

Self-Care Activities Performed By Pregnant Women and Developing a Nursing Fact Sheet as an Educational Message for Vulnerable Women

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Background: Self-care activities include all health decisions and actions people make for themselves and families to stay healthy. It is any activity of an individual or family with the intention of improving or restoring health, treating and preventing disease. **Aim of the study:** was to identify self-care activities utilized by pregnant women, and to develop a nursing fact sheet as an educational message for vulnerable women. **Research design:** an exploratory descriptive design was utilized. **Setting:** the study was conducted at antenatal clinics and health centers at Mansoura city. **Subjects:** 600 pregnant women were recruited for this study. **Tool of data collection:** a structured interview questionnaire. **Results:** indicate that about half of the studied sample (50.2%) was between 20 and less than 25 years, only 18.2% had a university education. More than three fourths (78.8%) of women were primigravida, and 67.7% had more than 4 antenatal visits. Only 17.3% of women reported that they visited the dentist during pregnancy, 53.0% of women were showering three or more times per week and almost two thirds (69.8%) received vaccination. Most of them were exposed to heart burn, constipation, vaginal discharge, varicose veins and edema (74.5%, 56.0%, 73.3% and 51.7% respectively). More than one third of women always accept their mood changes and body changes and report danger signals (36.2%, 37.8% & 32.5% respectively). 50.7% always eats what is good for their babies, 40.3% sometimes spent time in seeking information about child care, 58.3% of studied women follow baby's movement and 47.1% was usually eager to breast feed her baby. A nursing fact sheet was developed based on the current finding as educational message to be disseminated to vulnerable women. **Conclusion:** It can be concluded that the majority of the studied women had deficient self-care practices related to the second and third trimester of pregnancy. Meanwhile, they suffered from minor discomfort of pregnancy but the majority used harmful practices to cope with these problems. **Recommendations:** Maternity nurses should arrange training sessions and provide pertinent information for pregnant women related to self-practices during pregnancy and the way of coping with minor discomfort. A fact sheet should be disseminated to vulnerable women.

Keywords: minor discomfort, activities, pregnancy, self-care

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I. Introduction

Health practices or activities in pregnancy could be defined as the activities affecting the health of mothers, fetus and newborns. Health practices are important for the result of pregnancy; they should be determined and gained during prenatal care.⁽¹⁾

During pregnancy, all women should receive appropriate written information about the likely number, timing, and content of antenatal appointments associated with different options of care and given an opportunity to discuss this schedule with their midwife or doctor.⁽²⁾

Self-care includes all health decisions and actions people make for themselves and families to stay healthy. It is any activity of an individual or family with the intention of improving or restoring health, treating and preventing disease.⁽³⁾ It may include eating well, good hygiene, and avoiding health hazards such as smoking and drinking to prevent ill health. Self-care support and practices has a crucial enabling value and considerable scope in developing countries with an already over -burdened health care system. It has also an essential role to play in affluent countries where people are becoming more conscious about their health and want to have a greater role in taking care of themselves.⁽¹⁾

Self-care as a human regulatory function is performed to maintain physical and psychological functioning and support personal development at all levels of dependency by managing the internal and external factors that contribute to personal well-being. It must be learned and carried out continuously according to the individual's state of health.⁽⁴⁻⁵⁾

Rubin⁽⁶⁾ describes pregnancy as a time for identification reformulation, a time for reordering of interpersonal relationships, and a time of great personal growth and maturation. She outlined four maternal tasks necessary for women to complete during pregnancy as a prelude to motherhood. These tasks are: (1) seeking safe passage for herself and her child through pregnancy, labor, and delivery, (2) ensuring the acceptance of the child she bears by significant persons in her family, (3) binding in to her unknown child, and (4) learning to give of herself.

II. Significance Of The Study

The rate of adverse birth outcome in young women are high despite other medical interventions being instituted. And youth reproductive behavior has received considerable less attention in Egypt than it deserves. So, this study will form the basis that will guide maternal and child health and midwifery practice in determining self-care requisites and therapeutic self-care demands that each individual pregnant primipara is faced with, enabling the midwife to act, support and teach the pregnant youths and significant others.

III. Aim Of The Study

- To identify the self-care activities performed by pregnant women in Mansoura city.
- To develop a nursing fact sheet as an educational message for vulnerable women.

Research question:

What are the self-care activities that will be performed by women during pregnancy?

