

## Perception and Practices of Primigravida Women Regarding Minor Discomforts during the Last Trimester of Pregnancy

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### Abstract

Background: Minor discomforts during the last trimester of pregnancy are mild ailments result from physiological changes and affect primigravida women quality of life. Aim: The present study aimed to assess perception and practices of primigravida women regarding minor discomforts during the last trimester of pregnancy. Subjects and method: Descriptive research design was used to conduct this study. This study was conducted at out-patient antenatal clinics of: Tanta University Hospitals, El-Menshawey General Hospital, Kafrelshiekh General Hospital, and Kafrelshiekh University Hospital. A purposive sample of 250 primigravida women were included in the study. Three tools were used for data collection: **Tool I:** primigravida women's knowledge regarding minor discomforts questionnaire consisting of three parts: **Part (1):** Socio-demographic characteristic of the primigravida women. **Part (2):** Obstetric profile of the primigravida women. **Part (3):** Primigravida women's knowledge regarding minor discomforts. **Tool (II):** Primigravida women's self-care reported practices for minor discomforts. **Tool (III):** Primigravida women's attitude toward minor discomforts of pregnancy. **Results:** The vast majority (97.6%) of the primigravida women had low level of knowledge regarding minor discomforts during the last trimester of pregnancy. They also had unsatisfactory level (98.4%) of practices as well as positive attitudes regarding minor discomforts of pregnancy. **Conclusion:** There were a low level of knowledge and unsatisfactory level of practices as well as positive attitude regarding minor discomforts during the last trimester of pregnancy. **Recommendations:** Planning health education sessions for primigravida women to improve their knowledge and self-care practices regarding minor discomforts management.

**Keywords:** Perception, Practices, Minor discomforts

## Introduction

**Pregnancy is** one of the most significant and beautiful life events. However, the pregnant mother may be going through a difficult time so, it needs distinctive care from conception to postnatal period. Pregnancy entails three trimesters marked by specific fetal development and changes in woman's body. Each trimester is about three months associated with many physiological and psychological changes that may impact the woman, fetus, and all family in positive or negative way **(Ibrahim et al., 2020)**.

**Primigravida woman** experiences physiological, hormonal as well as anatomical changes result in some mild discomforts; signs that the body adjust itself instinctively for new life. As the pregnancy progresses, increasing size of the fetus produces physical stress on woman's body cause further uncomfortable symptoms especially at the last trimester of pregnancy. Although, these discomforts are minor illnesses, their existence diminishes the mother's sense of well-being, and if they are mistreated, they may result in more serious issues. **(Farooq & Gobindgarh, 2021)**.

These minor discomforts might manifest at any point throughout the pregnancy and differ according on the trimester. Pregnancy discomforts during the last trimester are common and can be either physiological (e.g., backache, leg cramps, sleep disruption, heart burn, increased frequency of urination, constipation) or psychological (e.g., worry and stress). **(Oluwatosin et al., 2017)**.

In low-income settings, 50–85% of pregnant women report experiencing minor discomforts; approximately 40% of report having leg varicosities. These statistics were reported by the World Health

Organization (WHO) in 2016. Between 17% and 80% of pregnant women experience heartburn, which usually happens in the last trimester. While approximately 78% of pregnancies are affected by constipation. Leg edema affects roughly 65% of pregnant women. Low back and pelvic discomfort is expected to occur in half of pregnant women, 8% of whom have severe impairment. Along with other minor discomforts like frequent urination, which around 21% of nulliparous women suffer, and dyspnea, which affects roughly 60% of primigravida women **(WHO (2016)**.

Maternity nurses are essential in helping primigravida woman take care of healthy behaviors by pointing out misconceptions and dispelling false information. They also identify risks associated with lifestyle and environmental factors and suggest solutions to prevent unfavorable outcomes. Therefore, nurses should evaluate the pregnant woman's knowledge and any possible engagement in health-related activities. This knowledge is critical to ensure safety and how these activities interact with biomedical care. **(Sharma et al., 2021)**.

## Significance of the study

While minor discomforts are typical throughout pregnancy, they can be distressing and have a detrimental impact on a primigravida woman's quality of life, making everyday tasks more difficult and inconveniencing causing stress and discomforts. In addition they may negatively impact pregnancy outcomes. **(Mohamed et al., 2021)**. Therefore, in order to identify the magnitude of the problem this study was carried out to assess perception and practices of primigravida women regarding

minor discomforts during the last trimester of pregnancy.

**The aim of this study was to:**

Assess the perception and practices of primigravida women regarding minor discomforts during the last trimester of pregnancy.

**Research question:-**

What are the level of perception and practices of primigravida women regarding minor discomforts during the last trimester of pregnancy?

**Subjects and method:**

**Study Design**

A descriptive study design was used.

**Setting**

The study was conducted at out-patient clinics of obstetrics departments of: Tanta University Hospitals, El-Menshawy General Hospital, kafrelshiekh General Hospital, and kafrelshiekh University Hospital

**Subjects:** A purposive sample of 250 pregnant women were selected according to the number of women's attending at each setting, following the inclusion criteria:

- Age more than 18 years.
- At the third trimester of pregnancy.
- Singleton pregnancy
- Free from any medical or obstetrical complications.

**Tools of data collection:** To achieve the study aim, the following three tools were used for data collection.

**Tool (I): Primigravida woman's knowledge regarding minor discomforts during the last trimester of pregnancy individual questionnaire:**

This tool was developed by the researcher after reviewing the recent related literatures (Sharma et al., 2021) & Aldossary A et al., (2018). It comprised the following three parts:-

**Part (1): Socio-demographic characteristics of the primigravida women:**

This part was used to collect primigravida women basic data such as; age, age at marriage, years of marriage, residence, level of education, family type, family members numbers and family income

**Part (2): Obstetric profile of the primigravida women:**

This part assessed; gestational age, first antenatal care (ANC) visit during current pregnancy, place of ANC, reason for current ANC visit, number and antenatal follow-up visits regularity during current pregnancy. Also type of minor discomfort, its intensity, and timing as well as finally source of health education regarding minor discomforts during the last trimester of pregnancy.

