

## **INTRODUCTION**

Pregnancy is the period which lasts approximately (10) lunar months, (9) calendar months, (40) weeks or (280) days. Length of pregnancy is computed from the first day of the last menstrual period (LMP) until the day of birth. However, conception occurs approximately 2 weeks after the first day of the LMP. Thus the post conception age of the fetus is 2 weeks less, for a total of 266 days or 38 weeks (*Lowdermilk et al., 2006*).

Major adaptations in maternal anatomy, physiology, and metabolism are required for a successful pregnancy. Hormonal changes, initiated before conception, significantly alter maternal physiology, and continue throughout the entire pregnancy (*Gabbe, et al., 2002*).

The pregnant women's body goes through some profound anatomical, physiological changes to adapt and support the entire pregnancy, which ultimately support the growing fetus. Although these physiologic changes are normal, often they can be misinterpreted as disease because the pregnant woman's body can't adequately adapt to the changes of pregnancy (*Torgersen & Curran, 2006*).

Significant physiological adaptations during pregnancy contribute to its successful outcome. These occur early in the pregnancy and continue throughout gestation. Many changes that are normal during pregnancy are pathological should they occur in the non pregnant women (*Lowdermilk et al., 2006*).

Most women experience some of the so, called “minor disorders” of pregnancy and may accept these disorders as a normal “symptoms” of pregnancy. These may be “minor” in that they are not life-threatening, but they may be a major source of discomfort. The woman may need to cope with these disorders while continuing to work and care for her family often having to look after other children while experiencing fatigue and discomfort (*Henderson et al., 2005*).

These discomforts varying during all period of pregnancy and classified into discomforts occur during the first, the second and third trimester of pregnancy. The dramatic hormonal changes of the first trimester account for many of the discomforts tend to abate by the beginning of the fourth month of pregnancy. These discomforts are: nausea & vomiting, urinary frequency, fatigue, breast tenderness, increased vaginal discharge, nasal stuffiness, nose bleed and ptyalism. discomforts during the second and third trimesters, its more difficult to classify these discomforts because many problems represent individual variations in women. These discomforts are heart burn, ankle edema, varicose veins, hemorrhoids, constipation, backache, leg cramps, faintness & dizziness, dyspnea, flatulence, carpal tunnel syndrome and round ligament pain (*Olds et al., 2004*).

Although pregnancy is considered normal by many certain practices are expected of women of all cultures to ensure a good outcome. The purposes of these practices are to prevent maternal illness resulting from a pregnancy-induced imbalanced state and to protect the vulnerable fetus. When exploring cultured beliefs and

practice related to child bearing the nurse can support those beliefs that promote physical or emotional adaptation-however if potentially harmful beliefs or activities are identified. The nurse should carefully provide education and propose modification (*Lowdermilk et al., 2003*).

The expectant mother needs information about many subjects. The nurse who is observant listens, and know typical concerns of expectant parents can anticipate questions that will be asked and prompt mothers and partners to discuss what is on their mind. Many times, printed literature can be given to supplement the individualized teaching the nurse providers. The women often avidly read book and pamphlets related to their own experience when nurses read literature before they distribute it, they have an opportunity to point out areas that may not correspond with local health care practices. As family members are common sources for health information it is also important to include them in the health education (*Lewallen, 2004*).

The midwife has ample opportunities to discuss a healthy life style for pregnancy in terms of diet, exercise and personnel habits, some times the mother will ask for the midwife's guidance, it is often helpful to link advice to specific problem which the woman is experiencing such as a minor disorders of pregnancy (*Bennet and Brown, 2000*).

## **Justification of the problem:**

Common minor discomforts during the first trimester include nausea and vomiting and affecting 50-75 % of pregnant women (*Lowdermilk et al., 2006*).

Common minor discomforts during the second and third trimesters are heart burn and affect 89.1% of all pregnant women. Constipation affecting 78.2% of women particularly on the third trimester, dyspnea affecting 94.1% of all pregnant women (*Awadin, 2000*), edema of ankle and feet occurs in the majority (over 80%) of normal pregnancies (*Page et al., 2000*). Varicosities may develop in 40% of pregnant women (*Blackburn, 2003*)

There are some practices that may conflict with the beliefs and practices of a subculture group to which she belongs. Because of these and other factors, such as lack of money, lack of transportation, and language barriers, women from diverse culture do not participate in prenatal care system (*Shaffer, 2002*). Knowledge is a very powerful tool, and the best way to ensure a healthy baby is to learn as much as mother can about pregnancy, child birth options and baby care (*Olds et al., 2004*). So this study is planned to assess the pregnant women's knowledge and practice for relieving of minor discomforts during pregnancy.