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Review Article

A narrative review of antenatal women's knowledge and practices concerning minor ailments of pregnancy

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ABSTRACT

Pregnancy is a unique and transformative journey marked by profound anatomical, physiological and biochemical changes that often lead to various minor ailments in pregnancy. Despite being common and often manageable, these ailments are frequently misunderstood by expectant mothers, resulting in misinterpretation of more serious conditions, jeopardizing both feto-maternal health. This review aims to examine the current knowledge and practices among pregnant women regarding these minor ailments. We have searched a thorough electronic database using the keywords "minor ailments of pregnancy" and "knowledge or practice of antenatal women," and a total of 28 studies were integrated for the review. The findings reveal that most pregnant women have limited to average knowledge and practice of minor pregnancy ailments and rely heavily on traditional remedies or non-pharmacological methods to manage them. Most commonly reported minor ailments include nausea, vomiting, backache, leg cramps, frequent urination, swelling in the legs and constipation. Management strategies include eating sour foods and small, frequent meals for nausea, drinking milk for heartburn, using back support for backache, avoiding prolonged standing for leg cramps and drinking plenty of water to prevent constipation. Importantly, the review identifies age, education level, socio-economic status and parity as significant factors influencing awareness and management strategies. The article underscores the critical need for targeted antenatal education to help mothers recognize and manage minor ailments of pregnancy. Equipping mothers with accurate, culturally sensitive and evidence-based information about common pregnancy ailments results in timely care-seeking behaviour and enhances maternal and neonatal outcomes to ensure safer and more empowered pregnancy experiences.

Keywords: Antenatal women, Knowledge, Minor ailments of pregnancy, Practice

INTRODUCTION

The wonderful feeling of being pregnant, the unworldly changes that occur inside the body of a woman and the pain, the confusion and the absolute bewitching time that a pregnant woman has to go through cannot be defined in words.[1] When a woman gets pregnant, she has to go through different anatomical, physiological, hormonal and biochemical changes, resulting in various minor disorders. This disorder is referred to as minor ailments or minor disorders of pregnancy.[2-4] Pregnancy primarily affects the digestive, circulatory, musculoskeletal, integumentary, endocrine and nervous systems. Most disorders that occur during pregnancy are a result of physical changes related to the growing uterus or hormonal fluctuations.[5] Common minor disorders are nausea and vomiting, backache, heartburn, constipation, frequency of micturition, leg cramps and oedema and haemorrhoids, etc.[5,6] These minor disorders can negatively affect the progress of pregnancy as well as the daily activities of pregnant women. They may also impact the lives of their family members.[7-9] These issues can pose a risk to both the health of the mother and the outcome of the pregnancy throughout all the trimesters of pregnancy.[10,11] Minor disorders are common and not life-

threatening, but can significantly affect the comfort, productivity and emotional well-being of expectant mothers in terms of the termination of pregnancy.[8] Sometimes pregnant women have to visit a health facility due to the wrong interpretation of a minor disorder of pregnancy as a pathological process.[12] A simple treatment and adequate explanation can considerably improve these minor ailments.[13] In 2020, WHO reported that 287,000 women died during or after pregnancy and childbirth, with most of the deaths from low- and middle-income countries. Almost 800 women lose their lives every day due to preventable pregnancy-related complications.[14] Maternal misery in hyperemesis gravidarum is caused by persistent nausea, vomiting, dehydration, excessive saliva, reflux and social isolation result in fetal loss or termination of pregnancy. These findings emphasize the need for early treatment of severe minor ailments in pregnancy (nausea and vomiting) to prevent serious complications that can affect both maternal and child health during pregnancy and afterward.[15,16]

Therefore, knowledge and practice of antenatal women regarding these minor ailments are very essential to prevent further complications.[17,18] Knowledge and practice refer to the awareness and self-care abilities of pregnant women in managing those minor ailments during pregnancy. They can get this knowledge from various sources such as family members, mass media and personal experience.[7,19] The World Health Organization (WHO) and the American College of Obstetricians and Gynecologists (ACOG) also recommend non-pharmacological methods for managing these minor ailments.[16,20] Also, other studies have shown that home remedies and herbal therapies can be effective in relieving these common pregnancy-related discomforts.[21-24] Although home care and self-management will be the first option to manage this minor disorder, sometimes medical management is essential to prevent further complications.[25]

