

Utilization of Nursing Guideline and Videos Assisted Teaching for Alleviation of Minor Ailments Among Primigravida Mothers

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Abstract

Background: Minor ailments/disorders are only minor as much as they are not life threatening. As soon as a women become pregnant and experience that fatigue of early pregnancy coupled with nausea and vomiting. A minor ailment may escalate and become a serious complication of pregnancy. They are heart burn, excessive salivation, pica, constipation, back ache, cramps, frequency of micturition, leucorrhea, fainting and insomnia. **Aims of this study** are to: evaluate the effect of utilization of nursing guideline and assisted teaching videos on knowledge& self-care reported practice for alleviation of minor ailments among primigravida mothers through the following; assessing the knowledge and self-care practice of them& designing and implementing these guideline and teaching videos according to women' needs and finally evaluating the impact of these on knowledge and personal - care practice regarding management of minor discomfort. **Subjects and Methods:** **Research design:** quasi- experimental design was used to the current research. **Setting:** The study was conducted at Obstetric Outpatient clinics at zagazig University Hospital, **Subjects:** a total of 100 primigravida mothers were recruited in the study. **Tools of data collection:** Three tools were used for data collection; structured interviewing questionnaire, knowledge assessment questionnaire & self-care reported practice assessment questionnaire. **Results:** results indicated that the score of mothers' knowledge and practice before and after the program implementation was satisfactory with statistically significant differences. **Conclusion:** The study concluded that, the knowledge & self-reported practice level of the pregnant mothers under the study were significant improved regarding the management of minor discomforts by using standard nursing guideline& video assisted teaching. **Recommendations:** based on the findings of this research the following recommendations are suggested: awareness campaigns & developing and implementing in the department of obstetrics & gynecology to support pregnant women in order to alleviate minor discomfort during pregnancy.

Key words: Nursing guidelines and assisted teaching videos; Minor Ailments; Primigravida.

Introduction

In a woman's life, pregnancy is a creative and fruitful period. This is one of the important tasks, requiring close attention from conception to postnatal

time. Each mother would like to spend months of her pregnancy with the baby inside the uterus. The positive experience of pregnancy is not always happy, it is often correlated with separate problems of

seriousness(AbdElhaliem., AbdElhady. & Mohamed., 2018).

Each pregnancy seems to be a unique woman's experience, and each one will make the experience of women unique and different. It is a journey of major physical changes (endocrine, reproductive, gastrointestinal, digestive, cardiovascular, urinary and musculoskeletal systems) and skin, to become a mother to a newborn baby. Psychological and social changes, as a consequence of hormonal control and adaptation to the pregnancy cycle in a relatively short period of time. Throughout the duration of pregnancy, these hormonal changes may result in some mild discomfort for the pregnant woman. The signs that the body prepares itself instinctively for new life are such minor discomforts. Despite the fact that these minor illnesses are not life-threatening, their presence detracts from the mother's sense of good health, and their mistreatment can lead to serious problems. (Hassan, Ahmed & Mahmoud., 2020).

Mild pain is common during pregnancy, and complementary treatments should be used first before resorting to pharmacological treatment. These interventions include; sufficient clarification and instruction, self-care initiatives or healthy practices, rapid treatment and lifestyle behavior change. Nevertheless, medicine or medications can be used to ensure mother's well-being and cause adverse effects on the mother and her fetus (Bhuvanewari , 2010).

In order to reduce complications and maintain their well-being, pregnant women will also have a good knowledge of these discomforts and would therefore be able to resolve them during pregnancy. Providing physiological data, prophylaxis,

and personal-care of pregnancy discomforts will help to relieve fears and anxiety, enabling the mother, child, and family to have a stable pregnancy with a physically safe and emotionally fulfilling result. (Hassan et al., 2019).

The main aim of any pregnancy is to produce a healthy fetus. Almost all pregnant women rely on nurses for accurate health advice during their pregnancy. To respond effectively, nurses must be familiar with not only minor diseases, but also the patient-care procedures that can help relieve them. Nurses may play an important role in supporting women's self-care behaviors by offering constructive instruction, clarifying misunderstandings, and addressing any misconceptions. Educating the pregnant mother about the health risks posed by her lifestyle, cultural, social, behavioral, and environmental conditions, as well as suggesting ways to change them to avoid a negative outcome, is a critical nursing duty during the prenatal period. Furthermore, nurses must be aware of the types of health-related activities that pregnant women may partake in. This understanding is crucial for evaluating protection and the relationship of these practices with biomedical treatment. (AbdElhaliem., AbdElhady. & Mohamed., 2018).