**Part (3): Primigravida women's knowledge regarding minor discomforts during the last trimester of pregnancy:**

It was used to assess knowledge of the studied primigravida women about minor discomforts during the last trimester of pregnancy. It included 14 questions such as; definition, causes, common types, aggravating factors and complications of minor discomforts during the last trimester of pregnancy

**The scoring system of tool I: part (3) was as follows:**

- Correct and complete answer was given a score of (2).
- Correct and incomplete answer was given a score of (1).
- Incorrect and don't know was given a score of (0).

**The total knowledge score was calculated according to (8 questions x 2=16) which were categorized as follows:**

- High level of knowledge  $\geq 70\%$  of the total score. = (0-7 scores)

- Moderate level of knowledge 50 - < 70% of the total score. = (8-10 scores)
- Low level of knowledge < 50% of the total score. = (11-16 scores)
- **Tool (II): Primigravida woman's self-care practices reported assessment sheet:** This tool was adapted from Aldossary A et al., (2018), Sharma et al., (2021) & AbdElhaliem et al., (2018). It was used to assess woman's self-care practices regarding minor discomforts as: dietary habits, fluid intake, physical activity, life style pattern, personal hygiene, positioning, clothes as well as self-care practices regarding minor discomforts during the last trimester of pregnancy.
- Neglecting minor discomforts during pregnancy may cause harm to fetus.
- Neglecting minor discomforts may cause risks for you during pregnancy and labour.
- It is a must to consult doctor about management of minor discomforts during pregnancy.
- I don't prefer to use any medications or herbs for management of minor discomforts without doctor consultation.
- I like to know more about effective practices for managing minor discomforts.
- Practices for managing minor discomforts are cost effective and easy to use.
- I prefer to use traditional method as herbs and home recipes to manage minor discomforts during pregnancy
- I fear of doctor for myself and my fetus.

**Scoring system of primigravida woman's self-care reported practices was as following:**

-If done, it was scored as "one"

-If Not done, it was scored as "zero".

**The score of each item of self-care reported practices was summed up and converted into percent score as follows:-**

- Satisfactory practice:  $\geq 50\%$  = (0-17 scores)
- Unsatisfactory practice: ( $< 50\%$ ).= (18-36 scores)

**Tool (III): Primigravida Women's attitude toward minor discomforts during the last trimester of pregnancy:**

3 points Likert scale was adapted from (AbdElhaliem et al., 2018)' (Aldossary et al., 2018) and (Lilungulu et al., 2016). It was used to assess primigravida women's attitudes regarding minor discomforts during the last trimester of pregnancy. It consist of 17 statements to which the primigravida women were asked to respond. It included:

- Minor discomforts are normal physiological changes during pregnancy.
- Each statement was rated by using 3 point Likert scale, where:
- Agree was scored as (2)
- Uncertain was scored as (1)
- Disagree or don't know was scored as zero (0)

**The total score of primigravida women's attitudes was calculated as follows:**

The score of primigravida women's attitudes range from.

- Positive attitude  $\geq 60\%$  of the total score. (17-28 score)
- Negative attitude  $< 60\%$  of the total score. (0-<16 score)

**Method**

**The study was implemented according to the following steps: -**

1. **Administrative approval:** an official letter clarifying the study purpose was obtained from the Faculty of Nursing and submitted to the responsible authorities of the selected study settings to obtain their approval and cooperation to carry out this study.
2. **Ethical and legal considerations was considered all over the study as the following:**

- The approval from ethical committee was obtained (Code 22/12/2022).

Informed consent from women was obtained for participating in the study after the purpose of the study was explaining. The right to withdraw or terminate participation from the study at any time is allowed. The nature of the study didn't cause any harm or pain for all sample. Privacy and confidentiality of the collected data was maintained and used only for the purpose of study.

**Tool development: Tool (I): Part (1), Part (2), and part (3)** were developed by the researcher,

**Validity and reliability:** Tools of the study were translated into Arabic language and then tested by jury of 5 experts in the field of maternal and neonatal health nursing for its construct and content validity. The study tools reliability was tested by using Cronbach's Alpha test. They were (0.895, 0.877 and 0.865) respectively for knowledge questionnaire, self-care reported practice and attitude regarding minor discomforts during the last trimester of pregnancy.

- A pilot study was conducted out on 10% of the total sample (25 primigravida women) from the previously mentioned settings before collection of the actual data

to ascertain the feasibility and applicability of the developed tools.

4. Data was collected through a structured interview by using tools of the study and was applied individually for each primigravida woman during the morning shifts in out-patient antenatal clinics at the previously mentioned study settings from 9:00 a.m. to 1.00 p.m., five days per week, according to the identified days of the week for antenatal care at the study settings until the predetermined sample size was collected.

- The researcher introduced herself to each woman and data were collected using the following tools; **Tool I: part (1), part (2)** were used to collect the socio-demographic data and obstetrics characteristics of the studied primigravida women, as well as **part (3):** to assess the pregnant women's knowledge regarding minor discomforts during the last trimester of pregnancy. **Tool II:** was utilized to assess self-care practices for management of minor discomforts during the last trimester of pregnancy. **Tool III:** was used to assess primigravida woman's attitude regarding minor discomforts during the last trimester of pregnancy.

