of education	Correlation	.237**	.119*	.053
	Sig.	.001	.026	.324
Occupation	Correlation	.151**	.154**	.001
	Sig.	.005	.004	.991
Residency	Correlation	.060	.045	.018
	Sig.	.260	.399	.744
Family type	Correlation	.149**	.127*	.062
	Sig.	.005	.018	.350

* (** Correlation is significant at the 0.01 level (2-tailed) Correlation is significant at the 0.05 level (2-tailed) ,)

The table shows that there is a significant correlation among women's self-care behavior related to physiological health and their age, education level, occupation, and family type, with p-values of.037,.001,.005, and.005.

Women's educational attainment, employment status, and family structure are significantly correlated with their self-care practices i relation

to psychological health at p-values of.026,.004, and.018. There is no evidence of a significant correlation between women's spiritual self-care practices and their demographic characteristics.

Table (4-23): Relationship among Self-Care Behaviors Domains among Women and their Reproductive Health Variables (N=350)

Variables		Self-Care Behaviors		
		Physiological health	**Psychological health**	**Spiritual health**
Gravidity	Correlation	.094	.049	.040
	Sig.	.081	.363	.458
Abortion	Correlation	.183**	.088	.031
	Sig.	.001	.100	.563
Parity	Correlation	.174**	.049	.050
	Sig.	.001	.361	.354
Gestational age	Correlation	.052	.107*	.012
	Sig.	.328	.045	.826
First time follow up	Correlation	.129*	.038	.110*
	Sig.	.016	.483	.039
Marriage duration	Correlation	.155**	.025	.079
	Sig.	.004	.643	.140

**(Correlation is significant at the 0.01 level (2-tailed)
* (Correlation is significant at the 0.05 level (2-tailed)

(At p-values of 0.001 , 0.001, 0.016, and 0.004, in this table (4-23) demonstrates the significant relationships between women's self-care behaviors and their physiological health and their abortion, parity, first-time follow-up, and length of marriage. At p-value=.045, a strong relationship correlation among women's self-care behaviors related to psychological health and gestational age. Spiritual self-care practices and initial follow-up have a significant correlation (p-value =.039).

Chapter Five

Discussion

Discussion of the Study Results

Pregnancy is a typical event in a woman's life; each pregnancy is a separate experience for the woman and will always be sufficiently distinct from the one before it. Pregnant women experience mild discomforts are linked to changes in their anatomy and physiology. Pregnant women benefit from self-management of their behavior and minor discomforts, so self-management behaviors are essential for the protection of their health. Within this framework, the purpose of this research is to compare women's self-care behavior for managing specific mild discomforts between primigravida and multigravida .

5.1. Discussion of socio-demographical characteristic variables of mothers:

Thirty-five pregnant women who visit the immunization units make up the study's sample. According to Table (4-1)'s findings from the current study, the respondents' sociodemographic characteristic variables were distributed as follows.

The majority of the women's were in the 20–29 and 30-39 age groups, respectively., which were represented by 46.9% and 39.1% of the total mothers, respectively. Pregnancy is thought to be low risk at this age, and a positive outcome is anticipated. This is due to the fact that most mothers in these two age groups are young, healthy, recently married women who are confident in their health and are familiar with the process of visiting PHCCs for follow-up or vaccination. The current results corroborate those of a study by Ayoub & Awed (2018), which found that that the age group comprised the majority of the women of 18 to 25 years, as well as another study by Aziz & Maqsood, (2016), which revealed that the women were aged between 20 and 29 and 30-35 years. additionally in line with research done by (Ibrahim & Ali Hassan, 2020) showed that, witan average age of 30.40 ±(7.26) years, the age group from 20 to less than 30 comprised more than two thirds. According to the current

research's level of education outcomes, the largest percentage of women graduates are those who hold a bachelor's degree (18.9%) and those who graduate from primary school (17.7%). This is because, in recent years, Iraqi families have tended to marry their children off at a young age, and at the same time, awareness of some people's scientific and cultural backgrounds has advanced. The current study disagreed with results from Al- Khafaji et al in the city of Erbil, who reported that the majority of pregnant women had completed secondary education , as well as results from Aziz & Maqsood, (2016), which indicated the majority of studies participants had completed secondary school. additionally outcomes of the current study were in conflict with those of Al- Khafaji et al.'s study in Erbil, which showed that the majority of pregnant women had completed secondary education. and in line with research done by (Ibrahim & Ali, 2020). In terms of education, the largest percentages—less than two fifths—had only completed secondary school, while over two fifths had graduated from college.

The woman's line of work according to the study, 56.6% of the study sample consisted of housewives, and 38% of them worked for the government. According to the researcher, even though the majority of them earn a bachelor's degree, they are unable to find employment because some societies particularly those in Iraq—view wives as only being capable of taking care of the home and raising children. This is because wives are expected to care for their husbands, children, and other household duties, and their low educational attainment and cultural background prevent them from continuing their education after marriage. because their social impact stemmed from the challenge of entering the workforce at a moderate level of education. It was also mentioned that the study population for the quarter was used, The results of the present investigation align with a stu performed by (Eldousoky et al., 2023) that indicated 74.5% of mothers were housewives. Furthermore, this study supported the findings of (Aziz & Maqsood, 2016), who stated that over half of mothers did not have a job.

Additionally, I concur with Elsobkey's, (2018) report that housewives made up The majority of the sample under study in both group\. Furthermore, the research findings are consistent with the work of Ayoub and Awed, (2018). The current study's conclusions are in line with research done by (Ibrahim et al., 2020. In terms of obstetric women's employment, over five fifths do not work.

Most of the participants were from urban areas, as evidenced by According to the residency, 82.3% of women live in cities and just 17.7% in rural areas. According to researchers, the majority of Iraqis would rather live in urban areas than in rural ones, maybe because these areas offer more services and are easier to get to. This outcome is consistent with research done by (Eldousoky et al., 2023). which revealed that 64.5 percent of study participants reside in urban areas. The results of the current study are at odds with those of a study done in 2019 by Khalid and Hamad, which found that 56% of them live in rural areas.

According to 59.4% of them, the family type is nuclear, and for 30.6% of them, it is extended. because women would prefer to live alone than with their extended families. Given their gravidity, the majority of multigravida are part of extended families, and the results of the current study make sense. The findings align with the research carried out by (Aziz & Maqsood,.2016) The results of this investigation showed that over half of the study sample was a member of a nuclear family. concur with (Ayoub & Awed, 2018) as well. Because women prefer to live alone rather than with extended family The current study found the nuclear family included all primigravida., whereas the majority of multigravida were included in extended families. and disagree as well (Eldousoky et al., 2023). It discovered that the percentage of people who lived in crowded, undercrowded, and overcrowded homes was 48.0%, 42.0%, and 10.0%, respectively.

5.2. Distribution of women according to their reproductive health characteristics

Table (4-2) as following:

36.3% of women are primigravida, and 63.7% of women are multigravida. This is because Iraqi families have been having more children recently; 36.3% of women carry a primary pregnancy and 63.7% of women carry multiple pregnancies between the ages of two and four. This is caused by the Covid-19 pandemic, the tendency for Arab societies to have multiple births as a result of recent wars fought in Iraq, and the lack of social and cultural awareness among women, which leaves them unaware of family planning options between spouses. Whether they reside in cities or villages, this can be related to low income and the high cost of contraception; the findings of the study by (Aziz & Maqsood,.2016) support this. Pregnancy type: primi gravida, primi (37.7) , multi (55.8) was the median. Additionally, these results are consistent with a study by Khalid & Hamad 2019), which found that 32% of primigravidas and 44% of multigravidas had previous pregnancies. Additionally, this result is at odds with a study by Ayoub and Awed 2018) which demonstrates that 98.9% of primigavida.

demonstrates that the vast majority of study participants said they had no prior abortion history.In terms of the quantity of abortions performed, 24% of women had one, and 13.1% had two. The current study's findings are consistent with those of earlier research (Khalil & Hamad, 2019), which found that 66% of the study sample said they had never had an abortion. Additionally, this result is consistent with research done by Ayoub and Awed (2018).reveals that a greater proportion of primigavida (98.9%) multigravida (more than two thirds, 75.2%) had never had an abortion. The two groups' abortion rates differed significantly from one another: 18.1% of multigravida and 1.1% of primigavida had previously had one (X2=24.1, P=0.000). Furthermore, this outcome agrees with a study conducted in

2016 by Aziz and Maqsood, which shows that the majority of primigavida None (77.3) 1-2 (21.3).

32.3% of women with 2-3 parity and 25.7% of women with more than three parity have the highest percentage of parity. This outcome conflicts with research done by Ayoub and Awed (2018).reveals that more than one-third of the multigavida (48.6%) had delivered three or two times, & (2.4)% had delivered greater than four periods . This outcome is in conformity with a study by Aziz and Maqsood (2016), which found that nullipara 46.5 primiparous 29.5 multiparous 23 This is because, whether they live in towns or cities, Iraqi families have recently tended to limit the number of family members and to only provide care and education for a small number of children, as illness and unfavorable working conditions may be the causes that decrease the number of family members.

According to gestational age, 94.9% of pregnant women are in their third semester. The current study's findings are consistent with those of earlier research by Khalid & Hamad (2019), which found that the majority of mothers (70%) were during the third trimester of their pregnancies. However, the current study's findings also conflict with those of earlier research by Aziz & Maqsood (2016), which found that the second trimester (56.3) was more common than the third trimester (35.6). This latter finding conflicts with research by Ayoub & Awed (2018) regarding the primigravida's gestational age (40%), which related to the first trimester. this outcome conflicts with research by (Eldousoky et al., 2023) They were more than half in the second trimester, with an average gestational age of 20.43 ±6.91 weeks. Because all of the minor annoyances that the pregnant woman has encountered will have been identified against Λ as well, the researcher in this study concentrated on the third pregnancy age. This result was in conflict with those of Aldossary et al. (2018), who found that 43.9% of pregnant women’s were not Within the third trimester of their pregnancy. All of the women stated that they follow up on their current pregnancy 100% of the time. This finding is consistent with a study by

Eldousoky et al. (2023) Most of them started receiving prenatal care in the first trimester of their pregnancy at private clinics. It turned out that they had all received inadequate prenatal care. Furthermore, two-thirds of women obtained their information from health professionals, while the remaining third resorted to family and friends. Additionally, the findings of a study by Ayoub and Awed (2018), which revealed that all women said they adhere to follow-up 100% of the time, support this outcome.

For 87.7% of pregnant women, the first follow-up occurred during the first semester. This result is consistent with a study. by Ayoub and Awed (2018), which discovered that while 12.2% of primigravidas and 6.2% of multigravidas start their follow-up during the third trimester of pregnancy, over two thirds of both groups—primigravida and multigravida—start during the first trimester (73.3% and 73.8%, respectively).

This corresponds to the fact that, whether they live in villages or cities, Iraqi families have recently tended to limit the number of family members and limit care and education to a small number of children. Illness and unfavorable working conditions may be the reasons that decrease the number of family members. The majority of them (53%) had either one or two children. The number of lived children refers to one to three living children among 63.4% of women.

In terms of frequencies and percentage, out of ٣50 pregnant women The number of lived birth is referring to 1 – 3 also among 59.7%.**and** The number of dead birth refers to 1 – 3 among 19.4% only.also The duration of marriage indicates that 53.1% are married since 1 – 5 years; the average refers to 7±6 years. (Sharma et al ., 2020).**also** The kinship degree with husband reveals that 58.6% of women are their husbands have kinship with them.

5.3. Assessment of self-care behavior related to management of physiological minor discomforts during pregnancy among pregnant women's:

According to Table (4-3), 81.1% of pregnant women reported using moderate self-care techniques to manage physiological minor discomforts (M±SD = 203.49±28.786).

From the perspective of the researcher, the sample consists of people with a moderate level of education, a large number of children, and a lack of cultural awareness regarding pregnancy planning, early marriage, and the constant search for pregnancy's drawbacks and inconveniences and how to deal with them (e.g., visiting the doctor at the first sign of discomfort and continuing treatment, rather than looking for ways to lessen these inconveniences and achieve a pregnancy without complications or difficulty). The results of this study disagree with The findings of the study conducted by (Ayoub& Awed,. 2018). According to this study, 56% of participants had little knowledge of common pregnancy discomforts. The current study's findings concur with that of the previous research (Kaur & Singh,. 2018). The research found that just 1% of pregnant women had excellent knowledge, 0.6 % had good information, 73% had medium knowledge, 16% had below average knowledge, and 4% had bad understanding about self-care during pregnancy for mild discomforts. The current study's findings are corroborated by research done in 2019 by Alageswari and Dash 2019, which reveals that while 38% of moms had inadequate knowledge of minor illnesses, the majority of pregnant womans (62%) had somewhat sufficient knowledge. A similar research conducted in Andhra Pradesh, India, by Karnati and Vanaja (2015) examined "minor discomforts" and methods for self-management during pregnancy. Of those who took part, researchers discovered that 33.33% had mediocre knowledge, 26.67% had excellent knowledge, and 40% had terrible knowledge. Additionally, the current study's findings conflict with those of

research by Aldossary et al. (2018). The primary finding indicates 2% had poor knowledge, 32% had excellent knowledge, and 59% of the mothers had high knowledge. Furthermore, the study indicates that the primigravida women employed a good behavior score of 47.0% for the overall number of measures they did to alleviate pregnancy-related discomforts. the current study's findings conflict with those of research by (Aziz & Maqsood,. 2016). This study revealed that pregnant women had fair knowledge and poor self-management. The study's conclusions also showed that the self-management of pregnant women's The methods used for minor discomforts were unpleasant. The current study's findings differ from those of research by (Samara et al ,. 2020). the present study revealed that primigravida women were found to have good (48.59%) and excellent (26.32%) level of knowledge score regarding common minor discomforts during pregnancy.

5.4. Assessment of self-care behavior about management of physiological minor discomforts related to "Nausea & vomiting" among pregnant women's:

AS was displayed in Table (4-4):This table shows that, when it comes to managing the physiological minor discomfort of nausea and vomiting, pregnant women have a grand mean (M±SD= 27.03±5.888) that indicates a moderate level of self-care behavior. The mean score is moderate for the majority of items, with the exception of two that demonstrate poor self-care behavior: "I eat dry biscuits before getting out of bed" and "Use deep breathing exercises." On the other hand, items like "I try to take care of my oral and dental hygiene" show appropriate self-care behaviors . This study's findings contradict those of the current study. by (Aziz & Maqsood,. 2016). Pregnant women's self-management techniques for dealing with nausea and vomiting were subpar, and they included the following Open a window to let in fresh air, wear loose-fitting clothing, stay away from fried food and strong odors, get out of bed slowly

in the morning, try not to overeat, avoid having an empty stomach at all times, drink more liquids than solids, eat a high-protein snack—such as beans and nuts—before going to bed at night, eat toast in bed before getting up, and have several small meals throughout the day. The results of this study conflict with those of the current investigation by Samantha et al. 2020)With a mean score of 12.16 (± 14.64) for minor discomforts and self-care , the participants' scores were poor. Additionally, compared to the majority of participants who had inadequate knowledge (< 50%), only about Just 5% of the woman's sufficient knowledge (50–75%) about Minor discomforts"and how to self-management it. Additionally, these study's findings corroborate those of Ayoub and Awed 2018) who found that a greater proportion of primigravida (54.4%) than multigravida (65.2%) reported experiencing nausea and vomiting. Compared to multigravida (26.3%), among primigravida, less than half of them (42.9%) avoided smells of food as a means of managing their nausea and vomiting. Moreover, 22.4% of primigravida ate dry crackers before getting out of bed, compared to 8% of multigravida; 10.2% of primigravida did nothing, and 3.7% of multigravida did nothing as well.