Significance of the study

Pregnancy is a physiological process and an integral part of social and environmental activity that brings satisfaction to the mother and her family by resulting in the birth of a healthy neonate. Maternity nurses play an important role in improving the standard of maternal care and providing coping mechanisms for minor illnesses during pregnancy, as well as providing education and reassurance to pregnant

mothers. Similarly, the nurse will enhance health status, medical care, and health services such as nutrition, education, therapy, social services evaluation, and effective referral. (Said, 2016).

The aim of this study is to

Examine the impact of using nursing guidelines and video-assisted teaching on primigravida mothers' experience and practice in the treatment of minor ailments. **through the following:-**

- ✓ assessing their knowledge and self-care practices;
- ✓ developing and incorporating these guidelines and videos-assisted teaching to meet the needs of women.
- ✓ assessing the impact of these guidelines and video-assisted teaching on skills and self-care practices for mild pain management.

Research Hypothesis:-

The use of nursing guidelines and video-assisted teaching had a major impact on primigravida mothers' awareness and self-reported experience in the treatment of minor ailments. To fulfill the aim of this study, the methodology was presented under the following four designs: technical, administrative, operational and statistical designs.

Patients and Methods

Technical Design

The technical design included description of the research design, study

setting, sample, and tools for data collection.

Research Design:

Quasi-experimental research design for pregnant women (pre-posttest).

Setting

The current research was performed at Zagazig University Hospital's Obstetric outpatient clinics. The above-mentioned setting was chosen because it was the main health center in Zagazig where women went to get ANC services and they were in desperate need of continuing education. **Subjects**

In this analysis, a purposive sample was used. The research enrolled a total of 100 primigravida mothers for a six-month period.

Tools of data collection:

➤ **Three tools** were used in this study

✓ **First tool: Structured interviewing questionnaire** which was developed by the researchers in Arabic language after reviewing of related literature. It encompassed Three main parts:

Part I: Addressed information related to general demographic characteristics of the pregnant women such as age, residence, educational qualification and occupation status.

Part II It included mother's obstetric history (gestational age, history of antenatal care).

Part III: It included:-Strategies for relieving minor ailments (type of treatment used, sources of information about practices to relieve minor ailments).

✓ **Second tool:- Assessment of knowledge and self-care** to relieve minor discomfort during antenatal period.

Scoring system: - It consisted of a questionnaire that represented the researcher's awareness of how to manage common ailments during pregnancy after reading literature and books. The awareness level of mothers was assessed using a set of 20 questions. Each query had four possible answers, one of which was correct. The subjects were required to record their response by placing a tick mark next to their preferred option. Correct answers received a 1 score, while incorrect answers received a 0 score, according to the researcher's scoring key. The subject's overall score reflects their understanding of how to deal with common discomforts. The lowest possible score was 0 and the highest possible score was 20. The total score was divided into three categories: poor, average, and good.

The total knowledge score was indicated as the following:

❖ **Poor** up to 7 of total knowledge score representing 35%.

❖ **Fair:** 8-14 of total knowledge score representing 40%-70%.

❖ **Good** 15-20 of total knowledge score representing 75%-100%

✓ **Third tool: self-care reported practice assessment tool,** towards certain types of discomforts. It was written by the investigator after a thorough study of the literature and different books. A total of 35 questions

were created to determine mothers' practices in dealing with common pregnancy discomforts. Each question was given with 3 options i.e. always =2 score, sometimes=1 score and rarely zero score. The subjects had to record their answer by putting tick mark on the column which corresponds to their practice. The subject's overall score reflects their knowledge of how to deal with typical pregnancy discomforts.

✓ **The total practice score was indicated as the following:**

❖ **Poor** up to 23 of total practice score representing 33%

❖ **Average:** from 24-46 of total practice score. representing 34% -66%

❖ **Good** from 47-70 of total practice score representing 67%-100%

The researcher used the same checklist for pre and post observation and compared the skill development on the basis of the same.

B) Operational design:

The operational design included preparatory phase, validity, reliability, pilot study and fieldwork.

***Preparatory phase**

Using books, journals, the internet, periodicals, and magazines, it included a study of the literature, different studies, and theoretical knowledge of various aspects of the research subject. This also assisted in the development of the testing tools.

***Validity and Reliability**

A panel of five specialists in the field of obstetrics and gynecological

nursing evaluated the tools for material validity. Based on their judgment, changes were made as required. Cronbach's alpha coefficient was calculated to assess the reliability of the developed tool through their internal consistency. Estimate reliability of tool parameters by Cronbach's Alpha . reliability of information tool was 0.89, reliability of performance tool was 0.74

Pilot study

Pilot study was conducted on 10% of the study subject (10 subjects) who were selected and fulfilled the inclusion criteria. oral and written consent was obtained from subjects for taking part in the study. Findings of the pilot study demonstrated that the study was feasible and practicable

Field work:

The field study of this work was carried out on two phases:

1- First phase: data collection took a period of 6 months, from the 1st of January to the end of June 2020. The researcher collected data 3days per week.