- Time needed for filling the questionnaire needed approximately 15-20 minutes.

- Data collection was carried out over a period of six months started from the beginning of February 2023 to the beginning of August 2023.

**Statistical analysis:**

The collected data were coded, entered, tabulated and analyzed using SPSS (Statistical Package for Social Science) version 25 (IBM Corporation, Armonk, NY, USA).

The range, mean and standard deviation were calculated for quantitative data but for

qualitative data, which describe a categorical set of data by frequency, percentage or proportion of category, using Chi-square test ( $\chi^2$ ) to compare between two groups.

Z value of Mann-whitney test was used to compare between means of two group of non-parametric data of independent samples while Kruskal-Wallis ( $\chi^2$  value) was calculated to compare between more than two means of non-parametric data. Correlation between variables was evaluated using Pearson's correlation coefficient (r) and significance for interpretation of results of tests of significance was adopted at  $p < 0.05$ .

### Results

**Table (1):** represents Socio-demographic characteristics of the studied primigravida women. It is noticed that more than two thirds (70.4%) of the primigravida women were more than 20 to 25 years old, with mean age of  $22.05 \pm 2.33$ . The table also revealed that the entire sample (100.0 %) of the studied primigravida women were currently married and more than half (52.0%) of them were married at >20-29 years old. Concerning the studied primigravida women's place of residence, it was noticed that more than half (59.6%) of the women were from rural areas.

Regarding the primigravida women's educational level, it was reported that slightly more than one-third (33.6%) of the studied primigravida women had secondary education. It was also observed that more than three-quarters (76.0%) of the primigravida women were housewives. As regard to income, according to primigravida women's view about more than two-thirds (68.8 %) of the women had not enough income.

**Table (2):** Shows obstetrical profile of the studied primigravida women. It is noticed that more than half (54.4%) of the primigravida women's gestational weeks was >32-36 weeks. Also, it was showed that more than three-fifth (63.2%) of the primigravida women seek initial antenatal care (ANC) visit at the first trimester and (57.2%) of them received their ANC at private hospital/clinic.

Concerning the reason of current ANC visit, it was noted that more than three-fifths (63.2%) of the primigravida women went to ANC for follow-up. The table also revealed that more than half (55.2%) of the primigravida women had more than 4 antenatal visits during their current pregnancy. It was also showed that slightly less than three-fifths (59.6%) of the primigravida women made regular antenatal follow-up visits during the current pregnancy and mother was the most common supportive person during their antenatal follow-up visits recalled by (98.4%) of the primigravida women.

**Figure (1) and (2):** Shows type and intensity of minor discomforts during the last trimester of pregnancy among the studied primigravida women. **Figure (1)** clarifies that more than one fifth (22.8%) and slightly more than one fifth (20.4%) of the primigravida women experienced frequent urination and back pain respectively during the last trimester of their pregnancy. **Figure (2)** represent that intensity of minor discomforts during the last trimester of pregnancy was sever stated by more than half of them (52.8%) according to their description.

**Figure (3):** present the total score of the studied primigravida women's knowledge regarding minor discomforts during the last trimester of pregnancy. The figure reveals

that the vast majority (97.6%) of primigravida women had low level of knowledge regarding minor discomforts during the last trimester of pregnancy.

**Figure (4):** Clarifies sources of knowledge regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women. It revealed that more than two-thirds (69.2%) of primigravida women mentioned that friends was the primary source of knowledge regarding minor discomforts during the last trimester of pregnancy **Figure (5):** Represents the total score of the studied primigravida women self-care reported practices towards minor discomforts management. It show that the vast majority (98.4%) of primigravida women had unsatisfactory level of practices regarding minor discomforts management during the last trimester of pregnancy. **Figure (6):** Represents the total score of the studied primigravida women attitude towards minor discomforts management. It show that shows that the vast majority (98.8%) of primigravida women had positive attitudes towards minor discomforts during the last trimester of pregnancy.

**Figure (7):** Shows the relationship between total score of knowledge and total score of practices regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women. The figure illustrates that there was a significant positive correlation between primigravida women's total practice scores and their total knowledge scores regarding minor discomforts during the last trimester of pregnancy where  $r=0.170$  and  $P=0.007^*$ .

**Figure (8):** Reveals the correlation between total knowledge scores and total attitude

scores regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women. It was observed that there was a significant positive correlation between the women's total knowledge scores and their total attitudes scores regarding minor discomforts during the last trimester of pregnancy where  $r=0.482$  and  $P=0.0001^*$ .

**Table (1): Socio-demographic characteristics of the studied primigravida women (n=250).**

Sociodemographic characteristics	The studied primigravida pregnant women (n=250)	
	n	%
<b>Age years</b>		
18-20	62	24.8
>20-25	176	70.4
>25-30	12	4.8
Range	18-30	
Mean±SD	22.05±2.33	
<b>Age at marriage (years)</b>		
16-20	120	48.0
>20-29	130	52.0
Range	16-29	
Mean±SD	20.58±2.41	
<b>Residence</b>		
Rural	149	59.6
Urban	101	40.4
<b>Educational level</b>		
Illiterate	19	7.6
Read and write	54	21.6
Primary / Preparatory	76	30.4
Secondary	84	33.6
Higher/University	17	6.8
<b>Occupation</b>		
House wife	190	76.0
Working	60	24.0
<b>Number of family member</b>		
2-3	158	63.2
4-6	72	28.8
7-8	20	8.0
<b>Type of family</b>		
Nuclear	140	56.0
Extended	110	44.0
<b>Family income</b>		
Not enough	172	68.8
Enough	78	31.2