5.5. Assessment of "self-care behavior about "management of physiological "minor discomforts" related to "constipation & hemorrhoids" among pregnant women's :

Within Table (4-5) the grand mean (M±SD= 26.33±5.100) of this table indicates that pregnant women have a moderate self-care behavior when it comes to managing physiological minor discomforts like constipation and hemorrhoids. the current study's findings are in line with (Ayoub& Awed, 2018). In comparison to multigravida (59.2%), more than fifty percent (64.3%) of women who are primigravida treated constipation by increasing their intake of roughage in their diet, & primigravida, 17.6% treated their constipation by drinking six glasses of water or more each day, and 15.5% of primigravida did the same.

5.6. Assessment of self-care behavior about management of physiological minor discomforts related to “Heartburn” among pregnant women’s :

Table (4-6) This table shows that, with the exception of the item (I try to eat a dry biscuit before getting out of bed), which demonstrates poor self-care behavior, pregnant women have moderate self-care behavior regarding management of physiological minor discomfort of heartburn, as seen by the grand mean (M±SD= 16.39±4.317). the current study's findings are in line with (Ayoub& Awed, 2018). Avoiding fried, spicy, and fatty foods is one effective way to treat heartburn, according to over half of the two groups together (55.3% primi, 54.1% multi). Moreover, this result aligns with the study conducted by Mahmoud and colleagues (2009). showed that the study sample's daily intake of Coca-Cola, 7-Up, or bicarbonate soda to treat heartburn during pregnancy, which is against advised practices. The results of the study support Phupong & Hanprasertpong's (2015) findings that 17% to 80% of pregnant women worldwide experience heartburn. Furthermore, this study supports the findings of an exploratory descriptive study by Amasha and Heeba (2013), which indicated that 91% of them had heartburn during pregnancy. However, these findings are somewhat consistent with research done (Khresheh, 2011) in Brazil and Jordan, which discovered that 63% and 68.5% of expectant mothers, respectively, experienced heartburn.

5.7. Assessment of self-care behavior about management of physiological minor discomforts related to “Backache” among pregnant women’s:

This table (4–7) with the exception of one item (performing pelvic exercise), the grand mean (M±SD= 17.20±3.820) in this table indicates that pregnant women have moderate self-care behavior when it comes to managing physiological minor discomfort from backaches. The results of

the current research are consistent with those of Ayoub and Awed 2018), who show poor self-care behavior. the study's findings demonstrated furthermore, in contrast to less than half of multigravida, less than two thirds of primigravida who had experienced backache did so by avoiding prolonged standing. This study supports the findings of Mahmoud et al. 2009). Which claimed that more than two thirds (65%) of the study sample use the right body mechanics to manage it.

5.8. Assessment of self-care behavior about management of physiological minor discomforts related to “Leucorrhea” among pregnant women’s :

Table (4–8). According to the grand mean (M±SD= 24.67±5.212) of this table, pregnant women manage physiological minor discomfort from leucorrhea with a moderate level of self-care. The mean score is moderate for all items, with the exception of "I try to ignore and not give presence of Leucorrhea," which demonstrates poor self-care behavior, and " Cleanse the perineal region from front to rear. " and "Keep perineal area clean and dry," which demonstrates good "self-care behaviors . The present study findings align with those of Ayoub and Awed 2018). that particular program Leucorrhea was experienced by most primigravida (87.8%) compared to multigravida (84.8%). Additionally, while more than half of the multigravida treated wearing cotton underwear as a proper practice, less than two-thirds of the studies sample addressed this complaint. Furthermore, 63.3 percent of primigravida and 55.1 percent of multigravida wore cotton underwear, and 3.8% of primigravida and 2.2% of multigravida neglected to take any action regarding leucorrhea.

5.9. Assessment of self-care behavior about management of physiological minor discomforts related to "Sleeping disorders" among pregnant women's:

According to Tables (4–9), the grand mean (M±SD= 12.00±3.443) shows that pregnant women manage physiological minor discomfort from sleeping disorders with a moderate level of self-care. that exhibit healthy Self-management behavior . The results of the present study are in line with (Ayoub& Awed, 2018) indicating the majority of primigravida (84.8%) and multigravida (83.3%) groups experienced sleep disturbances. Comparing primigravida to multigravida, 67.1% of primigravida took a warm shower before bed, whereas 1.3% of primigravida did nothing to address sleep disturbances, compared to 2.3% of multigravida. the current study's findings are consistent with study of （Olutola& Adejuwon,. 2021) the HRQOL domains were statistically and jointly influenced by sleep quality components (the psychological domain, $F = 2.931$, $P < 0.05$; the physical health domain, $F = 4.526$, $P < 0.01$;

5.10. Assessment of self-care behavior about management of physiological minor discomforts related to "Frequent urination" among pregnant women's :

Table (4–10): This table shows that, with the exception of the item (Empty your bladder frequently during the day) that demonstrates good self-care behavior, pregnant women have moderate self-care behavior regarding management of physiological minor discomfort of frequent urination, as seen by the grand mean (M±SD= 19.18±4.002). In contrast to the finding of the study by (Aziz **&** Maqsood, 2016) the current study reveals that a significant number of participants were unable to effectively manage their frequency of urination due to inadequate knowledge about the subject. The results of the present study align with a study conducted by Ayoub and Awed (2018), which discovered that (31.5%) primigravida

drink less tea and coffee to regulate their frequency of micturition, compared to 19.3% for multigravida, and that, in contrast to multigravida (1.2%), primigravida (1.9%) use medication as a self-care measure to manage their frequency of micturition.

5.11. Assessment of self-care behavior about management of physiological minor discomforts related to "Fatigue" among pregnant women's :

Table (4-11): This table shows that, with the exception of the item "I rest to regain my health and energy," which demonstrates good self-care behavior, pregnant women have moderate self-care behavior regarding management of physiological minor discomfort or fatigue as seen by the grand mean (M±SD= 14.47±3.995). In contrast to the results of a study by Aziz and Maqsood (2016), the current study reveals that the majority of participants who were able to manage their own fatigue were not very good at it. Additionally in contrast to the findings of the study by (Aldossary et al., 2018) , the results of the current study demonstrate good levels of knowledge scores and behavior on their part to relieve pregnancy-related discomforts.

5.12. Assessment of self-care behavior about management of physiological minor discomforts related to "Respiratory disorders" among pregnant women's:

Table (4–12): According to the grand mean (M±SD= 17.83±3.631), pregnant women exhibit moderate self-care behavior when it comes to managing physiological minor discomfort from respiratory disorders. The mean score for all items in the table indicates moderate behavior, with the exception of two: wear loose, comfortable clothing and take medications as directed by a doctor, which demonstrate poor and good self-care, respectively. In contrast the results of a study by (Aldossary et al., 2018), the current study reveals that 39.47% of them had good practice scores, 35.43% had 8.10% received bad practice ratings, and the remainder had

average practice levels. The findings of the current study contrast from those of the study carried out by (Sharma et al., 2020). about 61% of mothers had a passable level of knowledge.

5.13. Assessment of self-care behavior about management of physiological minor discomforts related to "Varicose Vein" among pregnant women's :

According to the grand mean (M±SD= 22.92±4.568) of this Table (4-13), pregnant women exhibit moderate self-care behavior when it comes to managing the physiological minor discomfort of varicose veins. The mean score is moderate for all items, with the exception of the following: wear elastic stockings during regency, avoid tight belts around the waist or pelvis, avoid tight or high-heeled shoes, and wear loose, comfortable clothing. Similar to the results of a study by Aldossary et al., (2018), A total of 39.47% had excellent practice scores, 35.43% had moderate scores, and 8.10% had bad scores, according to the present research.

5.14. Assessment of self-care behavior concerning psychological health during pregnancy among pregnant women's :

Table (4–14): This table demonstrates that while 311% of pregnant women exhibit excellent self-care behaviors, 61.4% of them report having moderate psychological health-related self-care behaviors (M±SD= 56.12±11.313) engage in modest self-care activities related to their mental health.According to this table(4-15), pregnant women behavior moderately good psychological self-care; the mean score for all items is moderate, with the exception of three that demonstrate good psychological self-care behaviors: (Usually Feel worry about pregnancy), (I think my emotions and mood are worth paying attention to), and (I try to be in a good mood). The current study's findings differ from those of the study carried out by (Kazemi et al., 2016) that display insufficient knowledge existed regarding adopting a healthy lifestyle, and the primary barriers to addressing health behaviors were time and the absence of a comprehensive approach within

the healthcare system. Additionally, these results conflict with those of conducted by (Amakawa& Sugiura, 2022) "Home environment" was the most often reported stressor (22.1%), followed by "household finances" (15.0%), "own health" (15.7%), and "raising and educating children" (20.0%). "Shopping" (33.8%) was the most popular method of relieving stress, followed by "chatting with friends" (31.0%) and "sleeping" (19.7%). . also these results conflict with those of (Umar and Adel's, 2019) descriptive study assessing the health practices of expectant mothers he found that they had poor sleep, bad habits with relaxation, medication, and medical care. Additionally, these results concur with the research done by (Nurhasanah et al., 2020) . the mean self - care behavior of a pregnant womans are 156.5 (SD = 16.91), which is considered moderate. The direct & indirect effects of knowledge, (self- efficacy, & social support were revealed through path analysis through empowerment of self-care behaviors toward pregnancy-related complications. This outcome differed from that of the earlier research (Nguyenet al., 2022)**.** It has only been discovered that social support enhances the correlation between mental health and healthy behaviors. 13.5% of the direct effect and 11.9% of the overall effect were attributed to the indirect effect of social support. This study confirmed that the appraisal support had been positive effect in Minimizing risky behavior among pregnant women, and it also demonstrated the potential role of social support in improving their psychological wellbeing through mediating effects of health behaviors. This outcome was consistent with the earlier research (Kim & Dee, 2017) Approximately (43%) of women were susceptible to PPD. Among women with PPD, self-care skills, spirituality, and social support were all strongly correlated. Social Support was a strong indicator of the ability to take care of oneself for "Nutrition, " Support was a strong indicator of the ability to take care of oneself for " Nutrition ,". This result was inconsistent with the findings of the previous study, which found that only 6.8% of the pregnant women studied had poor knowledge after the program, compared

to roughly one-third (32.2%) who had good level knowledge prior to the program. Furthermore, compared to 23.7% prior to the program, the present study revealed that more than two thirds (69.5%) between the womens under investigation had good knowledge after the program. Also Those results were consistent with a Mukamana (2019) study that discovered the majority of expectant mothers received prenatal care aimed at enhancing post-test knowledge. These outcomes agreed with a study that had been conducted by a (Gouda Nasr ., et al 2019) .The majority of pregnant women were between the ages of 22 and 26 when they were primigravidae, and almost two thirds of them had significant anxiety multigravidae. These results were consistent with a study conducted by(Thirupuravalli, 2012) A The findings of the investigation showed that high-risk primi gravida had 20% insufficient and 48% adequate levels of psychosocial adaption. 86% of multigravida showed a sufficient degree of psychological adaptability. Compared to high risk primi gravida moms (48%), high risk multigravida mothers (86%) demonstrated a higher degree of psychosocial adaptability.

5.1.5. Assessment of self-care behavior about spiritual health among pregnant women's:

According to this table**(4-16):**, pregnant women practice moderate to good self-care when it comes to their spiritual health, with 55.7% of them falling into the moderate self-care category (M±SD= 31.79±5.779) and 39.7% falling into the good self-care category ، table (4–17) This table shows that pregnant women practice moderate self-care when it comes to their spiritual health; the mean score is moderate for all items, with the exception of three that demonstrate good self-care practices: (I feel satisfied after meditating), (I use meditation to find strength and inner peace.), and (I use meditation to find strength and inner peace) . These results are consistent with the research done by (Nurhasanah et al., 2020). The mean "self-care behavior of a pregnant woman are 156.5 (SD = 16.91), which is

considered moderate. Through empowerment of self-care behaviors toward pregnancy-related complications, path analysis revealed the consequences, both direct and indirect of knowledge, Self-efficacy , also social support. This outcome was consistent with the earlier research (Kim & Dee, 2017).Approximately 43% of women were susceptible to postpartum depression (PPD) . The capacity to accept care of oneself, spirituality, and social support were all highly correlated in PPD-afflicted women. Social support was a strong predictor of "self-care ability" for "nutrition," "psychological well-being," "exercise," and "responsible health practices" among the rural Hispanic women at risk for PPD. " The results of this study emphasize the significance of social support, spirituality, and religious beliefs and practices during pregnancy. “This outcome was consistent with “the earlier research that was carried out by.(Rabiepoor and others, 2019). Pregnant women who scored highest on spiritual health (25.86 ± 4.7) indicated that childbearing was a profoundly transformative experience for them, leading to a higher sense of spirituality throughout the pregnancy and childbirth. First-time mothers scored higher on spiritual health and physical activity than multigravida women in the current study (Lin et al. 2009). It suggests that expectant mothers are typically driven to make changes to their lifestyle that will improve their health, especially if it is their first child. The fact that women have children have less time to adopt a healthy lifestyle is another explanation.

5.1.6. Overall Assessment of Self-Care Behavior about Management Minor Discomforts during Pregnancy between Women

Table (4–18) This table shows that moderate self-care behavior is displayed In relation to the management of minor discomforts during pregnancy, as indicated by 87.7% of the pregnant women (M±SD= 291.39±39.131). The current study shows that most participants who could perform self-management were not very good at it, which is different from the findings of a study by Aziz and Maqsood (2016). Moreover in contrast to the findings of the study by Aldossary et al. (2018), the results of the current

investigation reveal good levels of knowledge scores and behavior on their part to ease pregnancy-related discomforts. The results were consistent with a prior study conducted by Ayoub and Awed (2018), which found that 33.3 percent of primigavida and 21.4 percent of multigravida had a moderate level of education. This result was consistent with research conducted earlier by (Rizk et al., 2019) The results showed that over 60% of the pregnant women engaged in generally recognized forms of self-care only little over half of the people practiced excellent universal self-care. Additionally, it was clear that 58.5% of the respondents had moderate health deviance self-care behaviors, while just 5.5% had excellent practices. This result was in opposition to (Samara et al ., 2020) that reveal how well-informed and how they handle small pains while pregnant inadequacy of information level with respect to self-management of small discomforts, as shown in a prior research. In contrast to the "research carried out by (Lata et al., 2016) showed a low level of knwoledege of the common minor discomforts (19.56 ± 12.73), yet upon implementation, These findings supported by those of a study done (Khalil& Hamad, 2019). Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City. *Polytechnic Journal*, *9*(2), 4. by Gururani et al., (2016) that the majority of antenatal mothers showed a good knowledge level. The results were contrast with study conducted by the minor discomforts knowledge among participants was poor and more than half of respondents indicated poor knowledge. Also These findings contrast by those of a study done in India by Dhanawade (2017). Findings of the present study also contrast by another study done by Sarada et al., 2015, which assessed the knowledge regarding home management of minor ailments in pregnancy among urban women in India.