IV. Subjects And Methods:

Research design:

An exploratory descriptive design was utilized in this study.

Study setting:

The study was conducted at 3 antenatal clinics and 3 health centers in Mansoura city.

Study subjects:

A total of 600 pregnant women were recruited for this study, 100 from each of the previously mentioned settings. Women were eligible for recruitment in the study sample if they met the following inclusion criteria:

- Women at reproductive age and primiparas
- Women should be more than 20 week of gestation
- Women who had normal course of pregnancy, with no medical or obstetrical complication
- Women who had singleton baby

Tool of data collection:

A structured interview questionnaire was designed, tested for validity and reliability and utilized to collect the necessary data. It entailed two parts:

Part 1: This includes:

Socio-demographic characteristics such as: age, education, number of gravid and number of antenatal visit.

Part 11: Self-Care Assessment (SCAS) including:

(1) Self-care activities to meet pregnant woman's universal requisites.

It comprised question related to women's self-care practices in relation to personal hygiene, teeth care, breast care, food, sleep, and exercises.

(2) Self-care activities to meet pregnant women's health deviation requisites.

It included women's self-care practices in relation to the relief of minor discomfort. Such as: heart burn, constipation, leg edema, vaginal discharge and shortness of breath.

(3) Self-care activities to meet pregnant women's psychological developmental requisites.

Rubin's⁽⁷⁾ model for pregnancy task was adopted here. A scale was developed and tested for both reliability and validity. It is a self-report assessment device includes separate measures of its dimensions.

First Dimension:

It consists of 3 items to measure self-care practices concerning women acceptance of pregnancy.

Second Dimension:

It includes 2 items to measure self-care practices regarding safe passage during pregnancy.

Third Dimension:

It consists of 2 items to measure self-care practices pertaining to giving oneself care during pregnancy.

Fourth Dimension:

This dimension include 2 statement to measure maternal –fetal attachment.

The responses to each item in the 4 dimensions varied among the following four scoring parameters: always, sometimes, rare and never.

Content validity and reliability:

The tool was reviewed by a panel of five experts in the field of obstetrics and gynecological nursing to test its content validity. Modifications were done accordingly based on their judgment. Cronbach 'salpha coefficient was calculated to assess the reliability of the developed tool through their internal consistency.

Field study:

Once permission was granted to proceed with the study, the researcher contacted each woman individually in antenatal ward and explained to her the purpose and nature of the study.

Upon obtaining her oral consent, the researcher started the interview. The interview time ranged from 20 to 25 minutes. Collection of data covered a period of six months, three days per week, from April to end of September 2016.

Pilot study:

A pilot study was conducted on a sample of 10% of cases who were not included in the total sample size. It was done to test the study tool in terms of clarity and feasibility, and the time required to be applied. Following the pilot study the questionnaire was reconstructed and necessary modifications were done to reach the final form.

Administrative & ethical consideration:

All ethical issues were taken into consideration during all phases of the study; the researcher maintained an anonymity and confidentiality of the subjects. She introduced herself to the women and briefly explained the nature and aim of the study to every woman before participation and women were enrolled voluntarily after oral consent. Women were also assured that all information obtained during the study was confidential and used for the research purpose only and they have the chance to withdraw from the study when they want.

V. Statistical Analysis:

Data entry and statistical analysis were done using SPSS statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative categorical variables were compared using chi-square test.

VI. Results:

Table (1): shows the socio-demographic characteristics of the studied pregnant women. It shows that the ages of women ranged between 14-41 years. Meanwhile, about half of the studied sample (50.2%) was between 20 and less than 25 years, more than one fourth (27.5%) were less than 20 years, only 18.2% had a university education and 11.2% were illiterate. Moreover, more than three fourths (78.8%) of women were primigravida, the rest 127 (21.2%) had history of previous abortion. Meanwhile, the majority (83.9%) had their initial visit during the first trimester and 67.7% had more than 4 visits.

Table (2): shows self-care hygienic practices among the studied pregnant women. Only 17.3% of women reported that they visited the dentist during pregnancy, while 2.9% of them visited the dentist as a routine checkup. Meanwhile, more than half of the studied subjects (53.0%) were showering three or more times per week, while 11.2% of them did it once a week. Almost two thirds (69.8%) received vaccination, TT was the most common type received (85.7%).