**Table (2): Obstetrical profile of the studied primigravida women (n=250).**

Obstetric profile of the current pregnancy	The studied primigravida pregnant women (n=250)	
	N	%
Gestational weeks		
28-32	90	36.0
>32-36	136	54.4
>36-39	24	9.6
Range	28-39	
Mean±SD	33.21±2.81	
Time of the initial antenatal visit		
First trimester of pregnancy	158	63.2
Second trimester of pregnancy	74	29.6
Third trimester of pregnancy	18	7.2
Regular antenatal follow-up visits		
Yes	149	59.6
No	101	40.4
Number of antenatal visits		
Once	20	8.0
Twice	29	11.6
Three times	25	10.0
Four times	38	15.2
More than four times	138	55.2
Frequency of antenatal follow-up visits		
Once every one week	38	15.2
Once every 2 weeks	25	10.0
Once a month	142	56.8
When feeling tired	45	18.0
Place of antenatal care		
Governmental hospital- Health Insurance	54	21.6
MCH center	11	4.4
Private hospital/clinic	143	57.2
Health Insurance hospital	42	16.8
Reason of antenatal visit		
Follow up the pregnancy and check the fetal health condition	158	63.2
Take tetanus toxoid vaccination dose	66	26.4
Registration my data to deliver here	11	4.4
Presence of severe complains from the current pregnancy	15	6.0
Supportive person during antenatal follow-up visits		
Mother	246	98.4
Mother-in-law	4	1.6

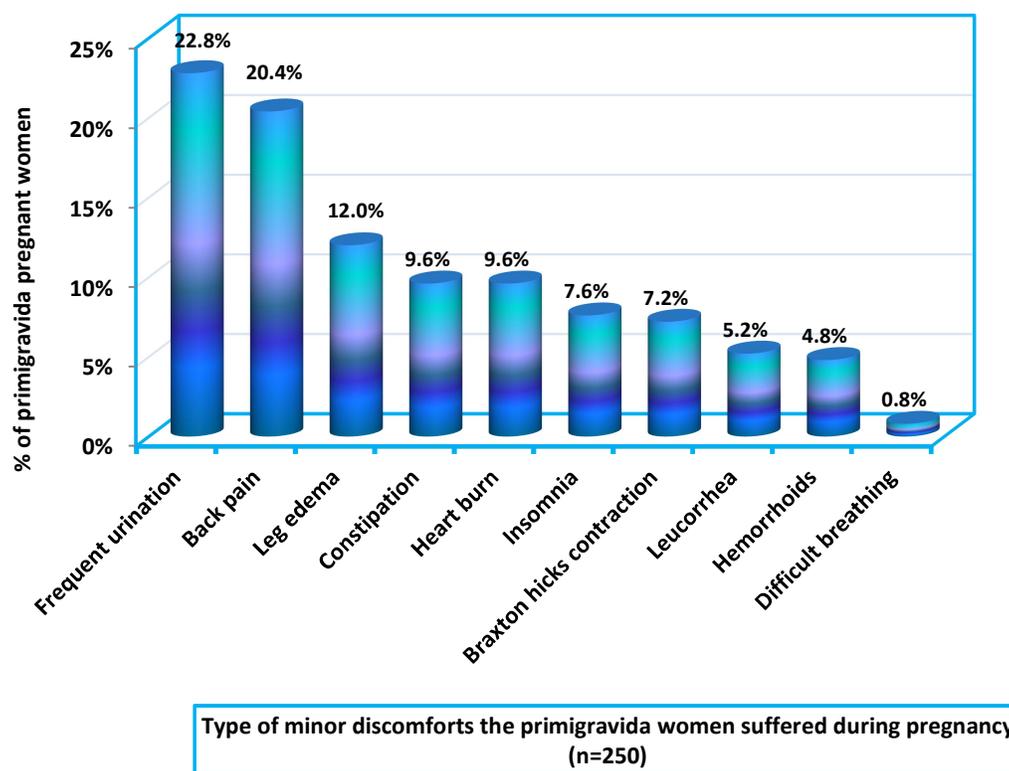


Figure (1): Type of minor discomforts during the last trimester of pregnancy among the studied primigravida women.

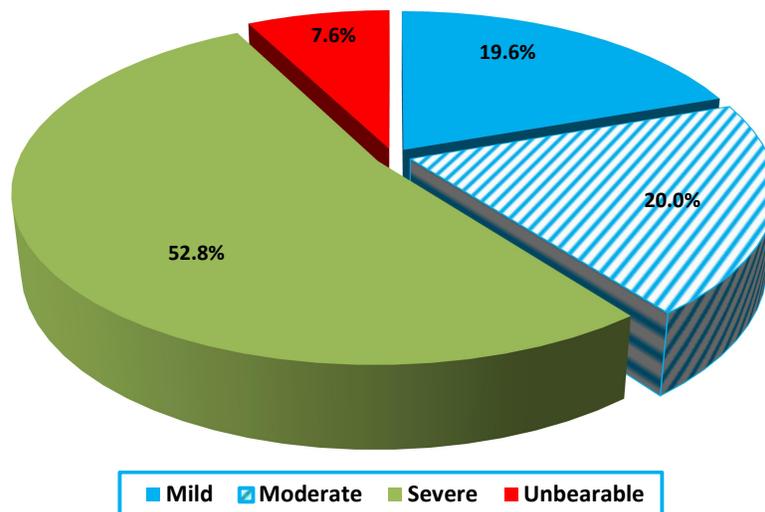


Figure (2): Intensity of minor discomforts during pregnancy among the studied primigravida women (n=250).