Sometimes, pregnant mothers can misinterpret the severe form of these minor ailments as normal phenomena, which results in adverse effects on both the mother and fetus. Hence, recognition of signs and symptoms of normal minor ailments of pregnancy is very crucial for the antenatal mothers to safeguard their pregnancy journey. Several studies have explored the knowledge, prevalence and management of minor ailments in antenatal mothers, but there is a lack of review of the knowledge and practices regarding these ailments among pregnant women. Thus, the investigator recognized the need to review pregnant mothers' knowledge and practices regarding minor ailments to identify areas requiring more focus in educating them for early detection and management.

Objectives

This study aims to conduct a comprehensive review of the literature on minor pregnancy disorders and to investigate the knowledge and practices of pregnant women regarding minor ailments of pregnancy.

REVIEW

This is a narrative review based on a literature search from the database; therefore, ethical consent was not obtained from the institute or the patient. We carried out a comprehensive search across electronic databases, including Google Scholar, PubMed and Scopus, using keywords such as “knowledge or practice of antenatal women,” “awareness or remedial measures of pregnant women,” and “minor ailments of pregnancy,” or “Minor disorders of pregnancy.” Additionally, a hand search of reference lists was performed to identify further relevant studies. The review focused on both primigravida and multigravida women and their knowledge and practices related to minor pregnancy ailments in all three trimesters. Only English-language studies and quantitative research were included, resulting in a total of 28 studies reviewed.

Minor disorders during pregnancy, such as nausea, heartburn, constipation and back pain, are common and often overlooked, leading to potential complications and poor pregnancy outcomes due to inadequate self-management. A cross-sectional study was conducted at Tulu Bolo General Hospital in Ethiopia between August and September 2022, involving 397 pregnant women. It found that only 29.3% practiced good self-management. Factors positively associated with better self-care included higher maternal age, education level, occupation, better economic status and knowledge of minor pregnancy ailments. Since 70.7% showed poor practices, it is recommended that health education and counselling be strengthened to improve self-management during pregnancy.[26]

Similarly, another study done in Holy Karbala City among primi and multigravida women also showed Significant associations between self-care practices and several factors, including education, occupation, family structure, gravidity, number of abortions, parity and length of marriage.[27]

A descriptive study conducted by Allatif et al to assess the knowledge and practice of 3rd trimester pregnant women regarding minor discomforts of pregnancy at the antenatal clinic, Ain Shams University of Maternity Hospital. A purposive sampling technique was used to identify 353 pregnant women. A structured questionnaire and self-care reported practice tool were utilized to assess knowledge and practice of women, respectively. The study found that 51% of the women had average knowledge, 26.9% had unsatisfactory and 22.1% had satisfactory knowledge level regarding the minor discomfort of pregnancy. 72.2% of women had unsatisfactory practice level while 27.8% had satisfactory practice regarding minor discomfort of pregnancy.[28] El-Sharkawy et al conducted quasi-experimental research to

evaluate a self-instructional module's impact on the knowledge and management practices of primigravida mothers concerning minor pregnancy ailments at Benha University Hospital. The study used purposive sampling to select 120 primigravida women and employed a self-administered questionnaire to measure their knowledge and practices about these ailments. Findings revealed that only 10% of primigravida mothers displayed adequate knowledge, while 70.8% had poor understanding of minor pregnancy disorders in the pre-test. Also, the pre-test indicated that only 0.8% of mothers demonstrated satisfactory remedial practices, with 69.2% showing unsatisfactory handling of minor pregnancy issues. In the post-test, 68.4% exhibited good knowledge and 81.7% reported satisfactory management practices concerning these disorders. A significant increase in knowledge and practices was observed in the post-test compared to the pre-test at p 0.05.[29]