Table (3): shows self-care practices among the studied women. It is clear that more than two third (69.7%) of the studied women received inadequate diet. Three meals or less/ day were taken by 40.2% of the studied women, the majority (70.7%) were exposed to obesity. As for the period of sleeping at night the majority slept ≤ 8 hours and did not practice exercises during pregnancy (78.3% and 82.5% respectively). Meanwhile, they reported that walking was the most common exercise (97.1%). More than one fifth (22.2%) of women reported that they used suitable transportation during their pregnancy.

Table (4): shows distribution of the studied women according to the minor discomfort encountered during pregnancy and self practices related to it. About three fourths (74.5%) of the study sample suffered from heart burn and high proportion (75.1%) used harmful practices to overcome this problem. According to the same table, more than half (56.0%) of the studied women suffered from constipation, however, the majority of

the pregnant women used harmful practices to solve the problem. Nearly three fourths (73.3%) of women suffered from vaginal discharge and they mostly (62.5%) didn't know right practices about vaginal discharge. About (51.7% and 64.3% respectively) exposed to varicose veins and dyspnea.

Table (5): shows the number and percent distribution of the studied women according to their self-care practices to meet the developmental requisites regarding pregnancy. More than one third of women always accept their mood changes and body changes (36.2% and 37.8% respectively). Moreover, almost one third (32.5%) sometimes look for husband's acceptance of pregnancy. Almost two thirds (58.3%) of women always took prescribed medications, more than one third of women (32.5%) who used to report danger signals. Almost half of the sample (50.7%) always eats what is good for their babies. Meanwhile, two fifths (40.3%) sometimes spent time in seeking information about child care. Almost two thirds (58.3%) of studied women follow baby's movement. Moreover, (47.1%) was usually eager to breast feed her baby

Figure (1): illustrates that the majority of women (69.0%) washed their breasts using soap and water and the rest(31.0%) used water only for washing the breasts.

Figure (2): illustrates that back pain was encountered by 87.5% of the studied women. However, few women who used correct practices to relief this problem. Of those the correct practice which is maintaining good posture and body mechanics was only used by only 10.3%

VII. Discussion

Socio-demographic characteristics play a great role in practicing healthy behavior and they affect their health either positively or negatively.⁽⁸⁾ The present study revealed that women age ranged between 14-41 years. Meanwhile, most of the study participants were housewives and graduates of secondary school. This was expected since they were not allowed to continue their education after marriage, The same trend was reported by **Aziz & Maqsood**.⁽⁹⁾

Meanwhile, **Zhao et al.**,⁽¹⁰⁾ study in China reported that financial difficulties are the most important reason for not attending ANC. In the current study, pregnant women were knowledgeable over the importance and implications of prenatal check-up, which is in congruence with the previous study by.⁽¹¹⁾ In the same line, **Rahman**,⁽¹²⁾ reported that regular monitoring of the mother and her baby throughout pregnancy by a variety of routine regular examinations and tests could be afforded by 4 visits and more.

The present study supports the previous finding of **Madhavi & Singh**,⁽¹³⁾ study in Karnataka that the majority of participants received tetanus toxoid vaccine. This is definitely attributed to the great effort of the Egyptian Ministry of Health and Population (**MOHP**) in providing the immunization through several repeated campaigns. In addition to, the availability of tetanus vaccination in all antenatal clinics all over the governorates of Egypt, and health teaching about the importance of immunization for pregnant women and their baby through mass media in community.

On the other hand, most of the women did not go to the dentist unless they suffer a terrible toothache due to the expensive costs of dental care. This unsatisfactory self-care practices regarding dental care could be attributed to their lack of information about the impact of unhealthy teeth on their general health as well as on the outcome of their pregnancy as "preterm delivery, puerperal sepsis, low birth weight babies and even infant death".⁽¹⁴⁾ Therefore nurse midwife should counsel women about the importance of dental visits and oral health during pregnancy to avoid the presence of any septic focus.⁽¹⁵⁾ The present study results showed that most of the women used soap and water for cleansing their breasts. This finding may reflect lack of awareness about the importance breast care and the preparation for lactation during pregnancy. In this context **Chaudhary et al.**,⁽¹⁶⁾ emphasized the fact that soap should be avoided in the care of nipples as it removes natural oils and hence excessive dryness is induced. In the same time, the breasts become heavier thought pregnancy, which stresses the need to wear larger bra with wide straps to balance the weight of the breasts.⁽¹⁷⁾