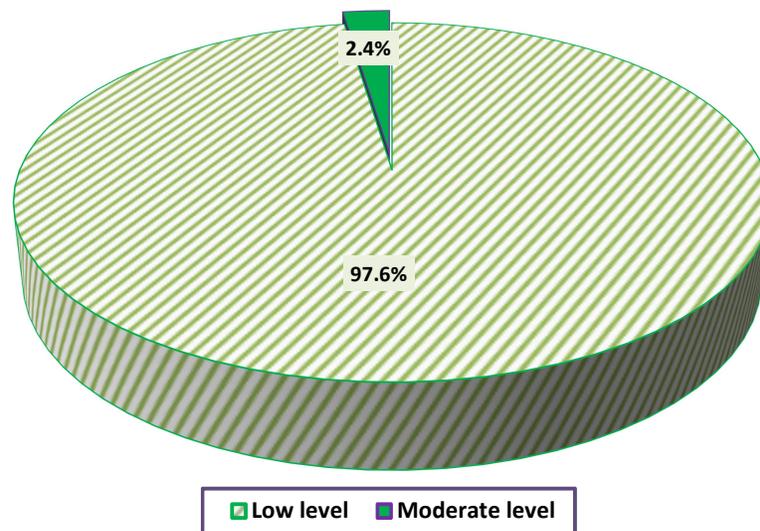


Figure (3): Knowledge total score level of the studied primigravida women about minor discomforts during the last trimester of pregnancy (n=250).

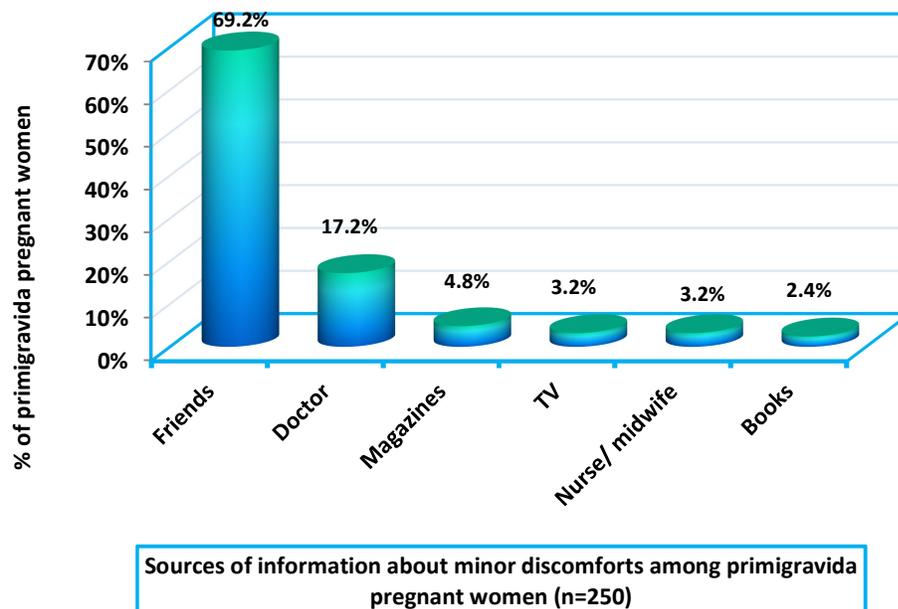
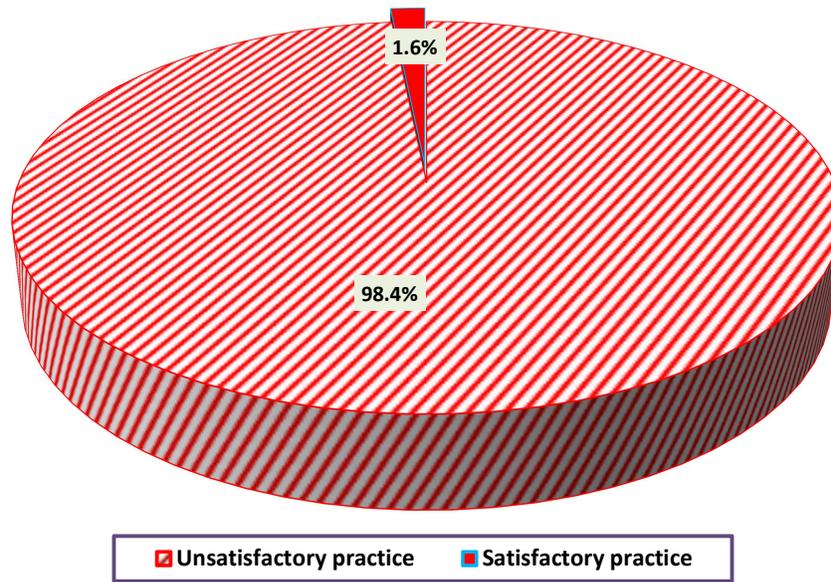
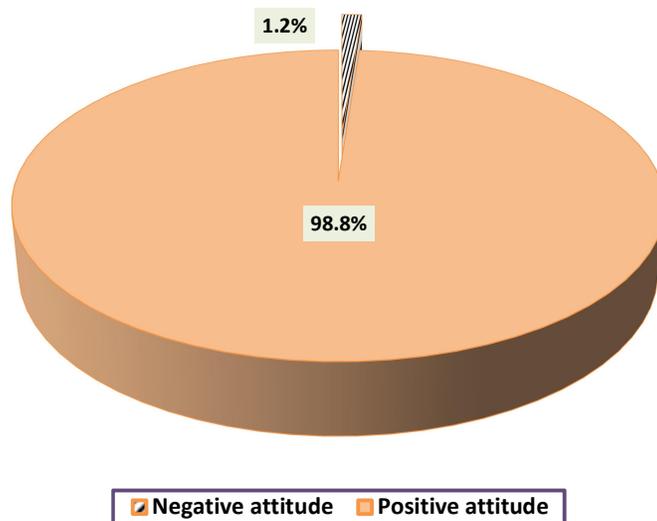