5.1.7. Significant Difference in Self-Care Behavior with regard to Gravidity

Table (4-19) shows that self-care behaviors differ significantly from those of primigravida overall (p-value =.048); self-care behaviors related to addressing physiological minor discomfort differ significantly (p-value =.040). The current study's findings conflict with those of Ayoub and Awed, (2018), who found no significant differences in women's self-care practices between primigravida and multigravida groups for managing physiological minor discomfort. Moreover, Alageswari and Dash, (2019) showed a significant correlation between the gravidity alone of antenatal mothers and their knowledge of minor ailments. The results of this study contradict those of a study by Thirupuravalli (2012) , which found that multigravida mother's show higher levels of adaptation than primigravida mothers in a few specific areas.

5.1.8 . Relationship among Overall Self-Care Behaviors among Women and their Socio-demographic Variables.

Table (4–20): demonstrates a strong correlation (p-values =.001,.002, and.004) between pregnant women's overall self-care behaviors and their occupation, family type, and educational attainment. The current study validates the findings of Aziz and Maqsood, (2016), who discovered a highly significant relationship among the educational levels attained by pregnant women and their ability to self-manage minor discomforts. The present study's findings are in line with a 2015 investigation by Kumari and Karant, which found a strong relationship between educational attainment and the treatment of mild pregnancy discomforts. The present study is in agreement with the research carried out by (Khalil and Hamad, (2019) determine a link between knowledge and education levels of the pregnant person, along with a very significant association to age, the husband's educational attainment, and their employment. New studies conducted by (Kaur & Gagandeep, 2017) ; (Patil & Salunkhe, 2022) ; and (Gamel et al., 2017) revealed findings that were comparable to ours . Similar results were

also reported by (Vincent et al . 2015) and (Aldossary et al. 2018) . The current study's findings were almost in line with those of (Kumar 2014), who found no significant relationship between participants' pretest knowledge scores and any of their demographic variables other than family structure and educational status. Similarly, Rosy (2014) found a significant relationship between participants' knowledge scores and their income and occupation.

Furthermore, Alageswari and Dash, (2019) demonstrated that the knowledge of minor ailments by antenatal mothers is significantly correlated (p 0.05) with gravidity alone. The variations in the study location and the individual traits of the sample under investigation could be the cause of these discrepancies in the findings. The current investigation supports the findings of El-Sarkawy et al., (2020), which found a statistically significant correlation between the preintervention phase total healthy practices The current investigation confirms the findings of Thirupuravalli, (2012). There was a strong correlation between the educational status of high-risk multigravida women and their maternal psychosocial adaption; among graduates, 61.1% had an appropriate level of education and 38.4% had a moderate level (p=0.03). Among high-risk multigravida moms, there was a statistically significant correlation between the kind of family and the degree of psychological adaptation the mother exhibited; specifically, all members of joint families exhibited an appropriate level of adaptation (p=0.01) results for mild illnesses, as well as the age and employment of the sample, were statistically significant ($p < 0.001$ and $p \leq 0.05$, respectively). In addition; contrary to previous studies, this one found that (Thirupuravalli, 2012) demonstrates the significant correlation between mother psychosocial adaption and age group, with multigravida moms in the 32–35 year age range having 44.4% at a moderate level and 55.5% at an inadequate level (p= 0.05). This study also concurs with the research conducted by (Jihad & Kadham,.2016). The study's findings indicate that a solid 50% of participants in the prenatal

phase reported practicing self-care. There was no statistically significant correlation found in this study between the demonstrates the significant correlation between mother psychosocial adaption and age group, with multigravida pregnant woman in the 32–35 year age range having 44.4% at a moderate level and 55.5% at an inadequate level (p= 0.05).

5.19 .Relationship among Overall Self-Care Behaviors among Women and their Reproductive Health Variables

Table (4-21) demonstrates a significant relationship between the gravidity of pregnant women and their overall self-care behavior , number of abortions, parity, first follow-up, and length of marriage (p-values of.001,.002,.008, and.011, respectively). Our research demonstrates a strong relationship between the The self-care behavior and the reproductive variables of gravida, abortion, and pregnancy type of pregnant mothers. These findings are in stark contrast to those of Kaur and Gagandeep's (2017) study, which found only that this gestational age is comparable and there is no relationship between gravida's reproductive characteristics and mother's' knowledge. Moreover, the results of the current study are in conflict with a study by (Aziz and Maqsood 2016) that discovered a significant correlation among gestational age & pregnant knowledge. This study did not find any significant correlations (p>0.05) between maternal self-care behavior and gestational age or parity, which is in contrast to my findings.

5.20. Relationship among Self-Care Behaviors Domains among Women and their Socio-demographic Variables

Table (4-22) shows that, at p-values of.037,.001,.005, and.005, women’s age, education level, occupation, and family type are significantly correlated and their self-care behavior related to physiological health These results contradict those of (Aziz & Maqsood 2016) , who found that self-care management for minor discomforts did not significantly correlate with age group. Neither did they show a non-significant association

between education level and self-management for symptoms like leg cramps, fatigue, constipation, backache, heartburn, and frequency of urination. Despite the fact that the majority of participants were housewives, they were shrewd enough to use the media to obtain sufficient knowledge and even complete elementary school. Women's educational attainment, employment status, and family structure are significantly correlated with their self-care practices in relation to psychological health at p-values of.026,.004, and.018. The current investigation concurs with the study conducted by (Ayala et al., 2018).

The results indicate that for women enrolled in HSP doctoral programs, stress levels may have a considerably greater impact on quality of life than self-care. Furthermore, this final age with research by (Rashan et al., 2021)

That shows the variations between demographic groups found the details of wearing masks and avoiding crowded areas were significantly correlated with gender, age group, marital status, literacy status, and occupation. According to research conducted by (Nguyen et al., 2022)

There is no significant correlation between women's spiritual self-care behaviors and their demographic variables. which had a substantial bearing on their psychological health. Three main factors influenced self-care practices: social support, information sources, and expectations surrounding childbirth. Pregnant women in Vietnam should be entitled to social support-oriented interventions and consultations in order to improve their mental health and behavior. The current investigation concurs With the study that was done by (Gouda Nasr et al., 2019)

Shows Pregnant women who were primigravida and multigravida had significantly different levels of mild discomfort as measured by the Beck Anxiety Inventory (BAI) at ($p = < 0.001$). The current investigation disagre with the study conducted by (A Rashid et al ., 2023)

here there is a significant statistical correlation between the age group and hemorrhoids and nausea and vomiting ($P < 0.001$ and 0.002, respectively) .

5.2.1. Relationship among Self-Care Behaviors Domains among Women and their Reproductive Health Variables

Table (4–23) : At p-values of.001,.001,.016, and.004, this table shows that there are significant relationships between women's self-care behaviors and their physiological health and their abortion, parity, first-time follow-up, and length of marriage.Women's psychological health-related self-care behaviors and gestational age are significantly correlated, with a p-value of.045. Spiritual self-care practices and initial follow-up have a significant correlation (p-value =.039). These results support the findings of Aziz and Maqsood (2016), who found a very strong correlation between trimester and these findings. In order to improve the chances of a healthy pregnancy, it may be possible to identify women who would benefit from self-care strategies advice by evaluating reported self-care behaviors early in the pregnancy. Pregnancy is a critical time for a mother to provide safe and healthy care for her unborn child. Mothers are the foundation of society.

5.22. Conclusions:

The following conclusion was reached by the researcher based on the findings of the current study:

1. Overall assessment of self-are behavior about management of minor discomforts during pregnancy among women show moderate level.
2. Assessment of Self-Care Behavior Concerning Management of Physiological and Psychological Health of Minor Discomforts during Pregnancy among Women show moderate level .
3. Assessment of Self-Care Behavior Concerning Spiritual Health during Pregnancy among Women show moderate to good level
4. There is a Significant Difference in Self-Care Behavior with regard to Gravidity primigravida the significant difference is particularly reported in self-care behaviors regarding management of physiological minor discomfort .

5. There are high significant relationship among overall self-care behaviors among pregnant women and their level of education, occupation, and family type.
6. There are significant relationship among overall self-care behaviors among pregnant women and their gravidity, number of abortion, parity, first follow-up, and duration of marriage.
7. There are significant relationship among self-care behavior related to physiological and psychological health with women's age, level of education, occupation, and family type.
8. There are significant relationships among self-care behavior related to physiological health among women and their abortion, parity, first time follow-up, and marriage duration, and psychological gestational age with spiritual self-care behaviors with first time follow-up**.**

5.23. Recommendations

The following recommendations have been made on the basis of this study's findings:

1. Prenatal health education is important, this includes promoting, treating or eliminating the traditional self-care behavior of pregnant women according to the benefit versus harm.
2. Nursing care at the prevention level should focus on helping women learn correct self-care behavior. Most of the studied sample have correct behavior regarding the management of selected minor discomforts during pregnancy reflecting their awareness of correct self -care behavior and antenatal and prenatal education classes conducted within maternal and child health centers.
3. A large-scale health education program should be implemented for all pregnant women on minor discomforts and correct self-care behavior with the aim of increasing their knowledge through the use of media, health brochures, posters and primary health care center staff.

4. Pregnant women and their families should get a manual handbook on self-care behavior concerning management of minor discomforts that is written in plain language and attractively illustrated.
5. Additional research studies is required about the management minor discomfort during pregnancy

References

المصادر العربية

القران الكريم ، سورة ، الآية الرعد (٨) (٩)

References

Ayoub, G., & Awed, H. (2018). Comparative study between primigravida and multigravida regarding women's self-care practices for management of selected minor discomforts. *Madridge J Case Rep Stud*, *2*(1), 1000111

Aziz, K. F., & Maqsood, S. S. (2016). Self-management of pregnant women regarding minor discomforts in primary health care centers in Erbil city. *Med. J. Babylon*, *13*(2), 284-293

Anthrayose, C. (2016). Effectiveness of self-instructional module on knowledge and practice of managing common discomforts during pregnancy among primigravida mothers (Doctoral dissertation, KMCH College of Nursing, Coimbatore).

AbdElhaliem, S., AbdElhady, R., & Mohamed, A. (2018). Utilization of Self-Care Practice Guideline on Relieving Mino Discomfort (Ailments) Among New Pregnant Woman. *IOSR Journal of Nursing and Health Science*, *7*(1), 07-15.

Aldossary, A. D., Al Shamandy, S. A., & Haitham, A. A. (2018). A cross sectional study about knowledge and practice of primigravida women: Minor and common pregnancy discomforts. J Nurs Health Sci, 4(1), 32-45.

Abd Elaa, M. M. G., Abou Romia, F. A., ElAdham, A. F., & El-Refaey, A. M. (2022). Effect of Educational Program regarding Hyperemesis Gravidarum on Nurses′ Performance and Women's Outcomes. *Tanta Scientific Nursing Journal*, *26*(3), 233-251.

Al-Khafaji T H, Zangana J, Dauod A S (2015). Primary Health Center in Erbil. International Journal of Humanities Social Sciences and Education (IJHSSE); online [cited 2015 May 1] 2(5) PP 104-

13.Available from: http://www. arcjournals.org/pdfs/ijhsse/v2-i5/14.pd

Alageswari, A., & Dash, M. B. (2019). Assessment of knowledge and expressed practice regarding self-management of minor aliments among antenatal mothers. *Journal of ECronicon Gynaecology*, *8*(1), 21-28.

Ayala, E. E., & Almond, A. L. (2018). Self-care of women enrolled in health service psychology programs: A concept mapping approach. *Professional Psychology: Research and Practice*, *49*(3), 177.

Abd Elaa, M. M. G., Abou Romia, F. A., ElAdham, A. F., & El-Refaey, A. M. (2022). Effect of Educational Program regarding Hyperemesis Gravidarum on Nurses′ Performance and Women's Outcomes. *Tanta Scientific Nursing Journal*, *26*(3), 233-251.

Amakawa, E., & Sugiura, K. (2022). Pregnancy-related Discomfort and Stress Levels in Pregnant Women. *Kawasaki Journal of Medical Welfare*, *28*(1), 1-13.

AbdElkhalek, N. K., & Elsayed, S. F. (2020). Effect of Educational Program About Self-care Practices on Preventing Occurrence of Vaginal Infection Among Gestational Diabetic Women. *Assiut Scientific Nursing Journal*, *8*(23), 20-29.

Abd -Elhaliem, S., Abd-Elhady, R., & Mohamed, A. (2018). Utilization of self-care practice guideline on relieving minor discomfort (ailments) among new pregnant woman. IOSR Journal of Nursing and Health Science, 7(1), 7-20. https://doi.org/10.9790/1959-0701010715

American Chiropractic Association (2018). Back Pain Facts and Statisticshttps://www.acatoday.org/Patients/HealthWellness-Information/Back-Pain-Facts-and-Statistics.

Alageswari, A., & Dash, M. B. (2019). Assessment of knowledge and expressed practice regarding self-management of minor aliments

among antenatal mothers. *Journal of ECronicon Gynaecology*, *8*(1), 21-28.

Bujang, M. A., Ismail, M., Bariyyah, N., Baharum, N., Othman, S., Lazim, S., & Shah, S. (2016). Validation of the summary of diabetes self-care activities (SDSCA) in Malay language for Malaysian adults. *MJPHM*, *16*(3), 227-34.

Bjelica, A., Cetkovic, N., Trninic-Pjevic, A., & Mladenovic-Segedi, L. (2018). The phenomenon of pregnancy—A psychological view. Ginekologia polska, 89(2), 102-106.

Bussières, A. E., Stewart, G., Al-Zoubi, F., Decina, P., Descarreaux, M., Haskett, D., ... & Ornelas, J. (2018). Spinal manipulative therapy and other conservative treatments for low back pain: a guideline from the Canadian chiropractic guideline initiative. *Journal of manipulative and physiological therapeutics*, *41*(4), 265-293.

Brox, C. (2022). *Evaluation of antiemetic treatment of women hospitalised for Hyperemesis gravidarum at Muhimbili National Hospital, Dar es Salaam, Tanzania* (Master's thesis, The University of Bergen).

Bagherzadeh, R., Gharibi, T., Safavi, B., Mohammadi, S. Z., Karami, F., & Keshavarz, S. (2021). Pregnancy; an opportunity to return to a healthy lifestyle: a qualitative study. *BMC Pregnancy and Childbirth*, *21*(1), 751.