Nutrition is of paramount importance as lack of adequate nutrition during pregnancy may lead to woman suffering from complications like anemia, obstructed labor, prematurity and retardation of fetal growth. Moreover, malnutrition due to protein restriction, micronutrient restriction and excessive fat intake influences offspring kidney development and thereby function in later life.⁽¹⁸⁾

The finding of the present study showed that more than two thirds of the study sample did not consume daily meals with proper components, women stress on the quantity rather than the quality of diet. They consumed more carbohydrates and less protein, vegetables, and fruits. Therefore, they are expected to be deprived from some essential food elements such as vitamins and minerals.

Similarly, the study of **de Jersey et al.**,⁽¹⁹⁾ it about the issues related to food safety and deficit level of knowledge on importance of key nutrients in pregnancy reported that the majority of the sample lacked both the knowledge as well as the proper practice in choosing the components of their meals. Taking nutritional

supplement during pregnancy is also a favorable practice where it helps the growth and development of fetus and that is intended to cover gaps in maternal nutrition and to decrease the risk of adverse outcomes such as neural tube defects.⁽²⁰⁾

Pregnant women who exercised regularly had more positive health promoting lifestyles. It is safe for pregnant women with no maternal complications or medical problems to exercise at least 30 minutes per day.⁽²¹⁾ However, the current study results revealed that the vast majority of women practice only walking or household activities. They may feel safer and comfortable doing household activities than outdoor activities. However, household activities may not be adequate to achieve recommended physical activity level.⁽²²⁾ This is consistent with a study of **Muzigaba et al.**,⁽²³⁾ in South Africa whose finding revealed that some women did not feel safe when they were physically active.

Conversely, **Mbada et al.**,⁽²⁴⁾ in their cross sectional survey to assess knowledge and attitude of Nigerian pregnant women towards antenatal exercise revealed that 37% of the respondents had knowledge of pelvic floor exercise, muscle strengthening exercise (51.3%), back care exercise (51.3%) as well as relaxation and breathing exercise (59.8%) as types of antenatal exercise in pregnancy. This discrepancy between these two findings may be attributed to the fact that the latter sample were more educated and knowledgeable about antenatal exercises.

Self-management regarding minor discomforts and practices during prenatal period is beneficial for pregnant women so knowledge and practices of women about self-management is necessary for their health protection. Nurses can do much to allay mother's anxiety about such symptoms by telling her about them in advance.⁽²⁵⁾

Heart burn is the most commonly reported symptom of middle and third trimester of pregnancy and it generally subsides by the beginning of lightening.⁽²⁶⁾ In the present study, almost three quarters of the sample suffered from heart burn. This is in agreement with the study of **Bor et al.**,⁽²⁷⁾ in Clinical Gastroenterology report that shows that heartburn occurs in 30% to 50% of pregnancies, with prevalence approaching 80% in some populations.

Constipation was also a common complaint among women in the present study. Many harmful practices were utilized by the studied women to relieve constipation. The previous finding was disagree with **Owen**,⁽²⁸⁾ which encourage women to habitually take a glass of warm milk at least two hours after dinner and before going to bed.

Varicosities may develop in up to 50% of pregnant women in this study. The increase in blood volume during pregnancy and effect of progesterone relaxing the muscular walls of the veins causes increased pressure on the veins.⁽²⁹⁻³⁰⁾ Varicose veins often improve three to four months following birth, and edema generally reduces soon after birth.⁽³¹⁾

Evidence regarding successful interventions for varicose veins and leg edema in pregnancy is lacking, however despite lack of adequate research, support measures such as use of compression stockings and elevation of the legs may provide comfort to women. Based on two small studies, reflexology or water immersion appears to improve symptoms for women with leg edema.⁽³¹⁾

Lack of knowledge and experience about pregnancy, undeveloped psychological and unsteady emotional conditions of women enhances the importance of the educational role of the nurse midwife regarding self-care practices of pregnant women still more.⁽³²⁾

More than one third of women had always accepted their body changes during pregnancy as body size, contour changes, abdominal bulging, waist thickness and breasts enlargement. They may be aware that it is a normal physiological manifestation of pregnancy, thus accepting these changes and remaining in a good mood provides the baby joy and goodness. **Duncombe et al.**,⁽³³⁾ reported similar observation. Moreover, almost one third of women were looking for their husband's acceptance of pregnancy. In this respect **Chandler**,⁽³⁴⁾ had conducted a study about the role of social support during pregnancy. He reported that husband's acceptance and support is essential for maternal acceptance of pregnancy.