Similarly, other quasi-experimental studies done at Loni, India, by Arun et al and Southwest, Nigeria by Olanrewaju et al, also showed a significant improvement of knowledge and practice in post-test after the intervention in comparison to pre-test scores.[30,31] Minor discomforts during the third trimester are common due to physiological changes that can affect the quality of life in primigravida women. This study aimed to assess their perceptions and practices concerning these discomforts. Conducted at four antenatal outpatient clinics in Egypt, the descriptive research included 250 first-time pregnant women. Data were collected using three tools assessing socio-demographic and obstetric details, knowledge levels, self-care practices and attitudes. Findings revealed that 97.6% of participants had poor knowledge and 98.4% showed inadequate self-care practices, although most held a positive attitude toward managing discomforts.[32]

Das et al conducted a study to assess the knowledge on minor disorders of pregnancy and their management among antenatal mothers of selected hospitals of Tinsukia District, Assam. 100 Antenatal mothers were selected using a convenience sampling technique and an interview schedule was conducted to collect data. Results showed that nearly half of the women (51%) had moderate knowledge, followed by 24% who had adequate knowledge on minor disorders of pregnancy. Also found that half of the pregnant women, i.e., 50% had adequate knowledge and 22% had inadequate knowledge on the management of minor disorders of pregnancy.[33]

Maharajan et al conducted a descriptive cross-sectional study from April 27, 2022, to May 27, 2022, to determine the knowledge of minor disorders of pregnancy among 91 pregnant women at Bhaktapur hospital using a convenience sampling technique. A questionnaire was used to collect data through a face-to-face interview schedule. Data analysis was done using descriptive and inferential statistics. The study found that most women (70.3%) had inadequate awareness concerning minor disorders of pregnancy and a significant association was found with the awareness of minor disorders of pregnancy and the type of family (p=0.017).[34]

A pre-experimental research study was conducted among 30 antenatal mothers in Sasaram, Rohtas to assess the knowledge of minor disorders of pregnancy. A purposive sampling technique was used and a self-structured questionnaire was developed to collect data through an interview schedule. Findings showed that in the pre-test, most mothers (80%) had average knowledge, followed by 20% who had poor knowledge and no one had excellent knowledge regarding minor disorders of pregnancy. But in the post-test, after the teaching intervention, knowledge score significantly improved, with 70% having excellent knowledge and 20% having average knowledge. The mean post-test knowledge score (of 12.5±2.94) was more than the pre-test knowledge score (6.67±2.69).[35] Similar findings were also shown in other studies of Dhanawade et al and Gururani et al which means teaching intervention was effective in improving the post-test knowledge score regarding minor ailments of pregnancy compared to the pre-test knowledge score.[25,36]

A descriptive study was conducted by Arya N and Joseph et al to assess the knowledge level regarding minor ailments of pregnancy and their remedial measures among 150 antenatal women. Most women (46.7%) had moderate knowledge, followed by 36.7% with inadequate knowledge and 16.6% with adequate knowledge regarding minor ailments of pregnancy and their remedial measures. Backache was the most common, followed by fatigue and sleeplessness, where the mother had adequate knowledge to manage those conditions with a mean of 10.68% and a standard deviation of 5.125. There was a significant association present between the knowledge score with their demographic variables.[37] Similarly, another study of Karad also revealed that most of the mothers (59.17%) had poor knowledge, followed by 37.50% who had good knowledge and only 3.33% had excellent knowledge regarding minor disorders of pregnancy. But no significant association was found between knowledge and socio-demographic variables.[38]

The descriptive study was conducted to investigate the knowledge and self-care practices of pregnant women in managing minor discomforts during pregnancy in the Dodoma Region of Tanzania. The research took place in antenatal outpatient clinics across seven health facilities representing the region, involving a convenient sample of 380 pregnant women. Data collection was performed using three structured interview schedules. The findings revealed that more than half of the women (55.3%) had limited knowledge regarding minor pregnancy-related discomforts and about two-thirds (65.5%) reported inadequate self-care practices to alleviate these symptoms. The study also identified a positive correlation between the women's knowledge and their self-care behaviours.[39] Herbal medicine use is common worldwide, especially in developing countries, where pregnant women often turn to these remedies for pregnancy-related

