
EFFECT OF SELF-UTILIZED TRADITIONAL METHODS AMONG PREGNANT MOTHERS ON RELIEVING WOMEN'S MINOR DISCOMFORTS

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Abstract:

Aim: The present study aimed to assess effect of self-utilized traditional methods among pregnant mothers on relieving women's discomforts. **Study Design:** A descriptive study. **Study Setting:** The study was conducted at antenatal clinic in El Hamoul Central Hospital. **Sample:** sample included 150 pregnant women during first trimester of pregnancy. **Type of sample:** simple random sample. **Tools of data collection:** Two tools used for data collection: Interview Arabic questionnaire and likert scale. **Results:** The present study revealed that the most common types of minor discomforts during first trimester of pregnancy were morning sickness, nausea, dizziness, and tension and confusion. Herbal products were the more prominent utilized method to relieve morning sickness, headache, tiredness and lack of energy, urinary frequency, infection of external genitalia, breast tenderness, cold, indigestion, muscle contraction and difficult breathing. The majority of pregnant mothers (96%) preferred utilization of traditional methods than medication and the main reason of this were traditional practices safer than medication and with no harm among 84% of them. **Conclusion:** The prominent utilized methods were herbal products, reside and hear Koran and rest and sleep. In addition, the utilized traditional practices strongly improved and relieved minor discomforts among pregnant mothers. **Recommendations:** Awareness raising programs must be conducted regarding importance of antenatal care to improve mothers' knowledge regarding minor discomfort and safe traditional methods

Introduction

Minor Discomfort was defined as the discomforts which associated with pregnancy. Although these discomforts are not dangerous, they can be troublesome, common discomforts during first trimester are morning sickness, vomiting, tiredness, dizziness, urinary frequency or incontinence, nausea, fatigue, breast tenderness and constipation. These discomforts are

caused by the changes taking place within the body and pass as the pregnancy progress [1].

Also it was important for pregnant mothers to differentiate between normal and dangerous for problems that are life-threatening. It was helpful to explain to pregnant mothers what they can use to relieve the discomfort and to listen to them with sympathy and

kindness. This helps create trust and understanding between the health worker and pregnant mother besides making the job of caring for her easier [2].

Moreover the World Health Organization was define traditional methods as the health performs, methods, information and politics including herbal, animal and mineral-based medicines, nonphysical treatments, physical approaches and trainings, applied singularly or in mixture to treat, diagnose and prevent illnesses or maintain well- being, including herbs, herbal materials ,herbal preparations and finished herbal products that contain as active ingredients parts of plants or other plant materials or combinations, food exercise, massage, meditation, relaxation, yoga and acupuncture [3].

According to habit **The Prophet Muhammad** defined black seed as a treatment for every illness except death. The great physician (**Ibn Sina, 980**) said black seed works as medicine, motivates the body energy and helps overcome exhaustion and dispiritedness. In Arabia; black seed was used as an old-style medicine for coughs, stomach pain, indigestion and overall fatigue of pregnant mothers. It was also believed to strengthen pregnant mothers stimulate urination, aid digestion and increase intelligence. Black seed was used for beautify

skin and nourishing the hair of pregnant mothers [4].

Meanwhile prenatal nursing was a specific type of antenatal care that was recommended for pregnant mothers to ensure a healthy pregnancy. It helped identify minor discomforts that may occur during mother's pregnancy. As a result, the pregnant mother can ensure a healthier lifestyle for herself and unborn infant throughout her pregnancy therefore prenatal nursing was an amazing support for pregnant mothers [7].

Traditionally, the focus of health promotion by nurses has been on counseling, changing the behaviors, clinical nursing practices, follow-up treatment and health education of pregnant mothers with respect to their health [7].

However, their role as promoters of health, as administrator, as counselor and as health educator; they have multi-disciplinary knowledge and experience of health promotion in their nursing practice on relieving their minor discomfort [7]. This has improved the availability of antenatal care services and reduced discomforts during pregnancy [8]. For example: information on food patterns that are generally considered able to control or reduce nausea and vomiting of early pregnancy eat small frequent meals

and avoid spicy food, or the prevention of constipation pregnant mothers must aware of the importance of high fiber foods such as vegetables, fruits and whole grain products that increased fluid intake [9].