According to **Rubin**⁽³⁵⁾ seeking safe-passage, refers to the expectant mother's performance of certain self-care practices in order to ensure safe passage through pregnancy, conserve the intactness of self and protect the unborn child.⁽³⁵⁻³⁶⁾ The present study revealed that almost two thirds of women avoid substance abuse during pregnancy and had refrained from intake of un-prescribed drugs during pregnancy. In this context, **Bukhari et al.**,⁽³⁷⁾ posited that some drugs were found to be teratogenic and they cause a great deal of malformations and intra-uterine growth restriction. Therefore, mothers should be counseled on the use of over the counter and self-prescription of drugs.

As for looking to safe-passage through certain simple self-care practices such as; wearing loose and comfortable clothes and avoiding long standing and/or extra efforts. Together, with other protective behaviors, such as seeking prenatal care, adopting healthier eating habits avoiding some of their favorable foods for the sake of their babies 'well-being were always practiced by the lesser proportion of the studied subjects. **Alvarenga et al.**,⁽³⁸⁾ emphasized that these are all parameters that women have an active and positive

relationship with their unborn child and ensuring a safe prenatal journey for the baby. However, in the current study less than one third of women who reported danger signal of pregnancy, such observation corresponds typically to the Egyptian culture, which considers pregnancy a natural event that requires no professional help together with the fact that most of the women ignored the importance of seeking immediate medical help whenever they experience any danger signals. Therefore, health care providers and mass media should have a leading role in disseminating such information to expectant mothers.

The gestational period demands that the care performed in prenatal care exceed the biological dimension and consider psychosocial aspects, since psychological and social well-being influences maternal and child health.⁽³⁹⁾ The formation of the bond between the mother and her baby begins during the gestational period, being the result of the psychological development that occurs during the pregnancy. The sensitivity of the mother to develop the ability to identify with the baby, understand their feelings and meet their needs is achieved at the end of gestation.⁽⁴⁰⁾

The current study findings revealed that more than half of the sample always avoid their favorable food for the sake of their babies.

The present research sought to contribute to the integrality of the care offered to pregnant women; an important prerogative of the Unified Health System, which still presents weaknesses, since the traditional clinical-obstetrical model does not offer a focus on the psychosocial aspects involved in the gestational process.

VIII. Conclusion

The majority of studied women had deficient self-care practices related to the second and third trimester of pregnancy; namely: dental care, breast and skin care, adequate diet as well as rest, exercises, vaccination, danger signals & abuse of drugs. Meanwhile, they suffered from minor discomfort of late pregnancy, but the majority used harmful practices to cope with these problems.

Recommendations

- Maternity nurses should arrange training sessions for pregnant women and provide pertinent information related to self-practices during pregnancy and the way of coping with minor discomfort.
- A Fact sheet should be disseminated to vulnerable women.
- Also, further researches are needed to explore self-care practices among high-risk pregnant women.

Table (1): Distribution of the Studied Women According to their Socio-Demographic Characteristics (n=600)

| General characteristics | | NO | % |
|----------------------------------|-----------------------|-----|------|
| Age (years) | <20 | 165 | 27.5 |
| | 20-<25 | 301 | 50.2 |
| | 25-<30 | 92 | 15.3 |
| | 30+ | 42 | 7.0 |
| Educational level | Illiterate | 67 | 11.2 |
| | Primary-preparatory | 129 | 21.5 |
| | Secondary | 295 | 49.2 |
| | University | 109 | 18.2 |
| Number of gravida | Primigravida | 473 | 78.8 |
| | Second gravida | 94 | 15.7 |
| | Third gravid and more | 33 | 5.5 |
| Antenatal visit | During 1st trimester | 503 | 83.9 |
| | During 2nd trimester | 86 | 14.3 |
| | During 3rd trimester | 11 | 1.8 |
| Number of antenatal visit | 1-3 visits | 194 | 32.3 |
| | More than 4 visits | 406 | 67.7 |