Bertuit, J., Van Lint, C. E., Rooze, M., & Feipel, V. (2018). Pregnancy and pelvic girdle pain: analysis of pelvic belt on pain. *Journal of clinical nursing*, *27*(1-2), e129-e137.

Bhuvaneswari, G., & Gokulapriya, P. (2018). Assess the Dental fluorosis and associated risk factors among adolescence, living in high level Fluoride content in drinking water at selected community area. *Research Journal of Pharmacy and Technology*, *11*(10), 4237-4241.

Bala, M. 2017. A descriptive study to assess the prevalence of minor ailments during pregnancy, home care remedies adopted by primigravida mothers and to develop an information booklet regarding the management of minor ailments during pregnancy in a selected hospital of Delhi. Int. J. Nurs. Midwifery Res. 4(4): 3-13.

Bottone-Post, C. (2022). Nausea and vomiting of pregnancy. In *Clinical Pharmacology During Pregnancy* (pp. 155-176). Academic Press.

Chortatos, A., Iversen, P. O., Haugen, M., Eberhard-Gran, M., Bjelland, E. K., & Veierød, M. B. (2018). Nausea and vomiting in pregnancy–association with pelvic girdle pain during pregnancy and 4-6 months post-partum. *BMC pregnancy and childbirth*, *18*, 1-8.

Campbell, P. T., Newton, C. C., Freedman, N. D., Koshiol, J., Alavanja, M. C., Beane Freeman, L. E., ... & McGlynn, K. A. (2016). Body mass index, waist circumference, diabetes, and risk of liver cancer for US adults. *Cancer research*, *76*(20), 6076-6083.

Christiana, R. W., Besenyi, G. M., Gustat, J., Horton, T. H., Penbrooke, T. L., & Schultz, C. L. (2021). A scoping review of the health benefits of nature-based physical activity. *Journal of Healthy Eating and Active Living*, *1*(3), 154.

Chortatos, A., Iversen, P. O., Haugen, M., Eberhard-Gran, M., Bjelland, E. K., & Veierød, M. B. (2018). Nausea and vomiting in pregnancy–association with pelvic girdle pain during pregnancy and 4-6 months post-partum. *BMC pregnancy and childbirth*, *18*, 1-8.

Doaa, M., Kamilia, R., Ahmed, R., & Randa, M. (2018). Mother's personal care during post partum period. *Egyptian Journal of Health Care*, *9*(2), 48-60.

Devkate, P., Mathew, B., Patel, K., Halpati, S., Dhodi, D., Halpati, V., ... & Sebastian, K. (2022). A study to assess the knowledge regarding self-management of minor ailments in pregnancy among antenatal

mothers. *Asian Journal of Nursing Education and Research*, *12*(1), 21-

Dağdeviren, H., Kaya, C., Cengiz, H., Erdoğan, V. Ş., Helvacıoğlu, Ç., & Bilecan, M. S. (2018). Urinary incontinence in pregnant women and its relation with quality of life. *Age*, *18*(50), 28.

Davis, E. P., & Narayan, A. J. (2020). Pregnancy as a period of risk, adaptation, and resilience for mothers and infants. Development and psychopathology, 32(5), 1625-1639.

Davidson, M. R., London, M. L., Ladewig, P. W., & Olds, S. B. (2012). Olds' maternal-newborn nursing & women's health across the lifespan.

Dhanawade, A. R. 2017. A study to assess the effectiveness of planned teaching on knowledge regarding minor ailments during antenatal period among primigravida mothers in selected hospitals of Sangli city, Maharashtra, India. Int. J. Nurs. Res. 3(2): 79-82.

Dinc, A. (2018). Prevalence of urinary incontinence during pregnancy and associated risk factors. *LUTS: Lower Urinary Tract Symptoms*, *10*(3), 303-307.

Fatthy, A., Fawzy Elsayed, H., & Ezzat, N. (2021). Effect of Tele-nursing Application on Self-Management of Pregnant Women Regarding Minor Discomforts. *Egyptian Journal of Health Care*, *12*(4), 1825-1841.

Elmetwaly, N., Abou Shabana, K., Emam, M., & EL Mashed, H. (2016). EFFECT OF SELF-UTILIZED TRADITIONAL METHODS AMONG PREGNANT MOTHERS ON RELIEVING WOMEN'S MINOR DISCOMFORTS. Mansoura Nursing Journal, 3(2), 97-110.

Elizebeth Rani, V. (2021). Knowledge on home remedy for minor disorders of pregnancy among antenatal mothers. TNNMC Journal of Obstetrics and Gynaecological Nursing, 9(1), 4-6.

Eldousoky, S. I., Shalaby, N. S., & Ali, M. R. (2023). Assessment of Health-Related Behaviors of Pregnant Women At Port Said City. *Port Said Scientific Journal of Nursing*, *10*(2), 182-202.

Emi, n. a., gan, w. y., mohd shariff, z., anuar zaini, a., shamsuddin, n. h., appukutty, m., & appannah, g. (2020). associations of an empirical dietary pattern with cardiometabolic risk factors in malaysian adolescents. *nutrition & metabolism*, *17*, 1-10.

Erkal Aksoy, Y., Akın, B., & Dereli Yılmaz S. (2021). Urinary incontinence experiences of pregnant women: A qualitative study. *Urologia Journal*, *88*(2), 140-147.

El-Sarkawy, A. T., Araby, O. A., & Abd El-Haleem, S. A. (April 2020).Effectiveness of Self-instructional Module on Knowledge and Remedial Practices Regarding Selected Minor Ailments Among Primigravida.

elsebeiy, f. (2019). assessment of knowledge regarding postnatal minor discomforts and self care activities among nulliparous women: suggested guidelines-0. *mansoura nursing journal*, *6*(2), 167-1

El Hoda Mostafa Mohamed, N., Abdelazem Osman Ali, S., Ahmed Mohamed Souilm, N., Said Abdelhady Garf, F., & Abd Elhaleem Ebraheem Elagamy, M. (2021). Effect of Instructional Guidelines Regarding Minor Discomforts on Reducing Depression, Anxiety, and Stress Level among Primigravida. *Egyptian Journal of Health Care*, *12*(1), 1123-1135.

Gharaibeh, B., & Tawalbeh, L. I. (2018). Diabetes self-care management practices among insulin-taking patients. *Journal of Research in Nursing*, *23*(7), 553-565.

Gamel W, Fathy M, El-Nemer A ,and Abou Shabana K (2017). Utilization of self-care brochure for relieving mother's minor discomforts during pregnancy. Journal of Nursing and Women's

Healthcare: JNWH-108 Retrieved from:10.29011/JNWH-108. 100008

Gururani, L., A. Kumar and G. Mahalingam. 2016. Minor disorder of pregnancy and its home management. Int. J. Med. Sci. Public Health. 5(4): 684-687. Available from: http://www.ijmsph.com. [Last accessed on 2018 Apr 25.

Gouda Nasr, E. S., Mohamed Mohamed Elsherbeny, E., Gamal Abd Elnaser Ahmed, M., & Sarhan Eldesokey Genedy, A. (2019). Anxiety Level among Primigravida andMultigravida Regarding Minor Discomforts (Comparative Study). *Egyptian Journal of Health Care*, *10*(2), 335-346.

Hashem, H. A., Emam, E. A. R., & Abd Elrahim, A. H. (2020). Effectiveness of teaching program on awareness regarding the minor discomfort problems among pregnant women. *Minia Scientific Nursing Journal*, *8*(1), 147-154.

Harja, M., Caftanachi, M., Fanache, M., & Ciobanu, G. (2023). Fly ash waste for obtaining building materials with improved durability. *Scientific Study & Research. Chemistry & Chemical Engineering, Biotechnology, Food Industry*, *24*(1), 49-60.

Hashem, H. A., Emam, E. A. R., & Abd Elrahim, A. H. (2020). Effectiveness of teaching program on awareness regarding the minor discomfort problems among pregnant women. *Minia Scientific Nursing Journal*, *8*(1), 147-154.

Hassan, H. E., Ahmed, W. F. M., & Mahmoud, A. A. (2020). Impact of tailored educational program on primigravida anxiety and knowledge regarding minor discomforts in upper Egypt. International Journal of Studies in Nursing, 5(1), 1.

Harja, M., Caftanachi, M., Fanache, M., & Ciobanu, G. (2023). Fly ash waste for obtaining building materials with improved

durability. *Scientific Study & Research. Chemistry & Chemical Engineering, Biotechnology, Food Industry*, *24*(1), 49-60

Igbokwe. L.N. (2019): Effect of selfmanagement technique on bullying tendency among secondary school students in Imo state, UNPUBLISHED Master thesis: Nnamdi Azikiwe University, Awka

Igbokwe. L.N. (2019): Effect of selfmanagement technique on bullying tendency among secondary school students in Imo state, UNPUBLISHED Master thesis: Nnamdi Azikiwe University, Awka

Ibrahim Mohamed, N., Abdel-Salam Ramadan, S., Mohamed Abd El-hakam, E., & Abd Elwahab Afifi Araby, O. (2023). Effect of Instructional Guidelines on Knowledge and Self-Care Practices among Pregnant Women Suffering from Leg Cramps. *Journal of Nursing Science Benha University*, *4*(2), 702-715.

Ibrahim El-Refaey, S. R., El-Hady, A., Mohammed, R., Elmasry, Y. M., Abd-Elmohdy, H., & Ali, H. H. (2020). The Effect of Tailored Psycho-Educational Program on Pregnant Women's Anxiety and Knowledge about Self-care Management Regarding Minor Discomforts. *Systematic Reviews in Pharmacy*, *11*(12)

Ibrahim, A. A. W., & Ali Hassan, L. A. (2020). Minor discomforts among pregnant women attending in Beni-Sweif University Hospital. *Mansoura Nursing Journal*, *7*(1), 120-129.

Jaras, M., Mansoorian, M. R., Delshad Noghabi, A., & Nezami, H. (2019). Comparison of effectiveness self-care returns two methods of focus group discussions and teach-back on lifestyle of pregnant women. *Internal Medicine Today*, *26*(1), 94-107.

Jihad, S. K., & Kadham, N. M. (2016). Assessment of self-care practices during prenatal period among mothers in Babylon city. *kufa Journal for Nursing sciences*, *6*(1), 160-166.

Jean-Michel, M., Kroes, J., Marroquin, G. A., Chau, E. M. S., Salafia, C. M., & Mikhail, M. (2018). Urinary incontinence in pregnant young

women and adolescents: an unrecognized at-risk group. *Urogynecology*, *24* 3), 232-236.

Jafaru, Y. (2022). Relationship Between Socio-demographic Variables and Minor Discomforts in Pregnancy: A Retrospective Survey in Nigeria. *Journal of Holistic Nursing And Midwifery*, *32*(3), 178-185.

Karim, R., Begum, S., Ayub, S., Pervaiz, K. F., & Akhtar, R. (2019). Incontinence of urine in pregnant women. *Journal of Postgraduate Medical Institute*, *33*(2).

Kadham, N. M., & Jihad, S. K. (2016). Assessment of Self–Care Practices during Prenatal Period among Mothers in Babylon City. *kufa Journal for Nursing sciences*, *6*(1).

Kaur, B., & Singh, V. (2018). A Descriptive Study to Assess the Knowledge of Antenatal Mothers Regarding the Self Management of Minor Ailments During Pregnancy in Selected Hospital of Jalandhar, Punjab, India. *International Journal of Research and Review*, *5*(7), 80-86.

Kim, Y., & Dee, V. (2017). Self-care for health in rural Hispanic women at risk for postpartum depression. Maternal and child health journal, 21, 77-84.

Gharaibeh, A., Wadiya, A., Qdhah, E., Khadrawi, M., Abu Slaih, A., & Qaoud, Y. (2018). Prevalence of low back pain in pregnant women and the associated risk factors, Journal of Orthopedics & Bone Disorders, 2(2), 2-10.

Kadar, K. S., Gani, N. F., Erfina, E., & Hariati, S. (2020). Self-care management and health outcomes among Indonesian pregnant women. *Enfermeria clinica*, *30*, 111-114.

Khalil, H. M., & Hamad, K. J. (2019). Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City. Polytechnic Journal, 9(2), 20-2

Kumar, L. (2014). Effectiveness of 'Self Instructional Module'(SIM) On the Level of Knowledge Regarding Selected Minor Ailments and Their Remedial Measures among Pregnant Women. *IOSR Journal of Nursing and Health Science*, *3*(1), 32-38.

Khalil, H. M., & Hamad, K. J. (2019). Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City. Polytechnic Journal, 9(2), 20-2

Kornbrot, D. E. (2016). Human psychophysical functions, an update: methods for identifying their form; estimating their parameters; and evaluating the effects of important predictors. *Psychometrika*, *81*(1), 201-216.

Kaur, A. and Kaur G. 2017. Assessment of the knowledge and expressed practices regarding self-management of minor ailments among antenatal mothers. IOSR J. Nurs. Health Sci., 6(1): 49-54. Available from: http://www.iosrjournals.org. [Last accessed on 2018 Feb 23]

Karimi, M., Mofidi Nejad, M., Tabaeifard, R., Omid, N., Rezaei, Z., & Azadbakht, L. (2024). The association between dietary habits and self-care behavior of pregnant women with pregnancy complications. *Scientific Reports*, *14*(1), 19681.

Keenan-Lindsay, L., Sams, C. A., O'Connor, C. L., Perry, S. E., Hockenberry, M. J., Lowdermilk, D. L., & Wilson, D. (2021). Maternal Child Nursing Care in Canada-E-Book. Elsevier Health Sciences.

Kazemi A, Hajian S, Ebrahimi-Mameghani M and KhobM. (2018):The Perspectives of Pregnant Women on Health-Promoting Behaviors: An Integrative Systematic Review:International Journal of Women's Health and Reproduction Sciences 6(2), 97–105. Retrieved from doi. 10.15296/ijwh

Khresheh, R. (2011). How women manage nausea and vomiting during pregnancy: a Jordanian study. *Midwifery*, *27*(1), 42-45.

Lyimo, G. S., Ibrahim, W. A., & Hassan, N. Z. (2022). Pregnant women's self-care practices for relieve of minor discomforts in Dodoma Region, Tanzania. *Alexandria Scientific Nursing Journal*, *24*(4), 112.

Liu, C., Zhao, G., Qiao, D., Wang, L., He, Y., Zhao, M., ... & Jiang, E. (2022). Emerging progress in nausea and vomiting of pregnancy and hyperemesis gravidarum: challenges and opportunities. *Frontiers in Medicine*, *8*, 809270.

Laitinen, L., Nurmi, M., Koivisto, M., Rautava, P., & Polo-Kantola, P. (2023). Recalling the severity of nausea and vomiting of pregnancy–a study using Pregnancy-Unique Quantification of Emesis Questionnaire. *Journal of Obstetrics and Gynaecology*, *43*(1), 2153025.

Leifer, G. (2019). Introduction to maternity and pediatric nursing.

Latha, P., & Indira, S. (2016). Effectiveness of IEC (Information, Education and Communication) package on knowledge regarding minor ailments of pregnancy and its management among antenatal mothers at NMCH, Nellore. AP Int. J. Appl. Res, 2(10), 593-596.