Aim of the study:

This study was carried out to assess effect of self-utilized traditional methods among pregnant mothers on relieving women's discomforts.

Study Questions:

- 1- What are the common traditional methods to relieve minor discomfort during first trimester of pregnancy?
- 2- Does pregnant mother who used traditional methods satisfied with it?

Subjects and Method

Study design: A descriptive study.

Settings: This study carried out at antenatal clinic in El Hamoul Central Hospital after taking the consent of the managers.

Time of study: six months from January to Jun 2015.

Subjects:

- According to hospital statistics it was estimated that 150 pregnant women were admitted and registered in antenatal clinic of El Hamoul central hospital during six month in the year of 2015.
- This study included 150 pregnant women from antenatal clinic of El Hamoul central hospital during the time of study fulfilling the

following criteria included mothers during first trimester of pregnancy. Excluded pregnant women those who high risk pregnant mothers with gynecological and obstetrics problems.

Tools: two tools were used:

Tool I: Interview Arabic questionnaire sheet

It included: -

The first part: included questions regarding mother general characteristics such as age, level of education, occupation, etc.

The second part: included questions which assessed mothers past and present reproductive history and the recent pregnancy data such as the recent pregnancy duration, occurrence of discomfort, effect of discomfort on her health and baby, etc.

The third part: included questions that assessed mother's knowledge about pregnancy minor discomforts during the first trimester of pregnancy as well as methods to relieve minor discomforts during the first trimester of pregnancy and traditional practices used by mothers & its effect on minor discomforts during the first trimester of pregnancy.

Tool II: Lickert scale.

To evaluate mother's satisfaction regarding traditional methods to relieve minor discomforts during first trimester of pregnancy. Each item was evaluated as agree,

disagree. It consisted of 6 statements, agreed, disagreed and uncertain. The statements scored as followed: agreed had (2), disagreed had (0) and uncertain had (1). Tools were sent to 3 specialized expertise professors. According to their comments, modification of the tools was considered.

Results:

Table(1):Frequency distribution of general characteristics among the studied sample.

Items		N=150	%
Age	Less than 20	14	9.3
	21-30	102	68
	31-40	28	18.7
	More than 40	6	4
Education	Illiterate	25	16.7
	Reads and writes	7	4.7
	Middle education	78	52
Job	University education	40	26.7
	Working	48	32
	House wife	102	68
Residence	Rural	104	69.3
	Urban	46	30.7
Marital status	Married	149	99.3
	Widow	1	0.7

The above table shows that 68% of pregnant mother's age ranged from 21:30 years and 52% of them had middle level of education. Also more than two third of mothers were housewife (68%) and came from rural areas (69.3%). In addition, the majority of mothers were married (99.3%)

Table(2):Frequency distribution of pregnant mothers according to Present pregnancy history.

Present Pregnancy history		N=150	%
Number of pregnancy	1	40	26.7
	2-3	89	59.3
	More than 3	21	14
Gestational age	8 weeks	25	16.7
	10 weeks	2	1.3
	11 weeks	57	38
	12 weeks	66	44
Start of minor discomfort	In the 1 st month	41	27.3
	In the 2 nd month	56	37.3
	In the 3 rd month	53	35.3

The above table shows that number of pregnancy were 2-3 pregnancies among more than half of the pregnant mothers (59.3%). Also the gestational age among 44% of them was 12 weeks. In addition, the higher percentage of mothers reported that 2nd month was the time of minor discomforts beginning followed by 3rd and 1st month which constituted (37.3%, 35.3%, 27.3%).

Table (3): Frequency distribution of pregnant mothers' knowledge about pregnancy minor discomforts as well as traditional methods to relieve it.