Table (2): Distribution of the Studied Women According to their Self-Care Practices (n=600)

| Universal requisites | | NO | % |
|------------------------------|-------------------------|-----|------|
| Visit dentist | No | 496 | 82.7 |
| | Yes | 104 | 17.3 |
| Cause of visit(n=104) | Supplement therapy | 93 | 89.4 |
| | Routine check up | 3 | 2.9 |
| | Complain of dental pain | 8 | 7.7 |
| Bathing | Once/W | 67 | 11.2 |
| | Twice/W | 215 | 35.8 |
| | Tree or more/W | 318 | 53.0 |
| Type of bath | Bath tub | 87 | 14.5 |
| | Shower | 513 | 85.5 |

| | | | |
|---|-------------------------|-----|------|
| Vaccination | No | 181 | 30.2 |
| | Yes | 419 | 69.8 |
| Type of vaccination taken(n=419) | | | |
| | TT | 359 | 85.7 |
| | Hepatitis viral profile | 23 | 5.5 |
| | Influenza | 37 | 8.8 |

Table (3): Distribution of the Studied Women According to their Self-Care Health Practices (n=600)

| Universal requisites | | NO | % |
|-------------------------------|-----------------|-----------|----------|
| Nutritional needs | Inadequate | 418 | 69.7 |
| | Adequate | 182 | 30.3 |
| Number of meals/day | ≤3 | 241 | 40.2 |
| | >3 | 359 | 59.8 |
| Did she has an overweight | No | 176 | 29.3 |
| | Yes | 424 | 70.7 |
| Sleep hours at night | ≤ 8 hour | 470 | 78.3 |
| | > 8 hour | 130 | 21.7 |
| Exercise | No | 495 | 82.5 |
| | Yes | 105 | 17.5 |
| Type of exercise(n=105) | Walking | 102 | 97.1 |
| | Other exercises | 3 | 2.9 |
| Exercise to be avoided(n=105) | Don't know | 63 | 60.0 |
| | Running | 9 | 8.6 |
| | Strong sport | 19 | 18.1 |
| | Swimming | 14 | 13.3 |
| Used suitable transportation | No | 467 | 77.8 |
| | Yes | 133 | 22.2 |

Table (4): Practices Related to Minor Discomfort during Second and Third Trimester of Pregnancy among the Studied Women

| | | Health deviation requisites (Minor discomfort) | NO | % |
|--|--------------------|---|-----------|----------|
| Heart burn | No | 153 | 25.5 | |
| | Yes | 447 | 74.5 | |
| Self-activity to heart burn (n=447) | Harmful practices | 336 | 75.1 | |
| | Harmless practices | 111 | 24.9 | |
| Constipation | No | 264 | 44.0 | |
| | Yes | 336 | 56.0 | |
| Self-activity to constipation (n=336) | Harmful practices | 287 | 85.4 | |
| | Harmless practices | 49 | 14.6 | |
| Vaginal discharge | No | 160 | 26.7 | |
| | Yes | 440 | 73.3 | |
| Self-activity to discharge (n=440) | Harmful practices | 275 | 62.5 | |
| | Harmless practices | 165 | 37.5 | |
| Varicose veins & edema of the foot | No | 290 | 48.3 | |
| | Yes | 310 | 51.7 | |
| Self-activity to foot edema (n=310) | Harmful practices | 145 | 46.8 | |
| | Harmless practices | 165 | 53.2 | |
| Dyspnea | No | 214 | 35.7 | |
| | Yes | 386 | 64.3 | |
| Self-activity to dyspnea (n=386) | Harmful practices | 73 | 18.9 | |
| | Harmless practices | 313 | 81.1 | |

Table (5): Developmental Self Care Requisites among the Studied Pregnant Women (n=600)

| Developmental Requisites | Always | | Sometimes | | Rarely | | Never | |
|---|--------------------------------|----------|------------------|----------|---------------|----------|--------------|----------|
| | NO | % | NO | % | NO | % | NO | % |
| | Acceptance of pregnancy | | | | | | | |
| Accept their mood changes during pregnancy. | 217 | 36.2 | 241 | 40.2 | 121 | 20.2 | 21 | 3.5 |
| Accept body changes during pregnancy. | 227 | 37.8 | 213 | 35.5 | 106 | 17.7 | 54 | 9.0 |
| Look for husband's acceptance to pregnancy. | 212 | 35.3 | 195 | 32.5 | 103 | 17.2 | 90 | 15.0 |