Lin, M. J. J., Hung, S. W., & Chen, C. J. (2009). Fostering the determinants of knowledge sharing in professional virtual communities. Computers in Human Behavior, 25(4), 929-939.

Lata Gururani, L. G., Atul Kumar, A. K., & Gomathi Mahalingam, G. M.

Mendoza, E., & Amsler, F. (2017). A randomized crossover trial on the effect of compression stockings on nausea and vomiting in early pregnancy. International Journal of Women's Health, 89-99 (2016). Minor disorder of pregnancy and its home management.

Mohammed Attia Ahmed, N., & Ahmed Gouda Ahmed, E. (2021). Utilization of Nursing Guideline and Videos Assisted Teaching for Alleviation of Minor Ailments Among Primigravida Mothers. Egyptian Journal of Health Care, 12(2), 1223-1239.

Mansour, S. E. S., & Saadoon, O. H. M. (2022). Effect of Benson's relaxation therapy on pain and sleep quality among post-cesarean mothers. *Egyptian Nursing Journal*, *19*(2), 88-96.

Murray, I., & Hendley, J. (2020). Change and adaptation in pregnancy. *Myles' Textbook for Midwives E-Book: Myles' Textbook for Midwives E-Book*, 197.

Masjoudi, M., Aslani, A., Khazaeian, S., & Fathnezhad-Kazemi, A. (2020). Explaining the experience of prenatal care and investigating theassociation between psychological factors with self-care in pregnant women during COVID-19 pandemic: a mixed method study protocol. *Reproductive health*, *17*, 1-7.

Mo, PK. Fong, V. W. I., Song, B., Di, J., Wang, Q., & Wang, L. (2021). Association of perceived threat, negative emotions, and self-efficacy with mental health and personal protective behavior among Chinese pregnant women during the COVID-19 pandemic: cross-sectional survey study. *Journal of medical Internet research*, *23*(4), e24053.

Murray, S. (2019). Foundations of maternal-newborn and women's health nursing/Sharon Smith Murray, Emily Slone McKinney, Karen Holub, Renee Iones.

McKinney, E. S., James, S. R., Murray, S. S., Nelson, K., & Ashwill, J. (2017). Maternal-Child Nursing-E-Book. Elsevier Health Sciences

Murray, I., & Hendley, J. (2020). Change and adaptation in pregnancy. Myles' Textbook for Midwives E-Book, 197.

Moossdorff-Steinhauser, H. F., Berghmans, B. C., Spaanderman, M. E., & Bols, E. M. (2021). Urinary incontinence during pregnancy: prevalence, experience of bother, beliefs, and help-seeking behavior. *International urogynecology journal*, *32*, 695-701.

Murray, I., & Hendley, J. (2020). Change and adaptation in pregnancy. *Myles' Textbook for Midwives E-Book: Myles' Textbook for Midwives E-Book*, 197.

Mukamana. M., L. (2019). A Study to Assess the Effectiveness of Video Assisted Teaching on "Focused Antenatal Care", among Primi Mothers Attending Antenatal Outpatient Department, of a Selected Hospital, Bangalore, India. Galore International Journal of Health Sciences and Research (www.gijhsr.com) Vol.(4); Issue: (1).

Medforth, J., Ball, L., Walker, A., Battersby, S., & Stables, S. (Eds.). (2017). Oxford handbook of midwifery. Oxford University PresS

McKinney, E. S., James, S. R., Murray, S. S., Nelson, K., & Ashwill, J. (2017). Maternal-Child Nursing-E-Book. Elsevier Health Sciences.

Naghizadeh, S., Fathnezhad-Kazemi, A., & Gavidel, T. (2019).

Masjoudi, M., Aslani, A., Seifi, M., Khazaeian, S., & Fathnezhad-Kazemi, A. (2022). Association between perceived stress, fear and anxiety of COVID 19 with self-care in pregnant women: a cross-sectional study. *Psychology, Health & Medicine*, *27*(2), 289-300.

Nicoloro-SantaBarbara, J., Rosenthal, L., Auerbach, M. V., Kocis, C., Busso, C., & Lobel, M. (2017). Patient-provider communication, maternal anxiety, and self-care in pregnancy. *Social science & medicine*, *190*, 133-140.

Nooman Hemdan, E., Abd Elhkem Aboud, S., Abdallah Elsay, H., & Soliman Abdel-Aliem, R. (2023). Effect of Sitting Pelvic Tilt Exercise on Low Back Pain among Primigravidae Women. *Journal of Nursing Science Benha University*, *4*(1), 1151-1165.

Nguyen, L. D., Nguyen, L. H., Ninh, L. T., Nguyen, H. T. T., Nguyen, A. D., Vu, L. G., ... & Ho, R. C. (2022). Women's holistic self-care behaviors during pregnancy and associations with psychological well-being: implications for maternal care facilities. *BMC pregnancy and childbirth*, *22*(1), 63

Nurhasanah, R., Masrul, M., Malini, H., & Tarawan, V. M. (2020). A structure equation model examining self-care behavior toward pregnancy-related complication and their associated factors among

women in Indonesia. *Open Access Macedonian Journal of Medical Sciences*, *8*(B), 1047-1052.

Ngo, E. T. P. (2023). Novel interventions for pregnant women: Pharmacist consultations and mobile applications in pregnancy. With focus on the management of nausea and vomiting during pregnancy.

Olutola, F. B., & Adejuwon, G. A. (2021). Sleep Quality Components as Predictors of Health-Related Quality of Life Domains among Primigravida in Ibadan, Nigeria

Obsa, M. (2021). Prevalence And Associated Factors Of Nausea And Vomiting In Pregnancy Among Pregnant Women In Hararghe Health And Demographic Urveillance System, Eastern Ethiopia (Doctoral dissertation, Haramaya university).

. *Journal of Sleep sciences*.

Ozcan, H., Şahan, Ö., Gunay, M., & Şimşek, H. (2022). Self-care agency in pregnancy. *Clinical and Experimental Health Sciences*, *12*(4), 787-792. Oltean, H., Robbins, C., Maurits, W., Tulder, B., Berman, M., Bombardier, C., & Gagnier, J. (2014). Herbal medicine for low back pain, Cochrane Database of Systematic Reviews https://www.cochranelibrary.com/cdsr/doi/

O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: debates and practical guidelines. *International journal of qualitative methods*, *19*, 1609406919899220.

Oluwatosin, A., Okojie, O., &ike, e. (2017). Experience and Coping Measures of Minor Discomforts of Pregnancy Among Pregnant Women in Selected Hospitals in Ibadan, Oyo State, Nigeria. *West African Journal of Nursing*, *28*(1).

Olander, E. K., Smith, D. M., & Darwin, Z. (2018). Health behaviour and pregnancy: a time for change. *Journal of Reproductive and Infant Psychology*, *36*(1), 1-3.

Omran, A. E. A., Abd El-Fatah, A., Abdel Hakim Ahmed, H., & Abd El Sattar Ahmed, M. (2020). Self-care of women during postpartum period in rural area. *Egyptian Journal of Health Care*, *11*(1), 59-72.

Patil, D. N. V., Salunkhe, D. J. A., Mohite, D. V. R., Kadam, M. S. A., & Ingale, M. S. (2022). A descriptive study to assess knowledge of primigravida mothers regarding minor ailments of pregnancy. *Journal of Pharmaceutical Negative Results*, 5924-5928.

Putri, D. M., Sari, D. P., & Yudha, A. M. (2022). Pengaruh Perencanaan Pajak, Aset Pajak Tangguhan, dan Beban Pajak Tangguhan terhadap Nilai Perusahaan "(Perusahaan Manufaktur yang terdaftar di Bursa Efek Indonesia (BEI) 2016-2020)". *Jurnal Pendidikan Tambusai*, *6*(2), 8784-8791.

Pierce, L., & Rider, C. I. (2022). Supporting mental health at work (comment on "The epidemic of mental disorders in business"). *Administrative Science Quarterly*, *67*(1), 56-69.

Pillitteri, A. (2018). Maternal & child health nursing: Care of the childbearing & childrearing family. Lippincott Williams & Wilkins.

Patil, D. N. V., Salunkhe, D. J. A., Mohite, D. V. R., Kadam, M. S. A., & Ingale, M. S. (2022). A descriptive study to assess knowledge of primigravida mothers regarding minor ailments of pregnancy. *Journal of Pharmaceutical Negative Results*, 5924-5928.

Paquette, H. J. (2021). Pregnant Women's Experiences with Gastrointestinal Discomforts and Strategies They Use to Cope (Doctoral dissertation, Marquette University).

Paquette, H. J. (2021). *Pregnant Women's Experiences with Gastrointestinal Discomforts and Strategies They Use to Cope* (Doctoral dissertation, Marquette University).

Panuccio, F., Berardi, A., Marquez, M. A., Messina, M. P., Valente, D., Tofani, M., & Galeoto, G. (2022). Development of the Pregnancy and Motherhood Evaluation Questionnaire (PMEQ) for evaluating

and measuring the impact of physical disability on pregnancy and the management of motherhood: a pilot study. Disability and Rehabilitation, 44(8), 1474-1480.

Perry, S. E., Hockenberry, M. J., Cashion, K., Alden, K. R., Olshansky, E., & Lowdermilk, D. L. (2022). Maternal child nursing care-E-Book. Elsevier Health Sciences.

Pilewska-Kozak, A. B., Dobrowolska, B. B., Tkaczuk-Włach, J., Stadnicka, G., Łepecka-Klusek, C., Pałucka, K., & Ziółkowska, M. (2018). Evaluation of the health behaviors of women in multiple pregnancies—a preliminary study. *Ginekologia Polska*, *89*(6), 289-294.

Rosy, M. (2014). A Study to Assess the Knowledge and Practice Regarding Minor Disorders of Pregnancy and the Incidence among the Antenatal Mothers who Attending OPD at Selected Hospital, Kolar. *Asian Journal of Nursing Education and Research*, *4*(3), 284-287.

Rashid, A., M Othman, S., A Al-Banna, D., & M Bra, A. (2023). Assessment of Minor Disorders among Pregnant Women Attending Malafandi Primary Health Care Centre/Erbil-City. *Cihan University-Erbil Scientific Journal (CUESJ)*, *7*(1).

Roberts, K. (2023). Nausea and vomiting in pregnancy: An evolutionary perspective.

Ross, A., Bevans, M., Brooks, A. T., Gibbons, S., & Wallen, G. R. (2017). Nurses and health-promoting behaviors: Knowledge may not translate into self-care. AORN journal, 105(3), 267-275.

Rizk, S. A., Ghaly, A. S., & Youssef, H. I. (2019). Self-Care Practices Utilized By Yemeni Pregnant Womenin Hodeida City. *J Nurs Health Scienc.[Internet]*, *8*(4), 32-50.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing*. Lippincott Williams & Wilkins.

Rai, A., Thatal, A., Sharma, B. K., & Narwat, Y. (2020). Lateral placenta as a predictor for development of preeclampsia. Indian J. Obstet. Gynecol. Res, 7(2), 216-221.

Rashan, N., Sharifi, N., Fathnezhad-Kazemi, A., Golnazari, K., & Taheri, S. (2021). The association between social support and psychological factors with health-promoting behaviours in pregnant women: A cross-sectional study. *Journal of Education and Health Promotion*, *10*(1).

Rai, A., Thatal, A., Sharma, B. K., & Narwat, Y. (2020). Lateral placenta as a predictor for development of preeclampsia. *Indian J. Obstet. Gynecol. Res*, *7*(2), 216-221.

Rahimi, M., GhorbaniNia, R., Azizi, Y., Ovaisi, Z., Mohammadian, S., & Aminipour, F. (2024). Self-Care Behaviors in Pregnant Women with Gestational Diabetes: Self-care Behaviors in Gestational Diabetes. *Galen Medical Journal*, *13*, e3235-e3235.

Rezaie, R., Mohammad-Alizadeh-Charandabi, S., Nemati, F., & Mirghafourvand, M. (2021). The effect of self-care counseling on health practices of adolescent pregnant women: A randomized controlled trial. *BMC Pregnancy and Childbirth*, *21*, 1-11.

Rabiepoor, S., Sadeghi, E., & Sayyadi, H. (2019). Spiritual health and physical activity among Iranian pregnant women. Journal of religion and health, 58, 506-515.

Ruth, L., Oinam, S., Jami, T. J., Lalawmpuii, F., Lalliantluangi, C., & Lalrindiki, R. (2019). Assessment of knowledge on minor ailments of pregnancy among primipara mothers and home remedies, International Journal of Nursing Education,8(4);223-242

Rezaie, R., Mohammad-Alizadeh-Charandabi, S., Nemati, F., & Mirghafourvand, M. (2021). The effect of self-care counseling on health practices of adolescent pregnant women: a randomized controlled trial. BMC Pregnancy and Childbirth, 21(1), 1-1

Quintero Rodriguez, C., & Troynikov, O. (2019). The effect of maternity support garments on alleviation of pains and discomforts during pregnancy: a systematic review. *Journal of Pregnancy*, *2019*.

Sarada karnati and Vanaja kumari "Assessment of knowledge regarding home management of minor ailments in pregnancy''.Iinternational

Sonwane, M. A. (2020). Effectiveness of Educational Intervention on Awareness and Attitude regarding minor aliment of Pregnancy and its management among

Sayed, S. A., Khamis, M. A., & Arief, A. F. (2022). Improvement of Self-care of Postpartum Minor Discomfort. *Assiut Scientific Nursing Journal*, *10*(32), 126-137.

.Samarakoon, S. K. S. N., Mohamed, F. F. H., Wijerathna, K. M. S. M., & Kisokanth, G. (2020). Knowledge and practices regarding self-management of minor ailments among pregnant mothers.

Sharma, A., Rani, R., Nebhinani, M., & Singh, P. (2020). Knowledge and practices regarding management of minor ailments of pregnancy among antenatal mothers: a descriptive study from Rajasthan. International Journal of Community Medicine and Public Health, 7(10), 4010-16.

Simó, S., Zúñiga, L., Izquierdo, M. T., & Rodrigo, M. F. (2019). Effects of ultrasound on anxiety and psychosocial adaptation to pregnancy. Archives of women's mental health, 22, 511-518

Shiferie, F., Berhane, Y., & Workneh, F. (2020). Healthcare Seeking Behaviour of Pregnant Women in rural Amhara, Ethiopia: Perception of Healthcare Providers.

Smith, J. A., Fox, K. A., & Clark Shannon, M. (2022). Nausea and vomiting of pregnancy: treatment and outcome. *Literature review current through*.

Sandal L.F. Stochkendahl M.J., Svendsen M.J., Wood K., Øverås C.K., Nordstoga A.L. (2019): An app-delivered selfmanagement program

for people with low back pain: protocol for the self-back randomized controlled trial, JMIR Res Protoc, vol 8, No (12);14720.

Sangeetha, E., R. Shanghais and D. Revathy. 2015. A descriptive study to assess the level of knowledge on minor ailments in pregnancy among antenatal mothers in selected tertiary hospital, Kanchipuram, Tamilnadu. J. Nurs. Patient Saf. Care. 1(2): 1-6. Available from: http://www.tjprc.org. [Last accessed on 2018 Apr 16].