Knowledge related to minor discomforts N=150		N	%
The minor discomfort had bad effect on pregnancy	Yes	11	7.3
	No	139	92.7
Increase risk of miscarriage	Yes	9	6
	No	141	94
Improvement of utilization of traditional methods	Yes	143	95.3
	No	1	0.7
traditional methods have side effects	Yes	1	0.7
	No	143	95.3
Practices exercise	Yes	39	26
	No	111	74
Methods to relieve minor discomforts	Traditional methods	144	96
	Medications	6	4
Reasons of using traditional methods	With no harm	121	84
	Cheap	15	10.4
	Available	8	5.6

Table 3: Shows the majority of pregnant mothers reported that minor discomforts didn't have bad effects on pregnancy and didn't increase the risk of miscarriage (92.7%, 94%) respectively. Also 96% of pregnant mothers preferred utilization of traditional practices

than medication and the main reason of this were traditional practices with no harm among (48%) of them. It was evident from the same table that (74%) of pregnant mothers didn't practice exercise.

Table(4):Frequency distribution of pregnant mother's sources of knowledge about methods to relieve minor discomforts during the first trimester of pregnancy.

Variables	N	%	
Pregnant mother's source of knowledge	Family	81	55.9
	Media	42	29.0
	Friends	17	11.7
	Doctor	5	3.4

Table 4: It appears from the table that the main source of mother's knowledge about traditional practices to relieve minor discomforts were their families (55.9%) while knowledge from doctor represented (3.4%) only.

Table (5): Frequency distribution of self-reported types of minor discomforts during first trimester of pregnancy.

Types of minor discomforts	N=150	%
Morning sickness	74	49.3
Nausea	65	43.3
Dizziness	40	26.7
Tension and confusion	28	18.7
Headache	27	18
Tiredness and lack of energy	22	14.7
Lower back pain	22	14.7
Urinary frequency	21	14
Fatigue	21	14
Infections of the external genitalia	21	14
Sadness	21	14
Constipation	18	12
Breast tenderness	17	11.3
Cold	17	11.3
Fainting	14	9.3
Indigestion	13	8.7
Muscle contraction	8	5.3
Difficulty breathing	8	5.3

Table 5: The higher percentages of mothers reported that morning sickness was the most type of minor discomforts (49.3%) followed by nausea, dizziness, tension and confusion which constituted (43.3%, 26.7%, 18.7%) respectively.

Table (6): Frequency distribution of self-reported traditional methods to relieve minor discomforts of pregnant mothers.

Minor discomforts	Traditional methods	%
-Tension and confusion	-Reside and hear Koran	57
	-Herbal products	30
	-Talking with other	13
-Headache	-Herbal products	75
	-Rest and sleep	25
-Tiredness and lack of energy	-Herbal products	45
	-Rest and sleep	40
	-Honey and molasses	15
-Lower back pain	-Rest and sleep	63
	-Herbal products	26
	-Massage	11
-Urinary frequency	-Herbal products	75
	-Honey and molasses	25
-Fatigue	-Rest and sleep	75
	-Fruits and vegetables	25
-Infections of the external genitalia	-Herbal products	50
	-Honey and molasses	50
-Sadness	-Reside and hear Koran	70
	-Talking with other	30
-Constipation	-Juices	53
	-Milk products	47
-Breast tenderness	-Massage	50
	-Herbal products	50
-Cold	-Herbal products	84
	-Fruits and vegetables	16
-Fainting	-Rest and sleep	73
	-Honey and molasses	18
	-Juices	9
-Indigestion	-Herbal products	50
	-Milk products	50
-Muscle contraction	-Herbal products	57
	-Massage	43
-Difficulty breathing	-Herbal products	50
	-Massage	50

Table 6: it appears that herbal products were the more prominent utilized method to relieve headache, tiredness and lack of

energy, urinary frequency, infection of external genitalia, breast tenderness, cold, Indigestion, muscle contraction and difficult breathing which constitute (75%, 45%, 75%, 50%, 50%, 84%, 50%, 57%, 50%) respectively. While

reside and hear Koran was utilized to relieve tension and sadness among (57%, 70%) of mothers. In addition, rest and sleep was utilized to relieve back pain and fainting among (63&73%) of mothers.

Table (7): Frequency distribution among mother's satisfaction regarding traditional methods to relieve minor discomforts during first trimester of pregnancy.