2- Second phase: the researcher prepared the contents of the educational sessions about the standardized nursing guidelines for management of minor ailments and methods of teaching. It was reviewed by experts in the same specialty. A pretest self-administered questionnaire and observation checklist was submitted to women. This was also used as post-test assessment. **Self-learning booklet** was developed by the researcher using a recent and evidence-based guideline for the treatment of minor pregnancy discomforts. They used it as a guide to further their awareness and practice.

The educational program was applied every 3 days per week, starting at 9 am to 12 pm (according to the time schedule of outpatient clinic). Each group consisted of 3-5 mothers throughout three sessions (1st session include pretest and applying self-learning booklet ,2nd session for videos assisted in alleviation of minor ailments and 3rd for applying posttest . The questionnaires were filled by the researchers due to variation in the educational level of the study subjects. The average time for filling each questionnaire was 25-30 minutes depending on the response of the mother. A booklet was created that would follow the mother's treatment during the pregnancy in detail. It ensured that the nursing guideline and self-care measure standards were upheld and that errors were reduced. The theoretical and practical sessions included a demonstration and re-demonstration for each aspect of treatment using available tools such as assisted teaching videos and the researchers' personal laptops. Sessions were performed in Arabic with some visual aids to ensure that all study subjects were understood.

* **The general objective;** of the program was to upgrade woman's knowledge and practice pertaining to management of minor ailments during pregnancy.

* **The specific objectives;** at the end of the sessions, mothers were being able to;

- Be aware of the definition of minor ailments, measures and practices for alleviation of these ailments.

- ✓ **Videos assisted teaching** on management of minor ailments during pregnancy covered definition of minor ailments, minor ailments throughout course of pregnancy.

It is used as a comprehensive scheduled teaching on details about the control of minor ailments during pregnancy, such as nausea, vomiting, exhaustion, frequency of micturition, heartburn, constipation, vaginal discharge, backache, hemorrhoids, leg cramps, edema, and varicosities, by showing a video 20 minutes in the morning during the course.

Evaluation phase: Evaluation of mothers' knowledge and practice regarding management of minor ailments was done after the end of the program (post-test).

Administrative Design.

An official permission was obtained by submitting an official letter from Zagazig University's Faculty of Nursing to the study setting's responsible authorities to obtain their permission for data collection.

Ethical consideration

Throughout the report, all ethical concerns were considered, and the researcher ensured that the subjects' privacy and confidentiality were preserved. She introduced herself to the mothers and gave a brief explanation of the study's nature and purpose to each woman prior to their involvement, and mothers were enrolled voluntarily after signing a written informed consent form. Mothers were also told that all information gathered during the analysis would be kept confidential and used solely for research purposes, and that they would have the option to withdraw at any time.

Statistical analysis

SPSS 20.0 for Windows (SPSS Inc., Chicago, IL, USA 2011) was used to

compile, tabulate, and statistically analyze all data. The mean, SD, and (range) were used to express quantitative data, while absolute and relative frequencies were used to express qualitative data (percentage). Wilcoxon signed ranks test was used to compare between two dependent groups of non-normally distributed variables. Where needed, percentages of categorical variables were compared using the Chi-square test or Fisher's exact test. To compare two dependent groups of categorical variables, the Mc Nemar test was used. Spearman correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicated direct correlation & (-) sign indicated inverse correlation, also values near to 1 indicated strong correlation & values near 0 indicated weak correlation. All tests were two sided. P-value < 0.05 was considered statistically significant (S), p-value < 0.001 was considered highly statistically significant (HS), and p-value \geq 0.05 was considered statistically insignificant (NS).

Results

Table (1) showed the demographic characteristics & obstetric history of the studied pregnant women. It revealed that more than half (56%) of them were young in their early reproductive years with the mean age of them was 24.1 ± 3.9 years. Meanwhile, three fifth (60%) of them had basic education, more than half of them (55%) were working women and 67.0% of them coming from rural areas. Moreover, 72% of them were overweight and obese with mean BMI 26.2 ± 3.1 . In addition, the mean gestational age was 8.4 ± 1.7 weeks and 61.0% of them followed antenatal care. Regarding strategies of care it revealed that nearly three fifth (57%) of them had followed strategies of management of minor discomforts

meanwhile, 14.2% of them were received pharmacological methods as an independent strategy during pregnancy.