Sowunmi, C. O., Lanre-Ogungbile, O. A., Adetoun, C., & Owopetu, J. K. O. (2021). Demographic Variables and Self-Management Practices as Correlates of Glycemic Control among Reproductive Age Diabetic Women in a Tertiary Hospital in Ile-Ife, Osun State, Nigeria. *Texila International Journal of Public Health*.

Saad Soliman, A., Ahmed Hassan, A., Ouda Abd El Menem, S., & Amin Ali Gaafar, H. (2023). Effect of Benson relaxation techniques on nausea and vomiting among primigravida women in the first trimester of pregnancy. *Journal of Nursing Science Benha University*, *4*(2), 69-82.

Shabaan, S. Y., Abdel Hamed, M. H., Ismail, G. A., & El-Sharkawy, I. A. (2018). Study of Different Types of Gut Flora among Obese Egyptian Children. *Egyptian Journal of Medical Microbiology*, *27*(1), 135-142.

Traylor, C. S., Johnson, J. D., Kimmel, M. C., & Manuck, T. A. (2020). Effects of psychological stress on adverse pregnancy outcomes and nonpharmacologic approaches for reduction: an expert review. *American Journal of Obstetrics & Gynecology MFM*, *2*(4), 100229.

Ting, E. Y. C., Yang, A. C., & Tsai, S. J. (2020). Role of interleukin-6 in depressive disorder. *International journal of molecular sciences*, *21*(6), 2194.

Torres Soto, N. Y., Verdugo, V. C., CorralFrías, N. S., & Rojas Armadillo, M. D. L. (2021). Design and validation of the Self-Care Behaviors Scale. *Behavioral Psychology/Psicologia Conductual*, *29*(3).

Umar, Hana Adil.(2019). Assessment of the health behaviors patterns among women during pregnancy. *Iraqi National Journal of Nursing Specialties ،32(1), 13-21*. Retrieved from .https://search.emarefa.net/detail/BIM-893424.journal of recent scientific research . Vol . 6 , issue 6 . PP . 4593- 4596, june 2015

Vincent, S., Nayak, S., & Paul, S. (2015). A study on knowledge of primi mothers on self management of minor discomforts of pregnancy. *Journal of Health and Allied Sciences NU*, *5*(02), 012-015.

Wang, S. M., Dezinno, P., Maranets, I., Berman, M. R., Caldwell-Andrews, A. A., & Kain, Z. N. (2022). Low back pain during pregnancy: prevalence, risk factors, and outcomes. Obstetrics & Gynecology, 104(1), 65-70.

Ward, S., & Hisley, S. (201٦). Maternal-child nursing care optimizing outcomes for mothers, children, & families. FA Davis.

Wardle, J., Steptoe, A., Bellisle, F., Davou, B., Reschke, K., Lappalainen, R., & Fredrikson, M. (1997). Health dietary practices among European students. *Health psychology*, *16*(5), 443..

Yuksel, A., & Bayrakci, H. (2019). Self-efficacy, psychological well-being and perceived social support levels in pregnant women. *International Journal of Caring Sciences*, *12*(2), 1-10.

Yazdi, S., Alidousti, K., Tirgari, B., & Jahani, Y. (2020). Effect of integrated health promotion intervention and follow up on health issues (clothing way, food habits, urinary habits, sexual behavior habits) related to urinary tract infection among pregnant women. A randomized, clinical trial. *Journal of Preventive Medicine and Hygiene*, *61*(2), E194.

Zhianian, A., Zareban, I., Ansari-Moghaddam, A., & Rahimi, S. F. (2015). Improving self-care behaviours in pregnant women in Zahedan: Applying self-efficacy theory. *Caspian Journal of Health Research*, *1*(1), 18-26.

Zahra, N., Saeed, M. K., Sheikh, A., Kalim, I., Ahmad, S. R., & Jamil, N. (2019). A review of mycotoxin types, occurrence, toxicity, detection methods and control: review: review of mycotoxin types. *Biological Sciences-PJSIR*, *62*(3), 206-218.

Traeger, A. C., Buchbinder, R., Elshaug, A. G., Crofr, P. R., & Maher, C. G. (2019). Care for low back pain: can health systems deliver? Bull World Health Organ, 97(6), 423-433. https://doi.org/10.2471/BLT.18.226050

Truong, B. T., Lupattelli, A., Kristensen, P., & Nordeng, H. (2017). Sick leave and medication use in pregnancy: a European web-based study. *BMJ open*, *7*(8), e014934.

Thirupuravalli, K. (2012). *Assess the maternal psychosocial adaptation among high risk primi and multigravida mothers admitted in antenatal wards at Institute of Obstetric and Gynaecology, Chennai* (Doctoral dissertation, College of Nursing, Madras Medical College, Chennai).

*Appendic*es

Ethical Consideration

Ministry of Higher Education and Scientific Research
University of Karbala / College of Nursing
Scientific Research Ethics Committee

UOK.CON.23.005
Ethical Committee Code:
Date: 7 / 11 /2023

Research Ethical Approval Form

Title of the research project	
In the English language	In the Arabic language
Self-care behavior of Primigravida and Multigravida women's concerning Minor Discomforts management during pregnancy: A comparative Study.	سلوك الرعاية الذاتية بين النساء البكريات ومتعددة الحمل بما يتعلق بادارة المضايقات البسيطة خلال الحمل: دراسة مقارنة

Data About the Main Researcher /Student:			
Full Name	Scientific Title	Mobile Number	Email
Fatima shamkhi atiyah	Master student	07810784996	fatimashamkhy@gmail.com
Data About the Co-author /Supervisor:			
Full Name	Scientific Title	Mobile Number	Email
Dr. Sajidah saadoon oleiwi	PhD Instructor	07724542768	Saidah.@uokerbala.edu.iq

Study objectives

1-To assess self-care behavior of Primigravida and Multigravida women's concerning management of minor discomfort during pregnancy.
2- To compare of Primigravida and Multigravida woman's concerning Self- care behavior for management of minor discomforts .
3- To find out relationship between primigravida and Multigravida women's concerning self-care behavior for management of minor discomfort with their socio-demographic characteristics.

Time and Setting of the Study

Septemper 2023 –Augest 2024 / Primary Health Care Centers.

Study Design

Descriptive study (comparative study)

Sampling method and sample size

Non probability/ Convenient Sample 250

Statement of Ethical Commitment

The study will be conducted in accordance with what was mentioned in the protocol above and to commitment that all rules set by the ethical policy are followed in my research process. I also make a commitment to abide by ethical principles, moral values, law and instruction of the institutions. My research carries no bias for ethnicity, gender, regional aspects and is totally impartial and objective. I will have taken an informed consent from participants, and to provide clarifications and information about the study to the sample members. I deal with the data of the sample members in complete confidentiality.

فاطمة خزعلة شامخ

Name and signature of the researcher

Recommendation of the College's Research Ethical Committee

☑ Agreement to conduct the study ☐ Disagreement to conduct the study

Instructor Dr. Sajidah Saadoon Oleiwi
Member

Ass. Prof. Dr. Zeki Sabah Musihb
Member

Ass. Prof. Dr. Ghazwan Abdalhussein
Member

Ass. Prof. Dr. Hassan Abdullah Athbi
Chairman of the Committee
أ.م.د.حسن عبد الله عذبي
إختصاص تمريض صحة البالغين

Appendix B

Administrative Agreements

Republic of Iraq
Ministry of higher education & scientific research
University of Karbala
College of Nursing
Graduate studies Division

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جـــامعة كربلاء
كـلية التـمريـض
شعبة الدراسات العليا

العـدد : د.ع/ ٤٣٤٥ التاريخ: ٩/ ١١ / 2023

الى / دائرة صحة كربلاء المقدسة – مركز التدريب و التنمية البشرية

م/ تسهيل مهمة

تحية طيبة...

يرجى التفضل بالموافقة على تسهيل مهمة طالبة الدراسات العليا / الماجستير (فاطمة شمخي عطية) في كليتنا للعام الدراسي (2023-2024) لغرض جمع العينات الخاصة برسالتها الموسومـــة :

"سلوك الرعاية الذاتية بين النساء البكريات ومتعددة الحمل بما يتعلق بإدارة المضايقات البسيطة خلال الحمل : دراسة مقارنة"

"Self-Care Behavior of Primigravida and Multigravida women Concerning Minor Discomforts Management during Pregnancy. A Comparative Study"

** مـــع التقديـــر **

أ. د. علي كريم خضير
العميد وكالة
2023 / 11 / 7

نسخة منه الى :
- مكتب السيد المعاون العلمي المحترم .
- شعبة الدراسات العليا .

العنوان : العراق - محافظة كربلاء المقدسة – حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq website:

Appendix B1

Ministry of Health & Environment
Karbala Health Directorate
Training and Human Development Center
Research Committee

Form number 53

Decision number:2023234

Date 21/11/2023

Research committee decision

The Research Committee of Karbala Health Directorate has examined the research protocol number(2023234Karbala) entitled:

"سلوك الرعاية الذاتية بين النساء البكريات ومتعددة الحمل بما يتعلق بادارة المضايقات البسيطة خلال الحمل: دراسة مقارنة"

"Self- care Behavior of primigravida and Multigravida Women Concerning Minor Discomforts Management during pregnancy.A comparative study"

Submitted by researchers: **Fatima Shamkhi Atiiya Kathim**

to the research and Knowledge Management Unit at the Training and Human Development Center of Karbala Health Directorate on 21/11/2023

The unit has decided to:

*** Accept the above-mentioned research protocol as it meets the standards adopted by the Ministry of Health for the implementation of research, and there is no objection to implementing it in the Directorate's institutions.**

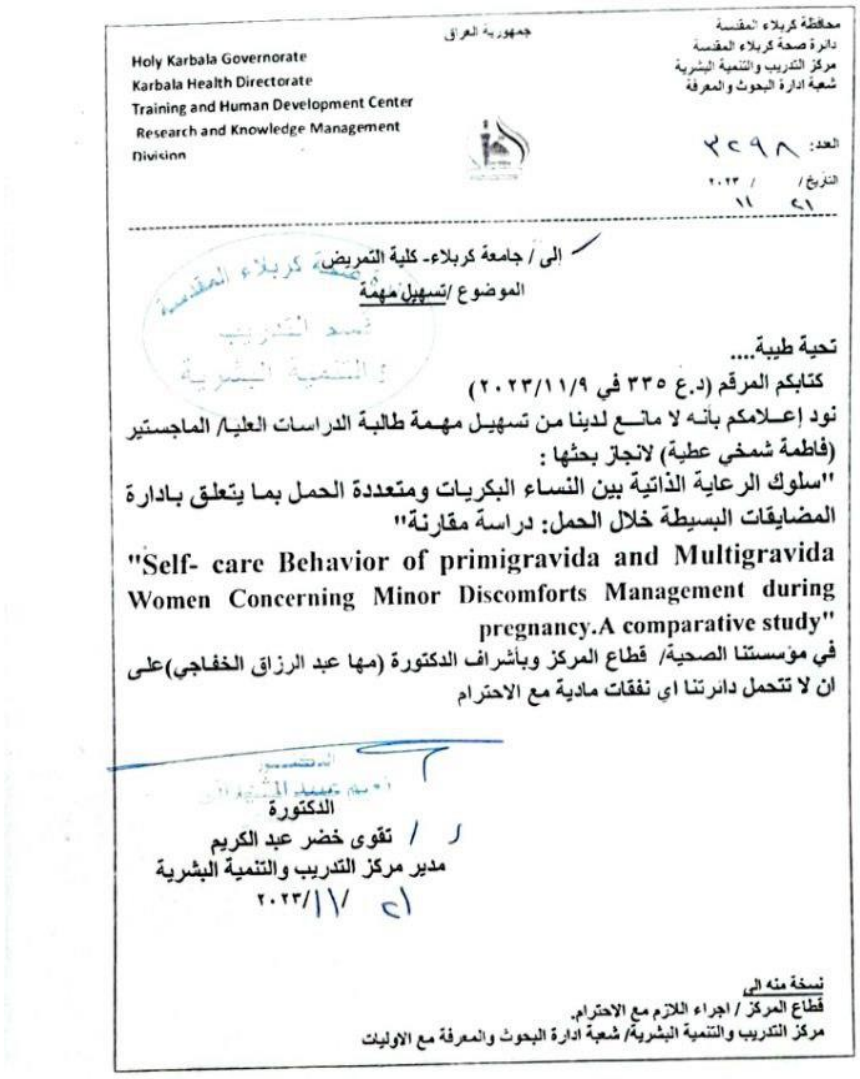
Rapporteur of the committee

21/11/2023

Notes:

- The committee member (Dr. Taqwa Khudhur Abdulkareem)/ committee rapporteur (Dr. Naeem Obaid. Talal) were authorized to sign this decision on behalf of the remaining members of the committee under the rules of procedures of the research committee.
- The research committee approval means that the research project submitted to the aforementioned committee has fulfilled the ethical and methodological standards adopted by the Ministry of Health for conducting a research. As for the implementation of the research, it depends on the researchers adherence to the instructions of the health institution in which the research will be implemented as well as the laws, instructions and recommendations in force that govern the practice of medical and health action in Iraq.

Appendix B2



جمهورية العراق

محافظة كربلاء المقدسة
دائرة صحة كربلاء المقدسة
مركز التدريب والتنمية البشرية
شعبة ادارة البحوث والمعرفة

Holy Karbala Governorate
Karbala Health Directorate
Training and Human Development Center
Research and Knowledge Management
Division

العدد: ٢٥٩٨
التاريخ / ١١ / ٢٠٢٣

الى / جامعة كربلاء- كلية التمريض

الموضوع /تسهيل مهمة

تحية طيبة....

كتابكم المرقم (د.ع ٣٣٥ في ٢٠٢٣/١١/٩)

نود إعـلامكم بانـه لا مانـع لدينا من تسهيـل مهـمة طالبة الدراسات العليا/ الماجستير (فاطمة شمخي عطية) لانجاز بحثها :

"سلوك الرعاية الذاتية بين النساء البكريات ومتعددة الحمل بما يتعلق بادارة المضايقات البسيطة خلال الحمل: دراسة مقارنة"

"Self- care Behavior of primigravida and Multigravida Women Concerning Minor Discomforts Management during pregnancy.A comparative study"

في مؤسستنا الصحية/ قطاع المركز وبأشراف الدكتورة (مها عبد الرزاق الخفاجي)على ان لا تتحمل دائرتنا اي نفقات مادية مع الاحترام

الدكتورة
م / تقوى خضر عبد الكريم
مدير مركز التدريب والتنمية البشرية
٢٠٢٣/١١/

نسخة منه الى
قطاع المركز / اجراء اللازم مع الاحترام.
مركز التدريب والتنمية البشرية/ شعبة ادارة البحوث والمعرفة مع الاوليات

Appendix C

Questionnaire of the Study- Arabic

استبانه

رقم الاستبانة .....