	Agree		Disagree		Uncertain	
	N	%	N	%	N	%
1-Traditional methods had significant improvement to relieve minor discomforts.	144	96%	6	4%	-	-
2-Traditional methods were better than medication	144	96%	6	4%	-	-
3-Traditional methods were more safe	121	80.6%	29	19.3%	-	-
4-Utilized methods with doctor consultation	60	40%	90	60%	-	-
5- Minor discomforts had bad effects on pregnancy	11	7.3%	139	92.7%	-	-
6-Traditional methods had side effects on women and fetus health	6	4%	144	96%	-	-

Table 7: The majority of pregnant mothers (96%) agree that traditional methods had significant improvement to relieve their minor discomforts and were better than medication. Additionally, (96%.92.7%) respectively of them were disagree that traditional practices had side effects on women and fetus health and bad effects on pregnancy.

Table (8): Frequency distribution of self-reported traditional methods to relieve Common minor discomforts among the studied sample and its effect.

Traditional practices to relieve minor discomforts	Not improved		Uncertainly improved		Improved		Total	%
	N	%	N	%	N	%		
Morning sickness								
Ginger	-	-	-	-	36	100	36	54
Herbal products	1	3.6	1	3.6	26	92.9	28	42
Anise	1	33.3	-	-	2	66.7	3	4
Total	2	2.99	1	1.49	64	95.52	67	100
Nausea								
Biscuit anise	-	-	-	-	7	100	7	12
Herbal products	1	2.7	-	-	36	97.3	37	64
Rusk	-	-	1	7.1	13	92.9	14	24
Total	1	1.7	1	1.7	56	96.6	58	100
Dizziness								
Fruits	-	-	-	-	22	100	22	54
Vegetables	-	-	-	-	2	100	2	5
Herbal products	1	5.9	-	-	16	94.1	16	41
total	1	2.44	-	-	40	97.56	40	100

Table 8: It appears that the most common minor discomfort among pregnant mothers were morning sickness, nausea and dizziness and traditional practices that utilized by the studied sample and strongly

improved their condition, for morning sickness were ginger, herbal products and anise which represented 100 %, 92.9% and 66.7% respectively, also for nausea, were biscuit anise, herbal products and rusk which represented 100%, 97.3% and 92.9% respectively and for dizziness were fruits, vegetables and herbal products which represented 100%, 100%, 94.1% respectively.

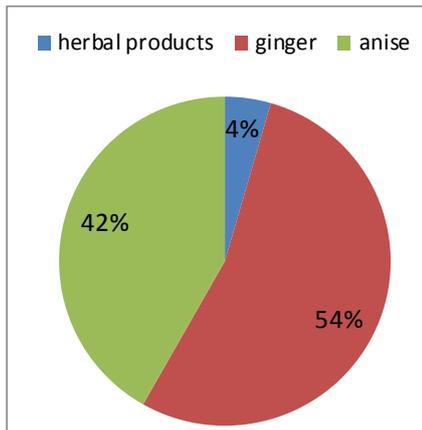


Figure (1): The utilized traditional practice to relieve morning sickness by pregnant mothers.

Figure (1): It appears that ginger was the most utilized method to relieve morning sickness 54%, followed by anise (42%) among pregnant mothers.

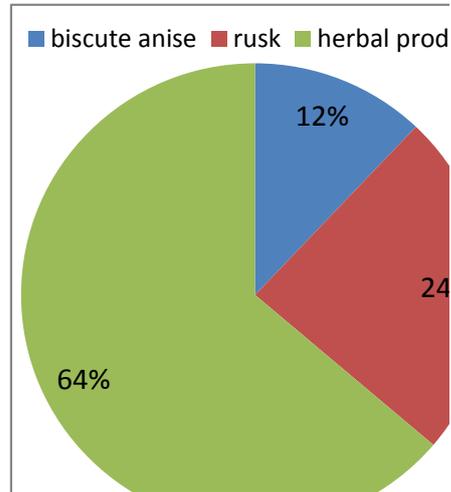


Figure (2): The utilized traditional practice to relieve nausea by pregnant mothers.