| Safe passage during pregnancy | | | | | | | | |
|---|-----|------|-----|------|-----|------|----|------|
| Avoid substance abuse and medications without physician prescription. | 350 | 58.3 | 197 | 32.8 | 47 | 7.8 | 6 | 1.0 |
| Report danger signals. | 195 | 32.5 | 212 | 35.3 | 103 | 17.2 | 90 | 15.0 |
| Giving oneself during pregnancy | | | | | | | | |
| Eat only what is good for the baby. | 403 | 50.7 | 228 | 38.0 | 56 | 9.3 | 12 | 2.0 |
| Spend time in seeking information about child care. | 228 | 38.0 | 242 | 40.3 | 102 | 17.0 | 28 | 4.7 |
| Maternal fetal attachment | | | | | | | | |
| Follow baby's movements. | 350 | 58.3 | 197 | 32.8 | 47 | 7.8 | 6 | 1.0 |
| Eager to breastfeed my baby. | 281 | 47.1 | 220 | 36.9 | 53 | 8.8 | 46 | 7.2 |

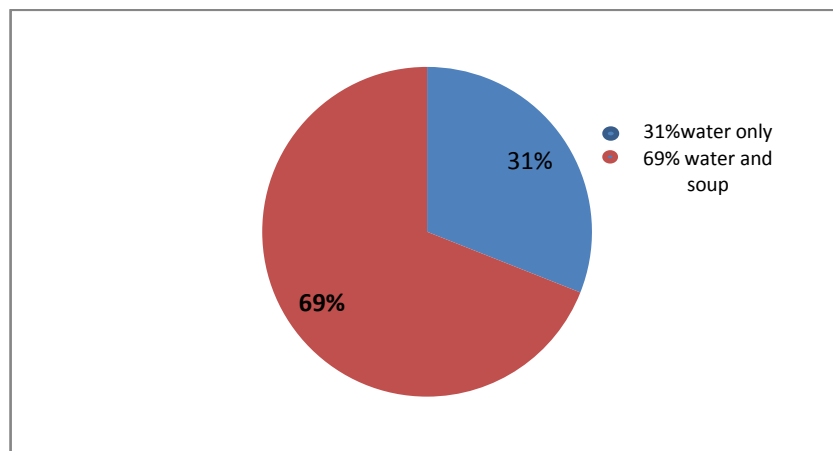


Figure 1. Distribution of Women according to Breast Care

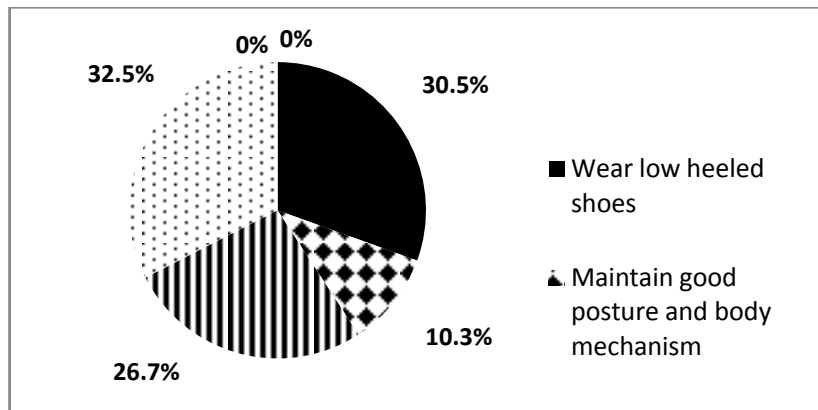


Figure 2. Distribution of Women according to the Methods of Coping with Back Pain

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ممارسة العناية الذاتية لدى السيدات الحوامل وعمل رسالة ترميضية تثقيفية للنساء المعنيتين

مقدمة:

ممارسة العناية الذاتية للمرأة الحامل تشمل جميع القرارات الصحية التي تتخذها السيدة أثناء فترة الحمل للبقاء بصحة جيدة، أو جميع الحلول التي تفضلها بنفسها إذا قابلت بعض المشاكل البسيطة أثناء فترة الحمل. مثل الام اسفل الظهر والإمساك وكيفية العناية بالثدي والتغذية أيضا التحصينات وزيادة الإفرازات المهبلية..... الخ وكيفية أن تتعامل معها السيدات بطريقتها الشخصية، إما ان تكون آمنة أو غير آمنة حسب بيئتها وثقافتها.