Table (2) illustrated improvements in all area of knowledge regarding minor ailments in post intervention and after receiving guideline with high statistical significant difference ($p < 0.001$). Varicose vein cause and sleeping hours represented the highest improvement percentage in post intervention among studied group (90% & 82%) respectively. meanwhile, more than half of them (56%) reveal improvement in knowledge level regarding breast tenderness post intervention with no statistical significant difference $P > 0.05$

Table (3) indicated that all practice dimensions were improved after application of intervention program .It ranged from 59.7% regarding pregnant women applying self-care guideline for excessive discharge with mean score 2.4 ± 0.89 post intervention to 253.1% regarding applying self-care guideline to avoid varicose veins with mean score 2.3 ± 1 post intervention with high statistical significant differences $P < 0.001$

Table (4): The current table revealed there was statistically significant positive correlation between the information and practice mean score of the studied women $P < 0.05$ regarding self-care guideline for management of minor ailments pre and post intervention $P < 0.001$.

Figure (1): percentage distribution of sources of information about self-care during pregnancy. figure

(1) showed that mother was the most common source of information accounted for 47%, of the study sample, while nurses & physician represented nearly one third (20% & 11% respectively) as a scientific medical source of information during pregnancy .

Figure (2): Regarding pregnant woman' information level about self-care guideline regarding management of minor ailments at first trimester pre and post intervention, The above figure showed that more than half (54.0%) of the participants had poor information level at the pre-intervention phase, while only 6 % had good level. These were upturned at the post-intervention phase, where only 16% of participant's had poor information level, whereas nearly two thirds (65.0%) were had good level about self-care guideline. Additionally, the percent of improvement of information score was 80.03%. These improvements were highly statistically significant ($p < 0.001$).

Figure (3): Regarding pregnant woman' practice level of self-care guideline regarding management of minor discomforts pre and post intervention, the above table showed that more than three fourth (78.0%) of the participants had poor practice level at the pre-intervention phase, and none of participants had good level. These were upturned at the post-intervention phase, where only 6% of participant's had poor practice level, whereas more than two thirds (68.0%) of them had good level of practice. Additionally, the percent of improvement of practice score was 134.7%. These improvements were highly statistically significant ($p < 0.001$).

Table 1: frequency & percentage distribution of demographic characteristics and obstetric history of the studied women (n.100).

	N	%
Age per years		
< 25	56	56.0
≥ 25	44	44.0
Mean ±SD		24.1±3.9
(range)		(18-33)
Education		
Illiterate	4	4.0
Basic	60	60.0
Secondary school	25	25.0
University	11	11.0
Occupation		
Working	55	55.0
Housewife	45	45.0
Residence		
Urban	33	33.0
Rural	67	67.0
BMI		
normal weight	28	28.0
Overweight	60	60.0
Obese	12	12.0
BMI score		26.2±3.1
Mean ±SD		(19-32.3)
(range)		
Gestational age (week)		8.4±1.7
Mean ±SD		(4-12)
(range)		
Antenatal care		
Yes	61	61.0
No	39	39.0
Number of Antenatal care visit		
1st visit	41	41.0
2nd visit	19	19.0
3rd visit	1	1.0
Strategies		
Yes	57	57.0
No	43	43.0
Strategies for relieving minor ailments		
(n =57)		
Pharmacological	8	14.2
non Pharmacological	31	54.3
Both	18	31.5

Table (2): Comparison between the studied pregnant woman' information items about self-care guideline for management of minor ailments pre and post intervention (n= 100).

Knowledge items regarding minor ailments	Correct women' information				Mc p
	Pre		Post		
	intervention	Intervention	No.	%	
Minor disorders of pregnancy definition	38	38.0%	70	70.0%	p<0.001
exercise to increase control of frequency of urination	42	42.0%	74	74.0%	p<0.001
white discharge	39	39.0%	75	75.0%	p<0.001
breast tenderness	42	42.0%	56	56.0%	P 0.027
Sleeping hours	44	44.0%	82	82.0%	p<0.001
Foods to be eaten to prevent constipation	31	31.0%	66	66.0%	p<0.001
In case of hard stools	34	34.0%	72	72.0%	p<0.001
Leg cramps is due to	37	37.0%	66	66.0%	p<0.001
Prevention cramps	38	38.0%	73	73.0%	p<0.001
Backache prevention	36	36.0%	73	73.0%	p<0.001
Backache cause	37	37.0%	61	61.0%	p<0.001
precaution during lifting things from the floor	38	38.0%	68	68.0%	p<0.001
proper posture	39	39.0%	62	62.0%	p<0.001
Varicose vein cause	51	51.0%	90	90.0%	p<0.001
Veins prevention	54	54.0%	71	71.0%	p<0.001
exercise that helps to prevent varicose veins	33	33.0%	66	66.0%	p<0.001
Flatulence prevention	38	38.0%	77	77.0%	p<0.001
Heartburn prevention	46	46.0%	73	73.0%	p<0.001
Leg oedema	34	34.0%	65	65.0%	p<0.001
Diet	35	35.0%	72	72.0%	p<0.001