Figure (2): It appears that herbal products were the most utilized method to relieve nausea (64%) followed by rusk (24%) among pregnant mothers.

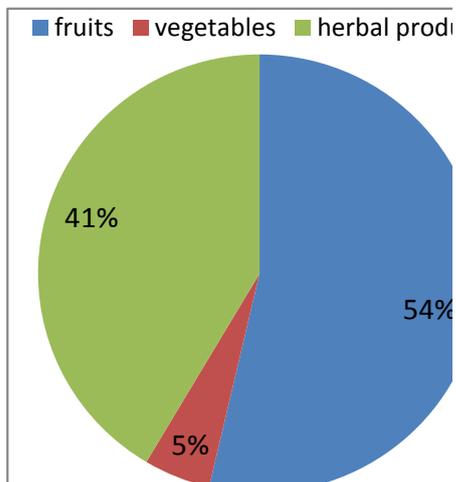


Figure (3): The utilized traditional practice to relieve dizziness by pregnant mothers.

Figure (3): It appears that fruits were the most utilized method to relieve dizziness (54%) followed by herbal products (41%)

Discussion

The present study aim was to assess effect of self-utilized traditional methods among pregnant mothers on relieving women's discomforts and strongly answered through the present study research questions. The first question was what were the common traditional methods to relieve minor discomfort during first trimester of pregnancy. The present study finding was the prominent utilized methods were herbal products, reside and hear Quran, rest and sleep this agree with Orief [12] who reported that herbal medicine was effective in relieving pregnant mothers complains and the using herbs was 64.6% in study about use herbal medicines among pregnant women attending family health centers in Alexandria.

This finding in line with study about Quran Healing by Bin Abbas [13] at Saudi Arabia who found the Quran that helps reform the human soul and provide a spiritual, behavioral, and psychological treatment. This finding in line with a study done by Amira [14] about assessment of knowledge and practice of women toward minor discomfort during the

period of pregnancy who found (55%) of pregnant women chose rest and sleep to relieve their discomforts.

Moreover, the second study research question was pregnant mothers who used traditional methods were satisfied with its utilization. This was answered through the present study finding because the majority among pregnant mothers agree with traditional methods had significant improvement to relieve their minor discomforts and were better than medication. This study agrees with study by Vaishali [15] about the knowledge and practice regarding minor disorders of pregnancy and the incidence among the mothers who found the mothers are taking remedies for minor discomforts experience during pregnancy satisfied with it.

Meanwhile the majority among pregnant mothers preferred traditional methods because they considered safer than medications and didn't have any side effect from any traditional practices. In the current study pregnant woman find it beneficial not only for their health but also for their quality of life. This result was in the line with ANA [16] who stated that traditional practices help women feel in control of not only themselves but also their condition because they are safe method to

relieve their discomforts during pregnancy.

Regarding to the time of starting of minor discomforts of pregnancy, the current study reported that the time of starting of minor discomforts among less than half of pregnant mothers was within 12 weeks of pregnancy. These finding agree with a study done by National Collaborating Centre for Women's and Children's Health, 2010 on Egyptian women which found that the majority of women with nausea and vomiting reported symptoms within 12 weeks of pregnancy.

In relation to the main source of knowledge about minor discomfort and traditional methods among pregnant mothers, the present study reported that the main source of their knowledge about minor discomfort and traditional methods to relieve them were around more than half from family while few women self-reported that the main sources were friends. These findings agree with Sreelekha [17] who found that 77.5% of pregnant mothers obtained information about minor discomforts of pregnancy through their families.

Concerning the types of minor discomfort during the first trimester of pregnancy, the present study findings indicated that about the half of the pregnant mothers complained from morning sickness

while more than one third complained from nausea and less than quarter complained from tension and confusion as minor discomfort during pregnancy. These results incongruent with Amasha [18] the study about maternal awareness of pregnancy normal and abnormal signs who reported that the majority of the studied sample complained of nausea and vomiting.