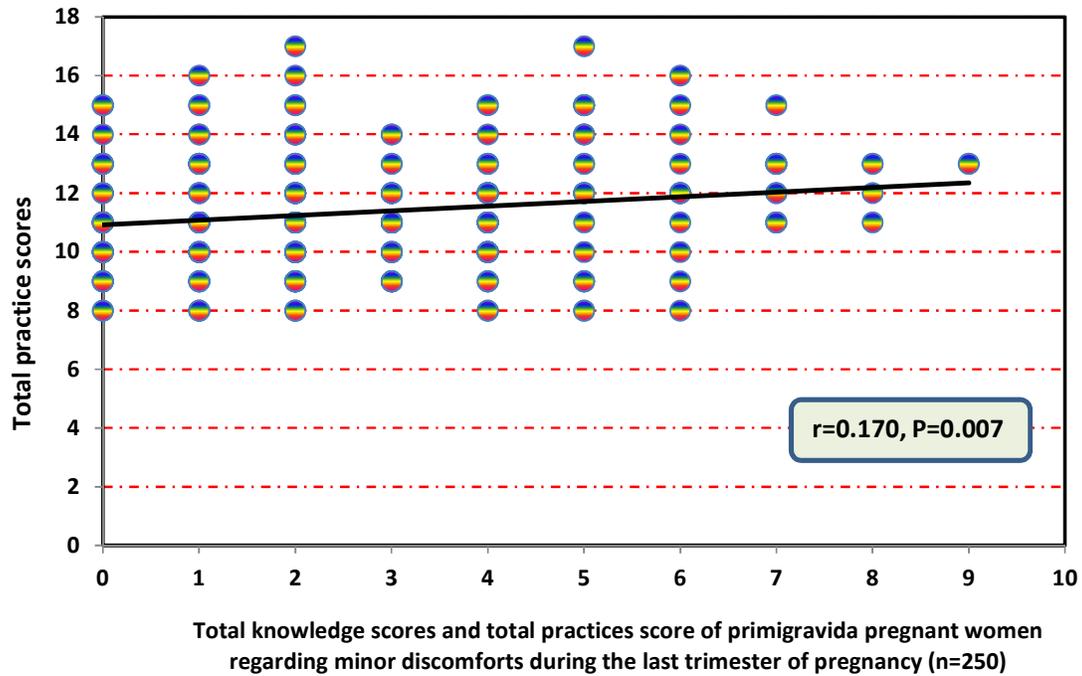
Figure (4): Sources of knowledge regarding minor discomforts during last trimester of pregnancy of the studied primigravida women.



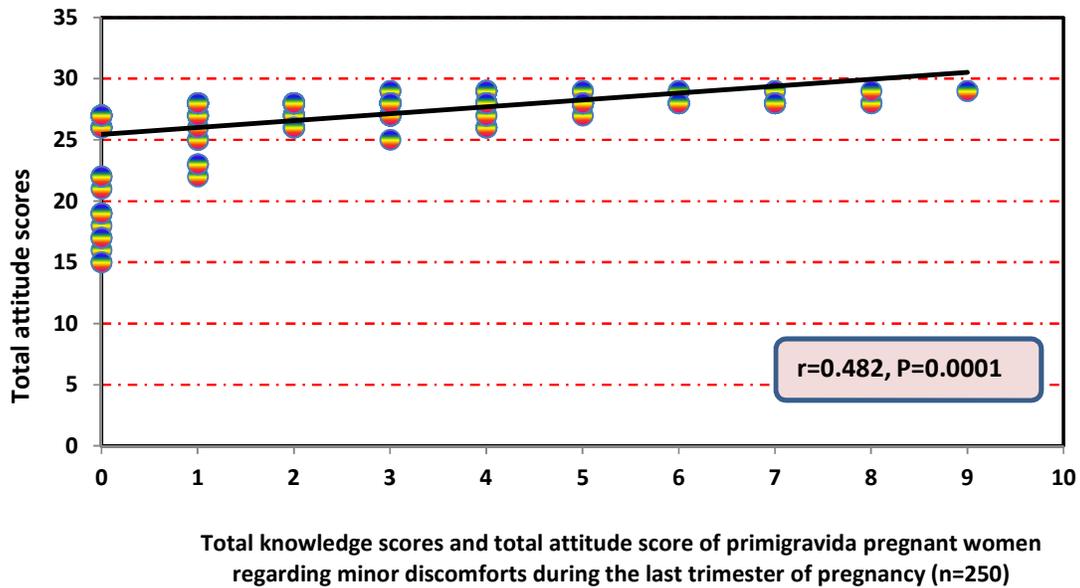
**Figure (5): Overall practice total score level of the studied primigravida women regarding minor discomforts during the last trimester of pregnancy.**



**Figure (6): Attitude of the studied primigravida women regarding minor discomforts during the last trimester of pregnancy.**



**Figure (7):** Correlation between total knowledge scores and total practice scores of the studied primigravida women regarding minor discomforts during the last trimester of pregnancy.



**Figure (8):** Correlation between total knowledge scores and total attitude scores of the studied primigravida pregnant women regarding minor discomforts during the last trimester of pregnancy.

## Discussion

Minor discomforts during pregnancy are mild ailments result from physiological, anatomical and hormonal changes that significantly affect pregnant woman's quality of life and daily living activities. (Shehata A., et al 2019).

Appraisal of pregnant women's perception and improving self-care practices for minor discomforts management can be incentive and can enhance good quality of antenatal care. (Gamel A et al., 2017). Therefore, this study was conducted to assess perception and self-care practices of primigravida women regarding minor discomforts during the last trimester of pregnancy.