McNemar Test $p<0.001$ highly statistically significant

Table (3): the studied pregnant woman' practice mean score about self-care guideline for management of minor ailments at pre and post intervention(n.100).

woman' performance level about self-care guideline	phase		Mean difference	% of improvement	W	P
	Pre Mean \pm SD	Post Mean \pm SD				
Frequent urination	1.1 \pm 0.97	2.7 \pm 1.2	1.59	141.9	7.3	p<0.001
Excessive discharge	1.5 \pm 0.9	2.4 \pm 0.89	.89	59.7	6.7	p<0.001
Breast tenderness	1.5 \pm 1	2.9 \pm 0.63	1.46	100.0	7.8	p<0.001
Tiredness dizziness fainting	3.1 \pm 2.3	7.7 \pm 2.1	4.63	147.9	8.2	p<0.001
Constipation	1.6 \pm 1.1	3.3 \pm 1.4	1.68	103.1	7.1	p<0.001
Backache	3.4 \pm 2.2	7.7 \pm 2.1	4.33	127.4	8.3	p<0.001
Leg cramps	1.8 \pm 1.6	4.4 \pm 0.93	2.63	146.9	8.1	p<0.001
Varicose veins	0.64 \pm 0.81	2.3 \pm 1	1.62	253.1	7.4	p<0.001
Difficulty breathing	0.78 \pm 0.95	2.5 \pm 0.99	1.75	224.4	7.6	p<0.001
Heartburn	3.1 \pm 2.4	7.5 \pm 2.3	4.48	146.9	7.9	p<0.001
Ankle edema	0.69 \pm 0.63	1.5 \pm 0.5	.77	111.6	6.8	p<0.001

(*) maximum score W=Wilcoxon Signed Ranks Test ^ paired t test $p<0.05$ statistically significant

Table (4): Correlation between the studied women information score, and practice score regarding self-care guideline for management of minor ailments pre and post intervention (n=100):

Correlation between information score, and performance score	information score			
	Pre		Post	
	(r)	p	(r)	P
Practice score	0.31	0.002	0.64	0.0001

(r) Correlation coefficient

significant p<0.05

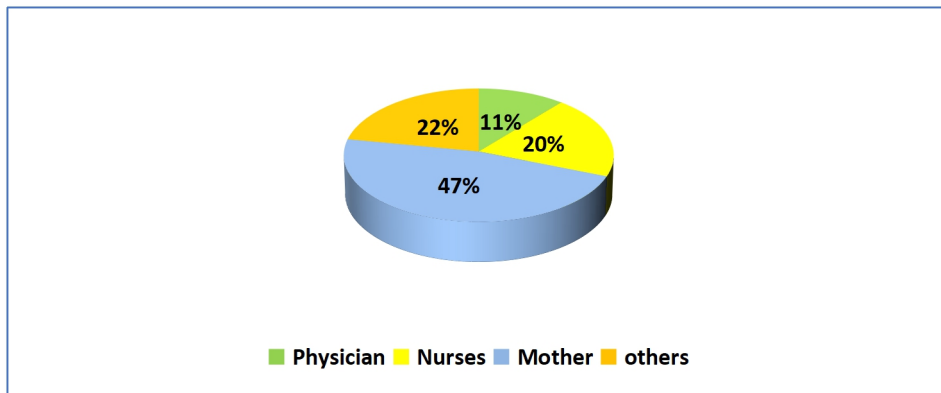
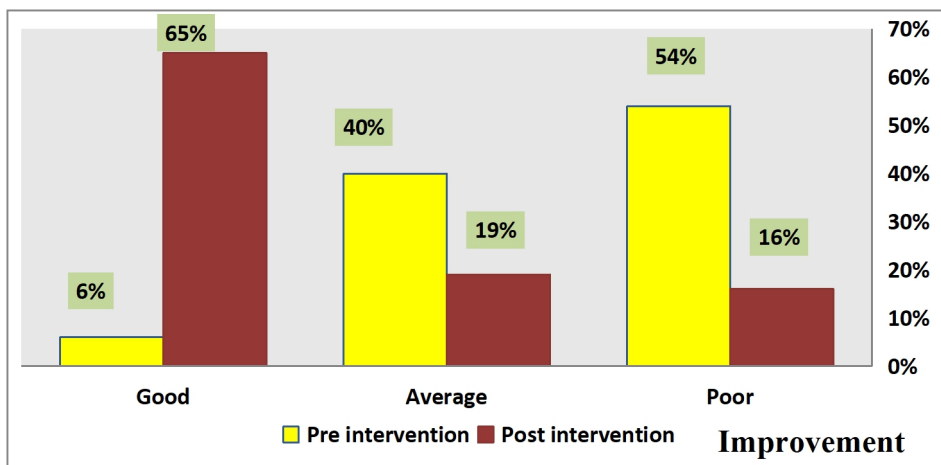