The present study finding revealed that half of pregnant mothers utilized ginger to relieve morning sickness and about more than quarter of them used rusk and biscuit anise and their complains were relieved. Moreover, more than half of pregnant mothers' utilized herbal products to relieve nausea and their discomforts were relieved. This result was in the line with Simbar [19] a study about effects of ginger on pregnancy nausea and vomiting who found that the ginger and herbal products were effective for decreasing nausea and vomiting during pregnancy. Another study about nausea and vomiting in pregnancy encourage using rusk and other herbal products to relieve nausea and vomiting during pregnancy[10].

In relation to types of the first trimester minor discomfort, the current study finding indicated that less than quarter of the studied sample complained from dizziness.

Dizziness in pregnancy is due to the rising hormones that cause mother's blood vessels to relax and widen. This finding in agreement with a study conducted by Harms [20] about guidance to a healthy pregnancy at United States of America as 30- 40% of women feel dizziness during pregnancy in the first trimester. This finding contrasted with another study conducted by Bastian [21] about Clinical manifestations and diagnosis of early pregnancy and the result revealed that about 50 to 75% of women feel dizziness during pregnancy.

In relation to utilized methods to relieve dizziness among the study sample, the present study finding indicated that more than half among pregnant mothers used fruits and vegetables to relieve dizziness. These finding contrast with a study by (**Harms, 2013**) on dizziness among women during pregnancy and the result showed that the comfortable position, avoid prolonged standing, rise slowly after lying or sitting down and drink at least 8 to 10 glasses of water and natural juices. This discomfort was relieved by these practices among more than half of them.

The current study finding showed that less than one quarter of the studied sample complained from urinary frequency. This produced by pressure from enlarging uterus on

bladder might lead to leak urine when sneezing, coughing and laughing [11].

This result didn't agree with a study conducted by Haylen [22] who reported that 30-40 % of pregnant women complained from urinary frequency during the first trimester. Most women among the study utilized useful practices to relieve this discomfort by herbal products and increasing fluid intake during day.

It was evident that about less than one quarter among mothers in the present study reported breast tenderness. This produced by hormonal changes might make breasts tender, sensitive and sore [11]. This result agreed with a study conducted by Beal [23] who reported that 20-30 % of pregnant woman complained from breast tenderness. Women among this study utilized useful practices to relieve this discomfort by massage, using oil massage herbal products and wearing a cotton bra.

The current study finding showed that less than one quarter of the studied sample complained from fatigue. In the same line study done by Kelsey [11] agrees with the current study. The result showed that fatigue rate was 14% in the first trimester of pregnancy. While Harms [20] study results reported higher percentage than the present study as 20-30% of

pregnant mothers experience fatigue and tiredness.

The current study finding showed that less than one quarter of the studied sample complained from constipation. The study by Bradley [24] agreed with the current study. The result study showed that constipation rate was 12 % in the first trimester. This result was expected as pregnant during early pregnancy experience nausea and vomiting so they likely decrease water and other fluid to relieve nausea and vomiting, this finding disagreement with Ponce [25] who found prevalence rates of 29.6% among pregnant mother.

The current study finding useful practices to relieve constipation were reported by the majority of the studied sample. It involved increasing intake of juices, milk products, increasing intake of water and vegetables. The effect of these practices relieved constipation for more than half among the studied sample, these finding in agreement with a study conducted in midwifery and women's health nursing. The result of the study showed that increasing intake of juices and water and milk products and vegetables to overcome constipation [11].

The current study finding reported that less than one quarter of the studied sample complained from headache. This may be due to Woman's body experiences a surge

of hormones and an increase in blood Volume. These two changes can cause more frequent headaches [11].

This Finding agrees with a study carried by Cunningham [26] about headache during pregnancy. The study revealed that the headache was the most common symptoms in first trimester of pregnancy. This finding disagrees with a study carried by Aegidius [27] about the effect of pregnancy and parity on headache prevalence who found that is the prevalence of headache and migraine among pregnant women was 60% in pregnancy. In relation to useful practices to relieve headache, the study finding indicated that third quarters of pregnant women who complained from headache utilized Herbal products, increasing intake of juices, rest or sleep and linking the head to relieve this discomfort. These results in line with Cunningham [26] who found that increase intake of fluid, get massage and maintain blood sugar by eating smaller, more frequent meals help prevent future headaches.