عزيزتي الأم الحامل ..
التمس مشاركتكـ القيمه في هذا البحث الذي يهدف إلى التعرف على المضايقات البسيطة الي تحدث للمرأة اثناء الحمل و تقييم سلوك النساء الحوامل فيما يتعلق بالمضايقات البسيطة خلال فترة الرعاية قبل الولادة.
نودّ إعلامكم بأنّ جميع البيانات المأخوذة من هذا البحث ستكون لأغراض البحث العلمي وستعامل بسريّة تامة من قبل الباحثة.

يرجى وضع علامة (√) في المربع المناسب وإعطاء إجابات حيثما تم تحديد ذلك

اولا / المعلومات الديموغرافية١

1	العمر بالسنوات	

١- العمر باالسنوات - يكتب رقما :

١-٢ المستوى التعليمي :

2	المستوى التعليمي	
1	لا تقرأ ولا تكتب	
2	تقرا وتكتب	
3	خريجة الدراسة الابتدائية	
4	خريجة الدراسة المتوسطة	
5	خريجة الدراسة الاعدادية	
6	خريجة معهد	
7	خريجة جامعة	
8	خريجة دراسات عليا	

١.٣ المهنة :

ت	المهنة	
1	ربة بيت	
2	موظفة	
3	اعمال حرة	

١-٤ مكان السكن :

1	ريف	٢	مدينة
١.٥	**البيانات الصحية**		
	نوع العائلة :		
1	صغيرة (تتكون من الاب والأطفال)		

2	ممتدة (مكونة من الأجداد والعمات والأعمام وأبناء العم)	
3	ضخمة /عائلة كبيرة	

ثانيا / المعلومات الأنجابية:

الصحة الأنجابية					
نوع الحمل					
١	**حامل للمرة الاولى(بكرية)**				
٢	**حامل من ٢ الى ٤ مرات(متعددة الحمل)**				
٣	**حامل اكثر من ٤ مرات**				
حالات الاسقاط					
١	**و لا مرة**				
٢	**مرة واحدة**				
٣	**مرتين**				
٤	**اكثر من مرتين**				
الولادات					
١	**و لا مرة**				
٢	**مرة واحدة**				
٣	**من ٢ الى ٣ مرات**				
٤	**اكثر من ٣ مرات**				
١	**من ١ الى١٢ اسبوع**				
٢	**من ١٣ الى ٢٨ اسبوع**				
٣	**من ٢٩ الى ٤٢**				
متابعة للحمل الحالي		١	نعم	٢	لا
وقت اول متابعة الحمل					
١	**الثلث الاول من الحمل(١ الى١٢ اسبوع)**				
٢	**الثلث الثاني من الحمل (١٣ الى ٢٨ اسبوع)**				
٣	**الثلث الثالث من الحمل(٢٩ الى ٤٢)**				
تاريخ الولادي					
١	**عدد الاطفال الاحياء**				
٢	**عدد الولادات الحية**				
٣	**عدد الولادات الميتة**				
٤	**مدة الزواج**				
صلة القرابة بين الزوج والزوجة		١	يوجد صلة قرابة	لا يوجد صلة قرابة	2

ثالثا / الجدول : سلوك الرعاية الذاتية فيما يتعلق بأدارة المضايقات البسيطه خلال الحمل

يرجى قراءة كل فقرة بعناية والإجابة عن جميع الفقرات وحدد الاجابة التي تصف افعالك الى حد كبير وذلك م ن خلال الشطب بعلامة اكس امام اختيارك. ..علماً أنه لا توجد إجابة صائبة أو أخرى خاطئة، وإنما أجابتك تعبر عن حالتك إزاء كل فقرة....

المضايقات الفيسيولوجية						
ت	استفراغ و غثيان					
١.٣	سلوك الرعاية الذاتية ' للغثيان والقيء	ابدا	نادرا	احيانا	عادةً	دائما
١	احاول تجنب رائحة الطعام					
٢	**أحاول ان اقوم بتناول الأدوية (مثل مضادات القيء) حسب تعليمات الطبيب**					
٣	أتناول البسكويت الجاف قبل النهوض من السرير					
٤	أتناول وجبة جافة من الكربوهيدرات عند الاستيقاظ(مثال الفاكهة" الرز " الحبوب " البقوليات" الكيك المصنع " البطاطا" الحلويات " الخبز					
٥	أتجنب الطعام الحار					
٦	اقلل من تناول الشاي/القهوة					
٧	اتناول وجبات صغيرة متكررة					
٨	أحاول العناية بنظافة الفم والاسنان					
٩	أستخدم تمارين التنفس العميق					
	الامساك والبواسير					
١.٤	سلوك الرعاية الذاتية ' للإمساك	ابدا	نادرا	احيانا	عادةً	دائما
١	اشرب ما لا يقل عن ستة أكواب من الماء يوميا					
٢	كثيرًا ما ازيد من المواد الخشنة في النظام الغذائي (على سبيل المثال، النخالة والحبوب المطحونة الخشنة والفواكه والخضروات الطازجة ذات القشرة)					
٣	امارس التمارين الرياضية المعتدلة كل يوم					
٤	احفاظ على جدول منتظم لحركات الأمعاء(شرب الماء بكثرة " ممارسة رياضة بالأخص رياضة البطن " المشي المنتظم)					
٥	اتجنب الحقن الشرجية والمليانات					
٦	اتجنب الامساك عن طريق افراغ الامعاء يوميا					
٧	اخذ حماما دافئا مع صودا الخبز في الماء					
٨	اتجنب الجلوس لفترا طويلة					
٩	استخدم الكمادات الباردة					
١٠	استخدم العلاجات التقليدية (الاعشاب الطبية)					
١١	اتناول الادوية حسب توجيهات الاطباء					
١.٥	حرقة المعدة					
	سلوك الرعاية الذاتية لحرقة المعدة	ابدا	نادرا	احيانا	عادة	دائما
١	اتجنب الأطعمة المقلية والحارة والدهنية					
٢	اتناول وجبات صغيرة ومتكررة					
٣	اشرب كوكاكولا او سفن اب وبيكربونات الصودا					
٤	أحاول ألا استلقي بعد تناول الطعام					
٥	أحاول اتناول البسكويت الجاف قبل النهوض من السرير					
٦	إبقاء رأس السرير أعلى من قدم السرير					
	آلالام الظهر					
١.٦	سلوك الرعاية الذاتية لآلام الظهر	ابدا	نادرا	احيانا	عادةً	دائما
١	أحاول اهمال معالجة آلالام الظهر					

٢	تيكية الجسم الجيدة وضعيات الجسم الجيدة و المريحة والصحيحه					
٣	أتجتب الوقوف لمدة طويلة					
٤	أتجنب الأحذية ذات الكعب العالي					
٥	ممارسة تمارين الحوض (تمارين كيجل " اليوكا " القرفصاء)					
٦	أتجنب الانحناء عند رفع الأشياء					

الإفرازات البيضاء						
١.٧	**الإفرازات البيضاء سلوك الرعاية الذاتية**	**ابدا**	**نادرا**	**احيانا**	**عادةً**	**دائما**
١	أحاول الاستحمام يومياً					
٢	أحاول أرتداء الملابس الداخلية القطنية					
٣	استخدم حفاظة واقوم بتغييرها بشكل متكرر					
٤	أحاول أهمال وعدم أعطاء اهمية لوجود الافرازات البيضاء					
٥	استخدم التحاميل المهبلية حسب توجيها الاطباء					
٦	اشطف منطقة العجان من الأمام إلى الخلف					
٧	احافظ على منطقة العجان نظيفة وجافة					
٨	اتجنب استخدام السدادة والغسل الداخلي					

اضطرابات النوم						
١.٨	**سلوك الرعاية الذاتية لاضطرابات النوم**	ابدا	نادرا	احيانا	عادةً	دائما
١	اشرب السوائل الساخنة قبل النوم					
٢	استحم بماء دافئ قبل النوم					
٣	أقوم بأنشطة تساعدني على الشعور بالاسترخاء مثل القراءة قبل النوم و الصلاة، التأمل					
٤	اشجع الاستلقاء على الجانب مع دعم الوسادة					

التبول المتكرر						
١.٩	**سلوك الرعاية الذاتية للتبول المتكرر**	**ابدا**	**نادرا**	**احيانا**	**عادة**	**دائما**
١	أقلل من تناول السوائل في المساء					
٢	أفرغ المثانة بشكل متكرر خلال النهار					
٣	اقلل من شرب الشاي والقهوة					
٤	استخدم الماء الدافئ في الغسل					
٥	اقلل من تناول السوائل عن طريق الفم					
٦	اتناول الأدوية حسب أوامر الأطباء عند الشعور بالحرقة أو الألم أثناء التبول					

١.١٠	**التعب**					
	سلوك الرعاية الذاتية للتعب	**ابدا**	**نادرا**	**احيانا**	**عادة**	**دائما**
١	أتناول نظاماً غذائياً متوازناً للحفاظ على صحتي					
٢	ارتاح لاستعادة صحي وطاقتي					
٣	اقلل الأنشطة الشاقة					

٤	أحصل على قسط كاف من النوم لأشعر بالراحة					
ضيق التنفس						
١.١١	**سلوك الرعاية الذاتية لضيق التنفس**	**ابدا**	**نادرا**	**احيانا**	**عادةَ**	**دائما**
١	أنام مع رفع الرأس والصدر					
٢	ارتدي ملابس فضفاضة ومريحة أثناء النوم					
٣	اقلل من الأنشطة الشاقة خلال النهار					
٤	اتخذ وضعية جيدة عند الجلوس					
٥	اتناول الأدوية حسب توجيهات الأطباء					
٦	اتناول وجبات صغيرة ومتكررة					
دوالي الوريد						
١.١٢	**سلوك الرعاية الذاتية دوالي الوريد**	ابد	نادرا	احيانا	عادتا	دائما
١	**ارتدي جواريب مطاطية خلال الحمل**					
٢	**أخذ فترات من الراحة والتحرك قدر الإمكان في حالة الوقوف أو الجلوس لفترات طويلة**					
٣	**ارفع القدمين على وسادة لتعزيز حركة الدم تجاه القلب مرة أخرى**					
٤	**أتجنب ثني القدمين عند الجلوس**					
٥	**امارس التمارين اليومية البسيطة التي تزيد من نشاط الدورة الدموية بعد استشارة الطبيب**					
٦	**أنام على الجانب الأيسر لتخفيف ضغط الرحم**					
٧	**اقلل من استهلاك الصوديوم لتقليل تورم الأوردة**					
٨	**اتجنب الأحزمة الضيقة حول الخصر أو الحوض أو الجوارب ذات الأشرطة المطاطية الضيقة، والأحذية الضيقة أو ذات الكعب العالي**					
٩	**ارتدي ملابس فضفاضة ومريحة**					
١.١٣	**سلوك الرعاية الذاتية المتعلقة الصحة النفسية**	ابد	نادرا	احيانا	عادتا	دائما
١	**عادة ما أشعر بالقلق الحمل**					
٢	**ان مشاعري وحالتي المزاجية تستحق ان اهتم بها**					
٣	**احاول ان اكون في مزاج جيد**					
٤	**عندما اشعر بالحزن افكر في كل متع الحياة**					
٥	**على الرغم من انني اشعر بالحزن في بعض الاحيان الا ان لدي عادة رؤية متفائلة**					
٦	**أقوم باانشطة للراحة من الهموم اليومية (قراءة كتاب .ممارسة الرياضة .)**					
٧	**اخصص الوقت للقيام بالاشياء التي احبها**					
٨	**احاول الحفاظ على التوازن بين جسدي وعواطفي وعقلي**					
٩	**اشارك في الانشطة الي تساعدني في ان اصبح شخصا افضل**					
١٠	**اقوم بأنشطة تولد السعادة**					
١١	**اسمح بالحفاظ على علاقات صحية مع الاخرين**					
١٢	**احاول كل يوم في ان اكون في سلام مع نفسي**					
١٣	**بعد العمل او الدراسة احاول مكافأة نفسي بأي نشاط ممتع**					
١٤	**عندما اشعر بالتوتر احاول التفكير في اشياء اخرى**					

١٥	حتى لو شعرت بالسوء احاول التفكير في اشياء ممتعة					
١٦	احاول ان افكر بااشياء ايجابية ،حتى لوشعرت بالسوء بالاشياء					
١٧	لكي احافظ على استرخاء وهدوء ذهني ، اقوم باانشطة تساعدني على الشعور بالتحسن					
١.١٤	سلوك الرعاية الذاتية المتعلقة الصحة الروحية	ابد	نادرا	احيانا	عادتا	دائما
١	أشعر بالرضا على نعمة الحمل					
٢	ألجأ إلى التأمل لأجد السلام الداخلي والقوة					
٣	أمارس الأنشطة الروحية لإيجاد الانسجام مع العالم					
٤	أشعر بالارتباط بكائن أعظم مني (الله)					
٥	أمارس الممارسات الروحية للحفاظ على صحتي (اليوغا، التاي تشي، التأمل، الصلاة، مجموعات التعايش الكتابي، قراءة النصوص الروحية، إلخ)					
٦	علاقتي بالكائن الأعلى (الله) تساعدني على حب الآخرين					
٧	لقد تعلمت أن أسامح الآخرين					
٨	لقد تعلمت أن أسامح نفسي					
٩	أبحث عن الراحة من خلال الوسائل الروحية (الصلاة، التأمل، حضور الخدمات الدينية أو الروحانية، أو أخذ الاستشارة الروحية)					

(1= never, 2= almost never, 3= occasionally, 4= almost always to 5= always)

Appendix C1

Questionnaire of the Study- English

Problem Statement:

" Self-Care behavior of Primi-gravida and Multigravida women concerning Minor discomforts Management during pregnancy:Comparative Study Kerbala – Iraqi .20٢٤"

Please mark the answers that you think are appropriate. The obtained information will be kept confidential. The information collected will be used for the purpose of scientific research only.