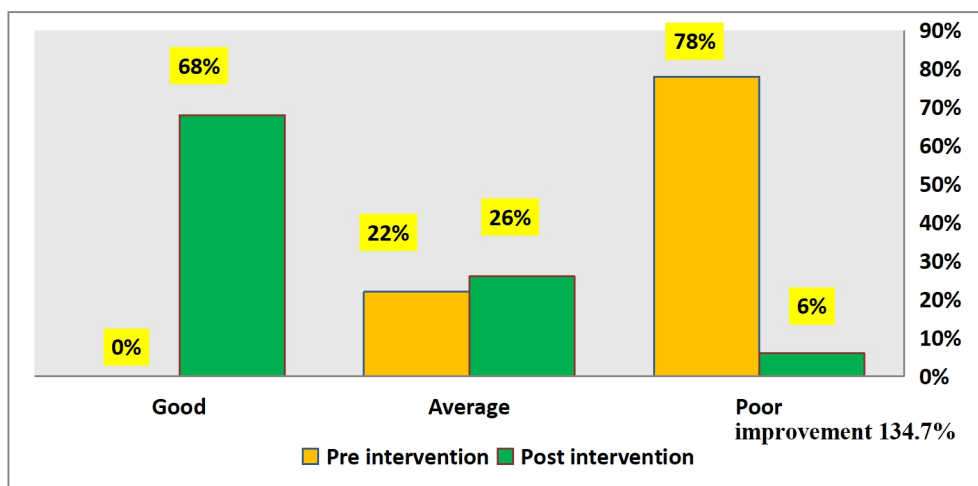
Figure (1): percentage distribution of Sources of information about self-care or management of minor ailments among the studied women during pregnancy

W=Wilcoxon signed ranks significant significant p<0.05

% of improvement= percent of improvement information score post intervention

Figure (2): percentage distribution of information level about self-care guideline regarding management of minor ailments among the studied women pre and post intervention.





W=Wilcoxon signed ranks significant significant = $p < 0.05$

% of improvement = percent of improvement information score post intervention

Figure (3): percentage distribution of practice level of self-care guideline regarding management of minor ailments among the studied women pre and post intervention.

Discussion

Pregnancy is a one-of-a-kind, thrilling, and often exciting time in a woman's life, and it reveals that women are extraordinarily talented and creative power nurturers, paving the way for the future. (Gagandeep, 2017). She will undergo various anatomical, physiological and biochemical alterations conditions when become pregnant. Because of these changes women can experience different minor discomforts. These discomforts are called minor ailments of pregnancy such as nausea and vomiting, backache, frequency of micturition, heartburn, varicose veins, etc.... The major systems like endocrine, circulatory, integumentary, urinary, gastro and musculoskeletal, etc... are affected due to pregnancy (Vincent., 2015).

However, there are only a few studies are describing the relation

between knowledge and its self-management of antenatal mothers regarding minor discomforts of pregnancy. So, **the aim of this study** evaluate the effect of utilizing nursing guideline & video assisted teaching on knowledge & practice regarding alleviation of minor ailments among primigravida mothers.

This goal was significantly supported by the study's hypothesis that nursing guidelines and video-assisted teaching significantly enhanced awareness and self-care reported practices among primigravida women regarding relieving of minor ailments. Pregnant women need for explanation of the causes of the discomforts & guide for the ways to relieve them.

From the data presented it was revealed that ; more than half of studied women were young in their early reproductive years with the mean age of them was 24.1 ± 3.9 years. Meanwhile,

three fifth of them had basic education , more than half of them were working women and two thirds of them coming from rural areas. This was similar to **VIJAYA,(2015)** in her study which reported that ; almost of primi mothers were in the age group of 21-30 years,19 (31.7%) were less than 20 years and most of them 49(81.7%) belonged to rural area. It was also in conformity with the study in India by **Dhanawade, (2017)** which showed that the highest percentage of 76.66% in age between 18-24 years. 41.66% had primary teaching but 70% of them were coming from urban areas. From this data it is understood that women's are more conscious about the normal reproduction age.

Moreover, a study conducted in **Banha, Egypt** by **AbdElhaliem.,etal (2018)** was also agreed with the results of this study that the majority (45.4%) of the mothers was aged 25 years & 84.6% of the them were residing in the rural area but on the other hand 43.3% of them were been graduated and above such the results in the study by **Azzam, (2004)** who reported that the majority of subjects were housewives and had secondary level of education.