The present study found the majority of pregnant mothers agreed with the utilization of traditional practice to relieve minor discomforts. This study agreed with study by Francesco [28] about use, attitudes and knowledge of complementary and alternative

drugs who found the majority of study sample 68% used alternative medicine during pregnancy and reported a significantly higher prevalence (84.7%) of complementary alternative medicine during the pregnancy.

Egypt as a developing country has limited facilities. Additionally, around one quarter among study sample were illiterate so they were motivated to use inherit traditional methods to relieve minor discomforts.

Conclusion

Based on findings of the present study, it can be concluded that the most common types of minor discomforts during the first trimester of pregnancy were morning sickness, nausea, dizziness, tension and confusion. Also traditional practices can be relieved minor discomforts among pregnant mothers because mothers consider it better and safer than medications. The majority of pregnant mothers used traditional methods to relieve their minor discomfort during the first trimester of pregnancy and the prominent utilized methods were herbal products, residing and hearing the Quran, rest and sleep. In addition, the utilized traditional practices strongly improved and relieved minor discomforts among pregnant mothers and had no side effects on women and fetus health.

Recommendations

Based on the results of this study, the following recommendations are suggested

- Out teach program must be designed and implemented by the faculty of nursing maternal and gynecological department to enhance positive traditional practices and avoid harmful practices among pregnant mothers.
- In- service training to all nurses and health care providers at maternal health services to update their knowledge, increase their ability to care for pregnant mothers with discomforts and instruct them to avoid their unhealthy lifestyle behaviors.
- Destination of the present study research finding to all maternity hospital at El Hamoul Central Hospital at Kafr el-Sheikh Governorate.

References:

1. **Thomas. M (2009):** A study to assess the effectiveness of structured teaching program on knowledge and practice regarding management of minor disorders of pregnancy among primigravida mothers in district hospitals, Tumkur.pp. (2-11).
2. **Ricci, (2013):** Essentials of Maternity, Newborn, and Women's Health Nursing. Third Ed. Lippincott Williams, wilkins, pp. (310-368).
3. **WHO, (2008):** The World Health Organization report at Traditional Medicine, Available from: <http://www.who.int/medicines/areas/traditional/definitions/en/>.
4. **Rebecca J, (2006):** Ibn al-Qayyim: ginger is beneficial for

- digestion, eyesight and nausea among other benefits, second edition, sound health, United States, 17:76. From <http://nccam.nih.gov/health/atoz.htm>.
5. **CNA, (2005):** Canadian nurses' association report at prenatal nursing, available from: <http://nursing101.wikispaces.com/Prenatal+Nursing>.
 6. **Kitzman H, Olds D, Henderson C, Hanks C, Cole R, Tatelbaum R and Barnard K, (1997):** Effects of prenatal and infancy home visitation by nurses on pregnancy outcomes and childhood injuries and repeat childbearing. The journal of American medical association, 278(8), 644-653.
 7. **Kemppainen V, Tossavainen K and Hannele Turunen, (2012):** Nurses' roles in health promotion practice, health promotion, 1st Ed, United States, 28 (4): 490-501.
 8. **Hannele T, (2013):** Nurses' roles in health promotion practice, an Integrative Review Health, 1st Ed, Oxford, 28 (4): 490-501.
 9. **Whitehead D, (2011):** Health promotion in nursing, health promotion, International Journal of Nursing Studies, 46:865-874.
 10. **Wood, K., Cameron, M. and Fitzgerald, K, (2008):** Breast Size, Bra Fit and Thoracic Pain in Young Women: A Correlational Study. Chiropractic and Osteopathy, 16, 1. Retrieved from <http://dx.doi.org/10.1186/1746-1340-16-1>.
 11. **Kelsey (2011):** Midwifery & women's Health Nursing. Practitioner Certification. Review Guide. Second edition.
 12. **Yasser Ibrahim Orief, Nadia Foud Farghaly, Mohamed Ibrahim Abdelaziz Ibrahim (2012):** Use of herbal medicines among pregnant women attending family health centers in Alexandria, Middle East Fertile Retrieved from: <http://dx.doi.org/10.1016/j.mefs.2012.02.007>.
 13. **Mohammad bin Abbas, (2016):** Quran Healing, Retrieved from: <http://www.quranichealing.net/>.
 14. **Amira, A (2009):** Assessment of knowledge and practice of women toward Minor discomforts during the period of pregnancy. Published thesis at the Egyptian medical journal NO2, VOL40, February 2009.
 15. **Mirs. Vaishali P, Atre (2011):** A study to assess knowledge regarding the selected minor ailments of pregnancy and its management among primigravida mothers, Retrieved from: www.rguhs.ac.in/onlinecdc/uploads/05_N006_2081.doc.
 16. **American Nurses Association (2007):** Nursing Scope and standards of Practice. Silver Spring, MD: Case Studies in Nursing Ethics.
 17. **Mrs. Sreelekha. C. Nightgale, (2007):** Retrieved from: <http://en.wikipedia.org/wiki/www.google.com>. (Maternal physiological changes in pregnancy picture, 2013).
 18. **H. A. Amasha, S. Jarrah:** The use of home remedies by