الهدف من الدراسة:

اجريت هذه الدراسة للتعرف على ممارسات العناية الذاتية للسيدات الحوامل بمدينة المنصورة. وعمل رسالة ترميضية تثقيفية للنساء المعنيتين.

طرق ودوات البحث :

مكان الدراسة :

اجريت هذه الدراسة في ثلاث مراكز صحية وثلاثة عيادات خارجية لمتابعة الحمل، تابعة لمدينة المنصورة.

عينة الدراسة:

تكونت عينة الدراسة من 600 سيدة حامل خلال الثلث الثاني والثالث من الحمل.

ادوات جمع البيانات:

تم استخدام استمارة استبيان تتضمن جزئين :

الجزء الاول :

يتضمن البيانات الشخصية والاجتماعية للسيدات الحوامل مثل (السن- المؤهل الدراسي- الوظيفة الخ).

الجزء الثاني:

استبيان عن تقييم العناية الذاتية، ينقسم الى ثلاثة اجزاء فرعية:

- 1- الممارسات الذاتية العالمية للمرأة الحامل. وتتضمن النظافة الشخصية ورعاية الاسنان والعناية بالثدي والغذاء والنوم والتدريبات..... الخ
- 2- الممارسات الخاصة تجاه المتاعب البسيطة التي تحدث اثناء الحمل وتضمنت الممارسات المتعلقة بتخفيف المتاعب الطفيفة مثل حموضة المعدة- الإمساك - الام الظهر- وضيق التنفس - والافرازات المهبلية.
- 3- ممارسات الرعاية الذاتية لتلبية متطلبات التطور النفسي للمرأة الحامل وجنينها.

النتائج:

وتشير إلى أن حوالي نصف العينة (50.2 %) بين 20 وأقل من 25 سنة، 18.2 % فقط كان تعليم الجامعي. أكثر من ثلاثة أرباع (78.8 %) من النساء كانت حامل للمرة الأولى 67.7 % من العينة قد قاموا بأربع زيارات أو أكثر لمتابعة الحمل. 17.3 % من النساء ذكرت أن قاموا بزيارة طبيب الأسنان أثناء فترة الحمل، و 53.0 % من السيدات كانوا يستحمون ثلاث مرات أو أكثر في الأسبوع، وما يقرب من ثلثي العينة كانت تتلقي التطعيم. معظمهم تعرضوا لحرقان فم المعدة، الإمساك، الإفرازات المهبلية، وتورم القدمين (74.5 %، 56.0 %، 73.3 % و 51.7 % على التوالي). أكثر من ثلث النساء دائماً يقبلن تغيرات المزاج والهينة ويعملن تقرير إشارات الخطر (36.2 %، 37.8 % & 32.5 % على التوالي). 50.7 % يأكلن دائماً ما هو جيد للجنين، 40.3 % من السيدات قضى بعض الوقت في البحث عن المعلومات حول رعاية طفلن و 47.1 % كانت عادة ما تكون حريصة على انها سوف تقوم بإرضاع طفلها من ثديها.

الخلاصة:

معظم النساء التي قامت عليهن الدراسة لديهن نقص في ممارسات العناية الذاتية اثناء الثلث الثاني والثالث من الحمل، خاصة العناية بالاسنان والعناية بالثدي والاهتمام بالجلد، كذلك فترات الراحة والتمارين والتطعيم، وفي نفس الوقت يعانين من المتاعب البسيطة اثناء الحمل ولكن الغالبية لم تستطع التكيف مع هذه المشاكل. أيضا لم يكن لديهن الخبرة الكافية في كيفية أن يمر الحمل آمن وبسلام وأن يتقبلن التغيرات التي تحدث بجسدهن أثناء فترة الحمل وأيضا كيفية التعامل والتكيف مع طفلها.

التوصيات :

- يجب علي الممرضات ان يرتبن جلسات لتدريب السيدات الحوامل وامدادهن بالمعلومات
- عن العناية الذاتية اثناء الحمل وطريقة التكيف مع المتاعب الطفيفة المصاحبة للحمل.
- أن تتسلم كل سيدة حامل في بداية حملها مطوية خاصة بالتثقيف تجاه هذا الموضوع.
- يجب ان يكون هناك ابحاث لاكتشاف ممارسات العناية الذاتية بين الحوامل الاكثر عرضه للخطر.

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