With respect to **anthropometric measures** of primigravida mothers the present study results pointed out that nearly three quarters of them were overweight and obese with mean BMI 26.2 ± 3.1 . In addition the mean gestational age was 8.4 ± 1.7 week and three fifth of them follows antenatal care. This was contradicted with **Abd AbdElhaliem., et al (2018)** in their study which reported that; studied women weight ranged from (45-80Kgs) with body mass index ranged from (17.50-23.90). Moreover; less than one quarter of their study sample had not follow up at past pregnancy and mentioned the causes as there were healthy, while **Hadi, (2002)** illustrated

that women didn't participate in prenatal care due to lack of money, lack of transportation or language barriers.

Regarding **month of pregnancy** this study revealed that; the mean gestational age was 8.4 ± 1.7 weeks and three fifth of them followed antenatal care this was in conformity with **Rizk , Ghaly, & Motakef,(2019)** in their study" Self-Care Practices Utilized By Yemeni Pregnant Women in Hodeida City" which reported that slightly more than two-thirds of the pregnant women visited the health center during their first trimester, whereas nearly one fifth of them did their visits in the second trimester. This may be related to continuous health educations and awareness regarding the importance of proper antenatal care and follow up. Conversely; these findings were disagreed with **Madhavi, (2016)** who reported that; majority (65%) of mothers were in 4-6 months (2nd trimester) and minority (35%) of them in 7-9 months (3rd trimester) of pregnancy. This result was good since the fact that early entry into prenatal care is crucial for the supportive-educative role of the midwives to be beneficial in reducing adverse pregnancy and birth outcomes.

Concerning **Strategies** used by women to alleviate minor ailments during pregnancy this study reveals that nearly three fifth of them had follow strategies of care meanwhile, one seventh of them were received pharmacological methods as an independent strategy during pregnancy. Conversely; **Abd El-Ati & Amasha (2015)** in their study "Strategies Used by Women to Alleviate Heartburn during Pregnancy" reported that more than half percent of the studied group used Pharmacological methods as an independent strategy of care during pregnancy while both Pharmacological and None pharmacological strategies were used by only 1.6%. This may be

related to changes in belief ,culture and traditions between pregnant women.

The present study showed improvements in all **area of knowledge** regarding minor ailments in post intervention and after receiving guideline with high statistical significant difference ($p < 0.001$). Varicose vein cause and sleeping hours represented the highest improvement percentage post intervention among studied group. meanwhile, more than half of them revealed improvement in knowledge level regarding breast tenderness post intervention with no statistical significant difference. This was in the line with **VIJAYA, (2015)** in her study which stated that there was improvements in all area of knowledge in posttest as almost of primi mothers gained adequate knowledge, 33.3% of them gained moderately adequate knowledge. it indicates that the intervention was very much effective.

These findings were also in conformity with study conducted by **Jacob, Raddi & Kharde, (2018)** to see how effective a structured teaching program is at reducing anxiety and increasing awareness about self-management of minor pregnancy disorders in primigravidae mothers. The results showed that the mean posttest knowledge scores (21.58 ± 4.37) was higher than the mean pretest knowledge scores (11.0 ± 3.28).The mean difference in knowledge score was 10.58.Paired 't'test results showed significant gain in knowledge ($p < 0.05$) which showed that teaching was effective. Moreover ; **Madhavi , (2016)** mentioned that; the overall mean pre-test knowledge score of antenatal mothers was (16.16 ± 4.8) and mean post-test knowledge score of antenatal mothers was (25.3 ± 4.3) which revealed that mothers had very good level of knowledge during posttest. Somewhat similar findings were found in a study

conducted by **Alageswari and Dash, (2018)** reported that, 87% of antenatal mothers at the beginning of the study had inadequate level of knowledge regarding minor disorders of pregnancy.

On the other hand these findings were contradicted with **Gagandeep, (2017)** in their study ‘‘ Assessment of the Knowledge and Expressed Practices Regarding Self-Management of Minor Ailments Among Antenatal Mothers ‘‘ which depicted that majority 76% of antenatal mothers from the beginning of the study had average knowledge regarding minor ailments of pregnancy and their home remedies. This may be related to that; the majority of the participants were multipara women who had experience from the previous pregnancy.