**Concerning the socio-demographic characteristics of the studied primigravida women**, more than two-thirds of them were more than 20-25 years old. These findings agree with Sharma A et al., (2020) who study knowledge and practices of antenatal regarding minor discomforts management of pregnancy, found that more than half of studied pregnant women's age were 21-25 years old. Also, Naser E et al., (2019) who compare anxiety level between primigravida and multigravida regarding minor discomforts of pregnancy mentioned that more than three-fifths of their study subjects were between 20-25 years old. While, Ayoub G et al., (2018) reported more than one-third of the pregnant women in their study to compare between primigravida and multigravida women's practices regarding management of selected minor discomforts, were between 30-35 years old.

**Regarding place of residence**, more than half of primigravida women were from rural

areas. This result is strongly in agreement with Mohamed A et al., (2021) who assess the effect of application of tele nursing on minor discomforts self-management, reported that more than half of their study subjects were from rural areas. On contrast, Sharma A et al. (2020) stated that less than three-quarters of the pregnant women in their study were from urban areas.

**Concerning the studied primigravida women's educational level**, it was noticed that slightly more than one third of them had secondary education. This finding agree with Naser E et al., (2019) and Mohamed A et al., (2021) findings who found that more than one-fifth of women in their study had secondary education. Oncotrust, the study finding is dissimilar to Gamel A et al., (2017) who assess the effectiveness of utilizing self-care brochure for relieving minor discomforts during pregnancy, showed that less than half of pregnant women in their study had university education. On the same line, Ayoub G et al., (2018) reported that more than two-fifths of pregnant women in their study were illiterate.

**Pertaining to the primigravida women's occupation**, in the current study more than three-quarters of the women were housewives. These findings are consistent with Ayoub G et al., (2018) and Haroon A et al., (2019) in their study to assess knowledge of minor discomforts during pregnancy among pregnant woman attending maternal and pediatric hospitals in Soran city who reported that more than two-thirds of their subjects were housewives. Also, Sharma A et al., (2020) found that

less than three quarters of studied subjects in their study were housewives.

On the other hand, **Akin A et al., (2021)** in a study to enhance pregnant woman knowledge on minor discomforts of pregnancy and its prevalence at a state specialist hospital, reported that more than two-fifths of them were employed. From the researcher's point of view. The result of the present study may be due to the fact that the majority of the primigravida women in the current study live in rural areas where lack of employment opportunities are present.

In the present study more than two-thirds of the primigravida women had not enough income. This finding agreed with **Aldossary A et al., (2018)** who reported that more half of studied pregnant woman had low income in their cross sectional study about knowledge and practices of primigravida women regarding common pregnancy discomforts. Conversely, **Vincent S et al., (2015)** who assessed knowledge of primi mothers regarding self-management of minor discomforts during pregnancy, mentioned that more than half of the women in their study had enough income. From the researcher's point of view, the difference between the current study and the above-mentioned study may be due to difference in socioeconomic circumstance between them whether, conducted at developed or developing countries.

**Regarding the gestational age**, more than half of the studied primigravida women were >32-36 weeks. This finding is similar to **Akin A et al., (2021)** and **Sharma A et al., (2020)** who found that two-thirds of the pregnant women in their study were more than 32 weeks of gestation. Also, **Haroon A**

**et al., (2019)** who found that the majority of pregnant women's gestational age were more than 33 weeks. On contrast, these finding are dissimilar with **Mohamed A et al., (2021)**, **Aldossary A et al., (2018)**. Again, **Ayoub G et al., (2018)** found that the majority of pregnant women's were in their first trimester of pregnancy. From the researcher's point of view, the dissimilarity between the finding of the present study and the above-mentioned studies may stem from current study was directed mainly to primigravida women during the last trimester of pregnancy.

**Regarding the type of minor discomforts during the last trimester of pregnancy**, the current study show that more than one-fifth of the primigravida women experienced frequent urination and back pain, more than one-tenth of them suffered from leg edema, and slightly less than one-tenth of them experienced constipation and heartburn. This finding is in line with **Samarakoon S et al., (2020)** who assess knowledge and practices regarding self-management of minor ailments among pregnant mother, found that near to fifth of their studied pregnant women had urinary frequency. Also, **Sharma A et al., (2020)** found that near to one-quarter of their subjects suffered from leg oedema. As well, **Akin A et al., (2021)** reported that heartburn is experienced by more than one-quarter of the pregnant women in their study. Moreover, **Vincent S et al., (2015)** pointed out that near to one-third of the women in their study experienced back pain. Moreover, **Haroon A et al., (2019)** who reported that more half of pregnant woman in their study suffered from constipation. In the same line,

**Aldossary A et al., (2018)** reported that more than two-thirds of their subjects suffered from heartburn and leg cramp. From the researcher point of view, the contradiction between the findings of the current study and above-mentioned studies may be related to difference in the sample size.

**Concerning the intensity of minor discomforts**, more than half of studied primigravida woman perceived minor discomforts as sever. This finding is not matching to **Yahaya J., (2022)** who reported that many pregnant women perceived minor discomforts as not severe but compact their wellbeing. From the researcher point of view, this discrepancy may be related to that primigravida woman usually experience the discomforts more severe compared to multigravida women.