Section(1): Socio-Demographic Characteristics for pregnant woman :

No.	Characteristics	Response			
١.	Age in years	( ) years			
٢.	Educational level	Read and write		Not write and reading	
		Primary school graduate		University graduate	
		Secondary school graduate		Preparatory school graduate	
		Postgraduate graduate		**Institute graduate**	
٣.	Employment status	Employed		House wife	
		Free worker			
٤.	Residence	**Rural**		**Urban**	
٥.	Health data				
٦.	Family type	Small (consists of father and children)		Extended(consists of grandparents" aunts and uncles)	
٨.	٧.	Grand family (large family)			

Section(2): obstetric information

١	Gravidity	Pregnant for first time (primi)			
		Pregnant from 2 to 4 times (multi)			
		Pregnant more than 4 times			
	Abortion	Not once		Twice	
١٠.	٩.	Once only		**More than twice**	
٣	Births	Not once		From two to three times	
		Once only		More than three times	
4	Gestational age	١٢- ١weeks			
		٢٨- ١٣weeks			
		٤٢-٢٩weeks			
5	Follow-up of current pregnancy	**Yes**		**N**	

6	**Time of initial follow-up**	First trimester(1-12 weeks	
		Second trimester(13-28 weeks)	
		Third trimester(29-42weeks)	
3	**History of parity**	Number of living children	
		Number of living parity	
		Number of dead partiy	
		Duration of married	
4	Kinship relationship between husband and wife	There is Kinship relationship between husband and wife	**YSE**
		There is no Kinship relationship between husband and wife	NO

Section(3): Self-Care behavior concerning Minor discomforts Management during pregnancy

Part (1): physiological minor discomforts

3.1. Self-Care behavior for Nausea and vomiting

0.	Items	Response				
		never	almost never	occasionally	lmost always	always
1.	I try to Avoid Food Smelling					
2.	I try to Take Medication (as antiemetic's) as doctor order					
3.	I eat Dry biscuits Before getting out of Bed					
4.	I Eat dry carbohydrate meal on awakening(as fruit "rice " grains "legumes "processed cakes" potatoes " sweets " bread)					
5.	I Avoid spicy food					
6.	Reduce your tea /coffee intake					
7.	I eat small " frequent meals					
8.	I try to take care of my oral and dental hygiene					
9.	Use deep breathing exercises					

3.2 Self-Care behavior for constipation and hemorrhoids

0.		Response				
		never	almost never	ccasionally	lmost always	always
1.	Drink at least six glasses of water daily .					
2.	Frequently Increase roughage in the diet (for example, bran, coarsely ground cereals, and fresh fruits and vegetables with dandruff).					
3.	I Do moderate exercise every day.					
4.	Maintain a regular schedule for bowel movements(rink plenty of water " exercise " especially abdominal exercise 'and walk regularly).					
5.	I avoid enemas and laxatives					
6.	I avoid constipation by emptying my bowels daily					
7.	Take warm bath with baking soda in the water					
8.	Avoid sitting for long time					
9.	Use cold compresses					
10.	Use traditional treatments (medical herbs)					
11.	Take medications as directed by doctor					

3.3 Self-Care behavior for heartburn

0.	Items	Response				
		never	almost never	occa sionally	A almost always	always
1.	**Avoid fried, spicy, and fatty food**					
2.	**I Eat frequent, small meals.**					
3.	**I Drink cocacola,7-up, bicarbonate soda.**					
4.	**I try Do not lie down after eating.**					
5.	**I try eat Dry biscuit Before getting up From Bed**					
6.	**Keep the head of the bed higher than the foot of the bed**					

3.4 Self-Care behavior for Backache

0.	Items	Response				
		never	almost never	occasionally	almost always	always
1.	I try to neglect treating backache					
2.	Use good body mechanics (comfortable and correct body posture					
3.	Avoid standing for long time					
4.	Avoid high heeled shoes					
5.	Practice pelvic exercises					
6.	Avoid bending when lifting objects					

3.5 Self-Care behavior for Leucorrhea

0.	Items	Response				
		never	almost never	occasionally	almost always	a lways
1.	I try daily shower					
2.	I try wearing cotton under wears					
3.	Use pad and change frequently					
4.	I try to ignore and not give presence of **Leucorrhea**					
5.	Use Vagina suppositories as directed by your doctor					
6.	Rinse perineal area from front to back					
7.	Keep perineal area clean and dry					
8.	Avoid using tampon and internal lotion					

3.6 Self-Care behavior for sleeping disorder

0.		never	almost never	occasionally	almost always	always
1.	Take Warm shower before bedtime					
2.	I do activities that help me feel relaxed " such as reading befor " meditation					
3.	Encourage side lying with pillow support					

3.7 Self-Care behavior for frequent urination

0.		Never	lamost never	occasionally	almost always	always
1.	Empty your bladder frequently during the day					
2.	Reduce drinking tea and coffee					
3.	Drinking hot fluids before go to bedtime					
4.	Use Warm water to wash					
5.	Reduce oral fluids intake					

3.8 Self-Care behavior for fatigue

o		never	lmost never	ccasion ally	lmost always	lways
1.	I eat balanced diet to maintain health					
2.	I rest to regain my health and energy					
3.	Minimize strenuous activities					
4.	Reduce activities					
5.	Get enough sleep to feel rested					

3.8 Self-Care behavior for respiratory discomforts

n		never	almost never	occasio nally	almost always	always
1	I sleep with my head and chest elevated					
2	Wear loose and comfortable clothing					
3	Limit strenuous activities during the day					
4	Take good posture when sitting					
5	I take medications as Doctor order					
6	I eat small " frequent meals					

3.9 Self-Care behavior for varicose vein

o		never	almost never	occasion ally	almost always	always
1.	Wear elastic stockings during regency					
2.	Take periods of rest and move as much as possible in case Standing or sitting for long periods					
3.	Elevate the feet on a pillow to encourage blood movement toward the heart again					
4.	Avoid bending your feet when sitting					
5.	Practice simple daily exercises that increase blood circulation after consulting a doctor					
6.	I sleep on the left side to relieve uterine pressure					
7.	Reduce sodium consumption to reduce swelling of the veins					
8.	Avoid tight belts around the waist or pelvis, stockings with tight elastic bands, and tight or high-heeled shoes					
9.	Wear loose and comfortable clothing					

Part (2): Self-Care behavior concerning of psychological health

0.		never	lmost never	occasio nally	almost always	always
1.	Usually Feel worry about pregnancy					
2.	I think my emotions and mood are worth paying attention to.					
3.	I try to be in a good mood.					
4.	When I am sad, I think of all the pleasures in life					

5.	Although sometimes I feel sad, I usually have an optimistic vision.					
6.	I do activities to rest from daily worries (read a book, do sports, go for a run, among others).					
7.	I take the time to do things that I like.					
8.	I try to maintain a balance between my body, my emotions and my mind.					
9.	I participate in activities that help me to be a better person.					
10.	I do activities that generate well-being.					
11.	I enjoy maintaining healthy relationships with others.					
12.	Every day I try to be at peace with myself.					
13.	After work (or study) I try to reward myself with any pleasant activity.					
14.	When I perceive that I am stressed, I try to think of other things.					
15.	Even if I feel bad, I try to think of pleasant things.					
16.	I try to think positive thoughts, even if I feel bad.					
17.	To keep my mind relaxed and calm, I do activities that help me feel better.					

Part (3):	**Self-Care behavior concerning of spiritual health**					
0.		**never**	**almost never**	**ccasio nally**	**almost always**	**always**
1.	I experience satisfaction after meditating.					
2.	I turn to meditation to find inner peace and strength.					
3.	I practice spiritual activities to find harmony with the world.					
4.	I feel connected to a being greater than myself (God).					
5.	I practice spiritual practices to maintain my health (yoga, tai chi, meditation, praying, biblical coexistence groups, reading spiritual texts, etc).					
6.	My relationship with a higher being (God) helps me to love others.					
7.	I have learned to forgive other people.					
8.	I have learned to forgive myself.					
9.	I seek comfort through spiritual means (prayer, meditation, attending religious or spiritual services, or taking spiritual counseling).					

(1= never, 2= almost never, 3= occasionally, 4= almost always to 5= always)

Appendix D

Expert's Panel

ت	اسم الخبير	اللقب العلمي	سنوات الخبرة	الاختصاص الدقيق	الشهادة	مكان العمل
1	ا.د. علي كريم	أستاذ	32	تمريض الصحة النفسية والعقلية	دكتوراه في علم المريض	جامعة كربلاء\ كلية التمريض
2	ا.د نهاد محمد الدوري	استاذ	35	تمريض الأطفال	دكتوراه في علم المريض	جامعة بابل \ كلية التمريض
3	د. خميس بندر عبيد	أستاذ	25	تمريض الاطفال	دكتوراه في علم التمريض	جامعة كربلاء/ كلية التمريض
4	ا.م.د حسن عبد اللة عذبي	استاذ	20	تمريض البالغين	علم دكتوراه في المريض	جامعة كربلاء\ كليةالتمريض
5	د. فاتن عبد الامير الصفار	استاذ مساعد	44	تمريض صحة الام والطفل الوليد	تمريض صحة الام والوليد	جامعة بغداد /كلية التمريض سابقا
6	د وفاء احمد امين	استاذ مساعد	36	تمريض صحة الام والطفل	الدكتوراة تمريض الام والطفل	جامعة بابل / كلية التمريض
7	ا.م.د سلمان حسين فارس	استاذ مساعد	32	تمريض صحة مجتمع	دكتوراه في علم المريض	جامعة كربلاء/ كلية التمريض
8	د.زكي صباح مصيحب	استاذ مساعد	224	تمريض الاطفال	دكتوراة في علم التمريض	جامعة كربلاء كلية التمريض
9	منال ناصح احمد حمدان	استاذ مساعد	21	بورد عقم واطفال انابيب	اختصاص طب نسائيه وتوليد	جامعة كربلاء /كلية الطب
10	د. صافي داخل نوام	استاذ مساعد	20	تمريض صحه النفسيه والعقلية	دكتوراه في علم التمريض	جامعة كربلاء/ كلية التمريض
11	د. فاطمة مكي محمود	استاذ مساعد	18	تمريض البالغين	دكتوراه في علم التمريض	جامعة كربلاء/ كلية التمريض
12	ا.م.د غزوان عبد الحسين عبد الواحد	استاذ مساعد	18	تمريض صحة مجتمع	دكتوراه في علم التمريض	جامعة كربلاء/ كلية التمريض
13	أ م د حوراء حسين غافل	استاذ مساعد	17	تمريض صحة الام والطفل	دكتوراة تمريض الام والطفل	جامعة بغداد/كلية التمريض
14	د. حوراء حسين غافل	استاذ مساعد	16	تمريض صحة الأم والوليد	دكتوراه في علم التمريض	جامعة بغداد / كليةالتمريض
15	د. منى قاسم محمود	أستاذ مساعد	14	بورد عقم واطفال انابيب	اختصاص طب نسائيه وتوليد	كلية الطب جامعة كربلاء
16	حسين منصور علي	استاذ مساعد	12	تمريض صحة المجتمع	دكتوراة في علوم التمريض	جامعة الكوفة /كلية التمريض
17	د.وسام مشعان مطلب	استاذ مساعد	11	دكتوراة تمريض صحة الام والطفل	دكتوراه في علم المريض	جامعة بغداد/كلية التمريض
18	كواكب ماجد حسين ابو شبع	استاذ مساعد	11	بورد عربي نسائية وتوليد	بكالوريوس طب وجراحة عامة	كلية الطب /جامعة كربلاء
19	د.حميدة هادي عبد الواحد	استاذ مساعد	31	اطفال انابيب وعقم	اختصاص طب نسائيه وتوليد	مستشفى النسائيه والتوليد التعليمي/محافظة كربلاء
20	سناء حسين علي	مدرس دكتور	26	تمريض صحة الام والطفل	دكتوراة تمريض الام والوليد	معهد الصحة العالي

المستخلص

خلفية الدراسة: الحمل تجربة فريدة من نوعها تغير كل جانب من جوانب حياة الشخص الاجتماعية والنفسية والجسدية. من الأفضل التكيف مع التغييرات الصحية في السلوك أثناء الحمل، تستفيد النساء الحوامل من الرعاية الذاتية والإدارة الذاتية للمضايقات البسيطة أثناء فترة ما قبل الولادة؛ لذلك، فإن ممارسات الرعاية الذاتية للمرأة ضرورية لحماية صحتها، وأهم شيء طوال فترة الحمل هو التأكد من أن الطفل يتمتع بصحة جيدة

الهدف: هدفت هذه الدراسة إلى تقييم سلوك الرعاية الذاتية للنساء الحوامل لأول مرة أو أكثر لإدارة االمضايقات البسيطة أثناء الحمل، ومقارنة سلوك الرعاية الذاتية للنساء الحوامل لأول مرة أو أكثر لإدارة المضايقات البسيطه، لمعرفة العلاقة بين النساء الحوامل لأول مرة أو أكثر

فيما يتعلق بإدارة المضايقات البسيطة مع خصائصهن الإنجابية والديموغرافية.

منهجية الدراسة: أجريت دراسة وصفية كمية (دراسة مقارنة) لتقييم سلوك الرعاية الذاتية للنساء الحوامل لأول مرة والمتعددات فيما يتعلق بإدارة المضايقات البسيطة أثناء الحمل. بدأت الدراسة من 25 سبتمبر 2023 إلى 19 يونيو 2024

النتائج ووفقاً للنتائج أشارت إلى أن غالبية العينة لديها مستوى متوسط من سلوك العناية الذاتية 1.81% (م±الانحراف المعياري = 786.28±49.293)، والصحة الفسيولوجية، بينما أكثر من نصف النساء الحوامل 614% (م±الانحراف المعياري = 313.11±12.56) يتمتعن بصحة نفسية، ونصفهن يتمتعن بصحة روحية ٥٥.٧% (م±الانحراف المعياري = 779.5±79.31).و002.0 و008.0 و050.0 و011.0 على التوالي) بين سلوكيات العناية الذاتية الكلية لدى النساء الحوامل وحملهن وعدد حالات الإجهاض وعدد المواليد وطول فترة الزواج.

توجد علاقة ارتباطية ذات دلالة إحصائية بين مستوى التعليم "ص .001، والمهنة، "p 002، بالإضافة إلى نوع الأسرة لدى النساء الحوامل "p 004، وسلوكيات العناية الذاتية لديه

علاوة على ذلك، توجد علاقة ارتباطية ذات دلالة إحصائية بين سلوكيات العناية الذاتية لدى النساء الحوامل وحملهن "ص = .001، وعدد حالات الإجهاض، "p 002، ،.050، وطول فترة الزواج الزواج ،. "p 011. عند قيمة045. = p ، توجد علاقة ارتباطية قوية بين سلوكيات العناية الذاتية لدى النساء فيما يتعلق بالصحة النفسية وعمر الحمل. كما أن سلوكيات العناية الذاتية الروحية والمتابعة الأولية لهما علاقة ارتباطية ذات دلالة إحصائية

(039. = pقيمة

الاستنتاج: خلصت الدراسة إلى أن تقييم سلوكيات الرعاية الذاتية حول إدارة المضايقات البسيطة أثناء الحمل بين النساء يظهر مستوى متوسط..

التوصيات: يجب تنفيذ برنامج تثقيفي صحي واسع النطاق لجميع النساء الحوامل حول المضايقات البسيطة وسلوك الرعاية الذاتية الصحيح بهدف زيادة وعيهن من خلال استخدام وسائل التواصل الاجتماعي والكتيبات الصحية والملصقات وموظفي مراكز الرعاية الصحية الأولية.

جامعة كربلاء

كلية التمريض

سلوك الرعاية الذاتية بين النساء البكريات ومتعددات الحمل فيما يتعلق بأدارة المضايقات البسيطة خلال الحمل : دراسة مقارنة

الرسالة تقدم بها

الى

مجلس كلية التمريض /جامعة كربلاء

كجزء من متطلبات نيل درجة الماجستير في علوم التمريض

بواسطة

فاطمه شمخي عطية

إشراف

أ.م. د. ساجدة سعدون عليوي

ذو الحجة ١٤٤٦ هـ

حزيران ٢٠٢٤م