The present study indicated that; all **practice dimensions** were improved after application of intervention program ranged from 59.7% regarding pregnant women applying self-care guideline for excessive discharge with mean score 2.4 ± 0.89 post intervention to 253.1% regarding pregnant women applying self-care guideline to avoid varicose veins with mean score 2.3 ± 1 post intervention with statistical significant differences . This finding was similar with results of other studies. First: **AbdElhaliem.,etal (2018)** who reported that there were a highly satisfaction level of practice regarding different minor discomfort specifically their practice toward management of backache ($+ = 212.62$). Good understanding of both traditional and modern medical views would go along the way in minimizing any discomforts associated with pregnancy. Second: **Hables (2008)** study in Egypt reported that about one fourth of the study subjects had improvement related to managing their back pain by wearing flat shoes. They may did so because of their

believe that high heeled shoes in pregnancy does not only cause backache but also may lead to falls and subsequent fetal loss. Third: **Samarakoon et al., (2020)** in their study which was conducted in Colombo, Sri Lanka reported that ; almost 68% participants used to void before going to the bed to manage their urinary frequency and nearly 90% of participants mentioned that, avoid standing for long period to protect them from varicose vein.

In addition this study showed that; there was statistically significant positive **correlation between information and practice score** of self-care guideline pre and post intervention. This was supported with **AbdElhaliem.,etal (2018)** in their study which reported that there was a highly positive association between them that indicated knowledge improvement subsequently improved practice.

Concerning the **Sources of information and practices** to relieve minor discomfort before receiving guideline the present study revealed that; mother was the most common source of information accounted for nearly one half of the study sample, while physician &nurses represent nearly one third as scientific source of information during pregnancy .This was contradicted with **Abd El-Ati & Amasha (2015)** in their study which reported that; physician was the most common source of information accounted for 88.7% followed by mother and mother in-law, were the sources of information for 33.4%& 6.3% of the study sample respectively, while nurses counted for only 4.6% of them. This may be related to low educational level of the studied participants in the present study and; indeed, the mother is considered to be the vital source of trust and safety in providing advice to her pregnant daughter.

Regarding pregnant woman' **information level** about self-care guideline at first trimester, In this sample, more than half of the participants had a low level of information prior to intervention, while only a small percentage had a good level. Only a small percentage of participants had bad information levels after the intervention, while approximately two-thirds had positive information levels about self-care guidelines in the first trimester. This was supported by **AbdElhaliem., (2018) & VIJAYA, (2015)** who reported in their studies that there was a highly significant statistical difference between all items of minor discomfort general knowledge pre and post intervention. In addition; a study of **Khalil& Hamad ,(2019)** in Iraq reported that; more than half of respondents indicated poor level of knowledge but after the intervention it had been improved.

Regarding pregnant woman' **practice level** of self-care guideline pre and post intervention, During the pre-intervention process, more than three-quarters of the participants had bad results, and none of the participants had a good level. This were reversed in the post-intervention process, with just 6% of participants reporting bad performance and more than two-thirds reporting successful performance self-care guidelines. This is in consistence with **VIJAYA, (2015)** who reported that; there was obvious improvement in all area of practice regarding management of minor ailments during pregnancy as the majority of the pregnant women (88%) belonged to average category.

This was also supported by **AbdElhaliem., etal (2018)** who reported in their studies that there was a highly significant statistical difference between all items of general practices regarding

management of minor ailments during pregnancy at pre and post intervention.

Moreover; the present study was slightly consistent with **Rizk , Ghaly, & Motakef,(2019)** who reported that; almost three fifths of the study subjects had obtained fair total score of universal self-care practices and only about two fifths who had obtained good universal self-care practices. This may be attributed to about three fifth of the subjects had basic education (primary or preparatory qualification) & all of them were primigravida which affected their knowledge about self-care.

Meanwhile; these results were not in consistence with the study conducted in Iraq by **Kadham (2015)** who found that the overall assessment of the self-care practices during prenatal period was good. This is due to availability of mass media that play a strong role by creating awareness about pregnancy related complications and negative effect on the future health of mothers and their newborn babies.

Conclusion

The current study's results showed that primigravida mothers' awareness and performance levels about minor illnesses and their management had significantly improved. As a result, slight discomforts were alleviated thanks to the use of traditional nursing guidelines and video-assisted instruction.

Recommendations

o Public awareness programs in obstetrics and gynecology clinics to help pregnant women and alleviate mild pain during pregnancy.

o Counseling and health education services for all pregnant women on the designed nursing guidelines for the management of minor illnesses, in order to avoid inappropriate practices during pregnancy.

o The findings of this study will be distributed to all maternity health facilities in Zagazig City in order to raise awareness among pregnant women about how to deal with these minor ailments.**Regarding nursing implication:**
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It has been shown that today's environment needs more transparency and health-care efficiency and effectiveness centers. Nursing care is no longer task-oriented and fractured, but rather needs a comprehensive and systemic approach to change its perception and skills through incidental clinical teachings in service education.

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