**Concerning the total score of the studied primigravida women's knowledge regarding minor discomforts during the last trimester of pregnancy**, it is evident from the findings of the present study that the vast majority of the women exhibited low level of knowledge regarding minor discomforts during the last trimester of pregnancy. This finding coincides with **Mohamed N et al., (2021)** and **Lyimo G et al., (2022)**. Also, **Samarakoon S et al., (2021)** found that the majority of their study subjects had low level of knowledge about minor discomforts during pregnancy. From the researcher's point of view, the result of the present study might be explained by the fact that most of the women in the current study were housewives, were from rural regions, and didn't attend any health education sessions about minor pregnancy

discomforts during their prenatal visits. On the other hand, **Aziz A & Maqsood S (2016)** and **Devkate et al. (2022)** found that, a sizable proportion of pregnant women had a fair total score of knowledge. From the researcher point of view, the discrepancy between the findings may be due to difference in quality of health services provided to woman as in current study more than half of studied women are from rural area where accessibility to high quality of care is limited.

**Concerning the sources of knowledge regarding minor discomforts during the last trimester of pregnancy**, more than two-thirds of studied primigravida women mentioned friends as the primary source. This finding is supported by **Anwar D et al., (2022)**. Also, **El-Sharkawy A et al., (2020)** who assess effectiveness of self-instructional module on knowledge and remedial practices regarding selected minor ailments among primigravida, revealed that about two-thirds of the studied pregnant women gain their information from their friends and family member. On other hand, **(Sharma A et al., 2020)** reported that the main source of knowledge was family and relatives. While, **Naser E et al., (2019)** found that most of their study subjects reported doctors as the main source of their knowledge.

Although minors discomfort during pregnancy may disturb pregnant woman's life and may induce negative impact on pregnancy experience, they can be managed easily by simple remedies as proper explanation, lifestyle pattern modification and promoting self-care practices of the primigravida women as well as improving

their awareness about management of minor discomforts of pregnancy.

**Regarding the total score of the studied primigravida women's self-care practices regarding minor discomforts management during the last trimester of pregnancy,** the majority of primigravida women had unsatisfactory level of practices regarding minor discomforts management during the last trimester of pregnancy. This finding is widely agree with **Lyimo G et al., (2022)** who reported that more than two-thirds of pregnant women had unsatisfactory level of self-care practices. Also, **El-Refaey et al., (2020)** found that more than three quarters of their study sample had unsatisfactory self-care practices for managing minor discomforts during pregnancy. As well, **AbdElhaliem & Mohamed (2018)** who assessed the effect of utilizing guidelines of self-care practice on relieving minor discomfort among new pregnant woman, found that the majority of pregnant women had unsatisfactory self-care practice in pre-intervention. Additionally, **El-Sharkawy A (2020)** who studied the effect of self-instructional module among primigravida women on their knowledge and remedial practices regarding selected minor ailments reported that more than three quarters of primigravida women had unsatisfactory level of practices regarding minor discomforts.

On the other hand, **Aldossary A et al., (2018)** reported that more than two thirds of pregnant woman in their study had satisfactory level of practices. From the researcher point of view this difference between current study and previous mentioned studies may be related to

educational level and residence. Also, **Indra, V. (2016)** found that more than half of his study subjects had satisfactory level of practices in pre-intervention of implementing self-instructional module on knowledge and self-care practices regarding selected aspects of safe motherhood among primigravida women.

**Regarding the total score of the studied primigravida women's attitude regarding minor discomforts during the last trimester of pregnancy,** the majority of primigravida women had positive attitudes towards minor discomforts and its self-care reported practices during the last trimester of pregnancy. From the researcher's point of view, the result of the present study could be justified by more than one reason. First, about one third of the women had a secondary education which affect their beliefs and attitudes. It may also stem from the fact that more than half of the women experienced sever minor discomforts, which in turn led them to search for information about relieving methods and desire using effective self-care practices for its management to each their dream of safe pregnancy and better outcome. This result is supported by **Gamel A et al., (2017)** who indicated that the majority of the women in their study had positive attitudes towards minor discomforts and self-care brochure for their management. .

**Regarding the relationship between the total scores of knowledge and the total scores of self-care practices regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women,** significant relationship was found between the total

score of knowledge and the total score of self-care practices regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women. This result is consistent with **Lyimo G et al., (2022)**. From the researcher's point of view, improving primigravida knowledge about minor discomforts and management methods can help to adhere healthy and correct self-care practices to manage these discomforts, as pregnant women who possess sufficient knowledge are better prepared to handle any discomforts or warning signs that may arise during pregnancy and seek medical attention. **As regard the correlation between the total scores of knowledge and the total scores of self-care practices regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women,** strong positive correlation was found between women's total scores of knowledge and total scores of self-care practices regarding minor discomforts during the last trimester of pregnancy among the studied primigravida women. This finding in accordance with other studies done by **El-Refaey et al., (2020), Ayoub G et al., and Samarakoon S et al., (2020)** who reported a positive correlation between women's total scores of knowledge and total scores of practices among their studied women regarding minor discomforts during pregnancy

As safe and productive pregnancy is a dream for all pregnant women and their perception and practices regarding minor discomforts associated with pregnancy will greatly influence; achieving this dream, the journey of effective management that every

primigravida will receive throughout pregnancy time and may further affect positively their pregnancy outcomes. So, assessment of perception and practices regarding minor discomforts during the last trimester among primigravida women should be a pivotal part of antenatal care to improve quality of care rendered to the women and her fetus (**Gamel A et al., 2017**).

### Conclusion

**Based on the findings of the present study,** it can be concluded that: -

The vast majority of the studied primigravida women had low level of knowledge, unsatisfactory level of practices and positive attitude regarding minor discomforts of pregnancy. A significant relationship were found between the total score of primigravida women's knowledge and the total score of self-care practices and also between their attitudes regarding minor discomforts during the last trimester of pregnancy.

### Recommendations

- Planning health education sessions for primigravida women to improve their knowledge and self-care practices regarding minor discomforts management

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