

Summary

Pregnancy is a normal life event that involves considerable physical and physiological adjustments for the mother. A pregnancy is described within specific time frames. A trimester is a division of pregnancy into three equal parts of 13 weeks (*Lowdermilk & Perry, 2004*). Within each time frame or trimester, numerous adaptations take place that facilitate the growth of the fetus. The most obvious are physical changes to accommodate the growing fetus and these changes are sometimes uncomfortable. In addition, every woman reacts uniquely to the changes that occur (*Ricci, 2007*).

From the moment of conception, changes occur in the pregnant women's body that are necessary to support and nourish the fetus, prepare the woman for child birth and lactation, and maintain the woman's health, pregnant woman are often puzzled by the physical changes and unprepared for associated discomforts. Many pregnant women rely on nurses to provide accurate information and compassionate guidance through out their pregnancy. To respond effectively, nurses must understand not only the physiologic changes but also how these changes affect the daily lives of the expectant mothers. Many women experience discomforts of pregnancy that are not serious but detract from the woman's feeling of comfort and well-being, not all women experience all common discomforts of pregnancy, but many women experience a few to a great number of them, relief from these discomforts can make a significant difference in how woman views her pregnancy

experience. The physiological and anatomical bases for each discomforts (if know) are given to stimulate your thinking about further possible relief measures (*Varney et al., 2004*).

Thus the aim of this study was:

- Identify minor discomforts during 1st, 2nd and 3rd trimester of pregnancy.
- Assess women's knowledge of minor discomforts during 1st, 2nd, and 3rd trimester of pregnancy.
- Assess women's practices of minor discomforts during 1st, 2nd, and 3rd trimester of pregnancy.

Materials and methods:

The study was carried out at anti-natal out patient clinic at Benha University Hospital. The sample was simple random sample was calculated by taking 10% from (total sample size 1500 pregnant women at antenatal out patient clinic in a period from 2004-2005) the study sample composed of 150 pregnant women and was assigned randomly into three groups each group consist of 50 pregnant women for each trimester this done by taking two mothers in the day for any group until finished. The data collection started from July, 2006 until December 2006 in a period of almost 6 months 3 days per week.

Data was collected by using interviewing questionnaire that was developed by researcher and included:

The demographic data such as age, education, occupation, duration and age of marriage.

Obstetric data such as, gravidity, parity, number of abortion, number of living children.

Knowledge and practice of women to relieve minor discomforts of pregnancy such as discomforts of 1st trimester such as nausea and vomiting, leucorrhoea, breast tenderness, fatigue, increase saliva, frequent micturation and minor discomforts during of 2nd and 3rd trimesters such as heart burn, edema of feet and ankle, hemorrhoids, constipation, backache, leg cramps, faintness and dizziness, dyspnea, distension, varicose veins.

The study results:

The present study showed that the mothers experienced highest level of minor discomforts during 1st trimester and reduced after that and 40% of study sample reported poor knowledge during 1st trimester mean while 42% of sample had good knowledge during 2nd trimester followed by third trimester and practices that performed by mothers to relieve minor discomforts during 2nd and 3rd trimesters more than 1st trimester.

The highest level of minor discomforts during 1st trimester was fatigue 92%. This study emphasized on knowledge about fatigue as reported by women was many duties of home working and less time of sleep playing an important role in causing fatigue. Practices that performed by women about fatigue were assisted from husband in home working and go to bed earlier and get adequate time of sleep.

This result also indicated that the highest level of minor discomforts during 2nd trimester was hemorrhoids 84%.

This study indicated that the knowledge about haemorrhoids as reported by women was constipation, eating burning foods playing an important role in causing haemorrhoids and practices performed by mothers were applying ice back on rectum and eating diet rich with fiber.

This results also indicated that the highest level of minor discomforts during 3rd trimester was backache 84%. This study indicated that the knowledge about backache as reported by women was enlarged uterus, un proper body mechanics playing an important role in causing backache and practices performed by women were wearing low heeled shoes, using proper body mechanisms, avoiding uncomfortable working and sleeping in left side.

Conclusion and recommendations:

The study concluded that the highest level of discomforts during 1st trimester was fatigue while the lowest level of minor discomforts during 1st trimester was increase of saliva. The highest level of discomforts during 2nd trimester was haemorrhoids while the lowest level of minor discomforts during 2nd trimester was edema of feet and ankle. The highest level of minor discomforts during 3rd trimester was backache while the lowest level was distention and edema of feet and ankle.

The results concluded that 40% of mothers reported poor knowledge during 1st trimester mean while 42% of mothers reported good knowledge during 2nd trimester followed by 3rd trimester.

The study also concluded that the highest level of practices (59%) performed by mothers to relieve minor discomforts at 2nd trimester followed by 3rd trimester (56.9%) then 1st trimester.

Based on the results of this study. The following are recommended:

Health education should be an important element of antenatal care, teaching mothers about minor discomforts and self care measures to cope with it should be the basic topic presented in antenatal outpatient clinic, periodical training for nurses about basic topics and information needed to prepare them for nourishing the mothers with important knowledge about antenatal care and health education for the mothers about the important of antenatal exercise and wearing signs of pregnancy.