- pregnant mothers as a treatment of pregnancy related complains: An exploratory study. The medical journal of Cairo University, 80(1), 2012, 674-680.
19. **Ozgoli G, Goli m, Simbar M (2009):** Effects of Ginger capsules on pregnancy nausea and vomiting, Journal of alternative and complementary Medicine 2009 march.15(3):243-6.
 20. **Harms, Roger W., M.D., et al, (2013):** Part 3. Dizziness and pregnancy Mayo Clinic Guide to a Healthy Pregnancy.
 21. **Bastian LA, et al.** Clinical manifestations and diagnosis of early pregnancy. <http://www.uptodate.com/home>. Accessed March 19, 2013.
 22. **Haylen BT, de Ridder D, Freeman RM, Swift SE, Berghmans B, Lee J, et al, (2009):** An International Urogynecological Association (IUGA)/ International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction, 29(1):4-20. DOI: 10.1002/nau. 20798.
 23. **Beal M, (1998):** “Women’s use of complementary and alternative therapies in reproductive health care,” Journal of Nurse Midwifery 43, 3 (1998): 224-234.
 24. **Bradeley CS, Kennedy CM, Turcea AH, Rao S, Nygaard I (2007):** Constipation in pregnancy. Journal of Obstetrics and Gynecological 2007 Dec; 110(6):1351-57. Available from: URL: <http://www.ncbi.nlm.gov>.
 25. **Ponce J et al. (2014):** Constipation during pregnancy: a longitudinal survey based on self-reported. The treatment of gastrointestinal disorders during pregnancy, Volume 37 - Issue 6 - p 425–429.
 26. **Cunningham, F. Gary, et al, Ch. 30 and 57, (2015):** Williams Obstetrics Twenty-Second Ed. Planning Your Pregnancy and Birth Third Ed. The American College of Obstetricians and Gynecologists, Ch. 7.
 27. **Karen Aegidius MD, John-Anker Zwart MD, PhD, Knut Hagen MD, PhD and Lars Stovner MD, PhD (2009):** The Effect of Pregnancy and Parity on Headache Prevalence: The Head-HUNT Study. Article first published online: 27 MAY 2009. DOI: 10.1111/j.1526-4610.2009.01438. x.
 28. **Francesco Lapi, Alfredo Vannacci, Martina Moschini, (2008):** Use, Attitudes and Knowledge of Complementary and Alternative Drugs (CADS) among pregnant Women: a preliminary Survey in Tuscany. Advance Access Publication 7 May 2008.
 29. **Maats F, Crowther C, (2002):** Patterns of vitamin, mineral and Herbal supplement use prior to and during pregnancy, 1st Ed, BMC pregnancy and childbirth, Australia, 42(5):494-6.
 30. **Wong C, (2013):** Types of Complementary and Alternative medicine, 1st Ed, National Center for Biotechnology Information, United states, 149.