ailments due to familiarity, easy access and low cost. This cross-sectional study surveyed 254 pregnant women attending antenatal care at Dessie Referral Hospital. Results showed that 51.2% used herbal medicines during their current pregnancy, mainly because they are accessible without a prescription. The most commonly used herbs included ginger, garlic, damakese and tena-adam, primarily for nausea, headaches and colds. Education level and low income were significantly associated with higher herbal medicine use.[23] A study regarding Knowledge of home remedies for minor disorders of pregnancy among antenatal mothers was conducted by Elizebeth et al at Chennai to assess the knowledge regarding home remedies for minor disorders of pregnancy. Non-experimental research design and a convenient sampling technique were used to obtain data from 30 antenatal mothers. Study findings revealed that half of the mothers (50%) had adequate knowledge, followed by 48% had moderate and 2% had inadequate knowledge regarding minor disorders of pregnancy.[40]

A cross-sectional descriptive study carried out by Samarakoon et al examined knowledge and practices regarding self-management of minor ailments among registered antenatal mothers (n=238) attending ANCs. Most participants (75%) preferred home remedies to manage minor discomforts during pregnancy, while 25% opted for hospitalization. The mean score was 12.16 (SD=14.64) on knowledge regarding minor discomforts and their management. A majority (94.1%) scored less than 50%, while 5.9% scored between 51-75%. Knowledge scores were significantly associated with ethnicity, religion, education, income and parity. About 93% reported experiencing nausea and vomiting, primarily in the first trimester, with a maximum of participants (66.5%) using sour foods for relief. Nearly 88% believed drinking a glass of milk is an effective way to relieve heartburn and 41% experienced backaches, with most (71%) managing it by sitting straight with proper back support.[41]

Sharma et al conducted a study at the obstetric OPD of All India Institute of Medical Sciences, Jodhpur, Rajasthan to assess knowledge and practice among 368 third-trimester pregnant women about management of minor disorder of pregnancy. Self-structured questionnaire was used for assessment of knowledge and a checklist was used for practice regarding minor ailments of pregnancy. A convenient sampling technique was used and a face-to-face interview was conducted for data collection. Analysis showed that more than half of the women (61%) had adequate knowledge about minor disorders of pregnancy. Home remedy was the most commonly used method to relieve this minor disorder, with 86.6% of mothers eating small and frequent meals and 74.3% avoiding strong odors to relief from nausea and vomiting during pregnancy.[42] The study conducted at Beni-Sweif University Hospital aimed to explore the magnitude and types of minor discomforts experienced by pregnant women. Among the 90 women surveyed, common discomforts included vaginal discharge, urinary frequency, backache, nausea, heartburn, drowsiness, difficulty breathing, constipation, heavy breasts and muscle spasms. The study recommends awareness programs to enhance antenatal care knowledge among mothers regarding these minor disorders.[43]

This study aimed to evaluate the knowledge and practices of antenatal mothers regarding minor ailments experienced during pregnancy. The research followed a non-experimental descriptive design and was conducted at Rajiv Gandhi Government Women and Children Hospital in Pondicherry among 100 antenatal mothers through an interview schedule using a structured questionnaire. The findings revealed that 62% of the mothers had a moderately adequate understanding of minor pregnancy-related ailments, while 38% demonstrated poor knowledge. Among the common complaints, frequent urination was reported by 31% of mothers in the first trimester and 53% in the third trimester. Other prevalent symptoms included nausea and vomiting (25%), vaginal discharge (28%), fatigue (24%), leg cramps (25%), backache (32%) and ankle edema (27%). Most participants preferred hospital-based treatments over home remedies for managing their discomfort and there was a significant association between gravida and knowledge level of minor ailments ($p<0.05$).[18]

A descriptive research study was conducted in rural areas of Neman among antenatal mothers to determine the knowledge of home remedies for minor ailments of pregnancy. 100 antenatal mothers were selected by using a consecutive sampling technique and an information booklet was used to assess the practices regarding management of minor disorders of pregnancy. The study found that the majority of mothers (88%) had moderate knowledge, followed by 15% adequate knowledge on home remedies for minor disorders of pregnancy.[44]

A descriptive study was conducted by Khalil et al, Haroon et al and Kareem et al in Soran city from December 2017 to June 2018 to assess the knowledge of antenatal women about minor discomforts of pregnancy, attending the maternal and paediatric hospital. A convenience sampling technique was used and a questionnaire was developed to conduct the study among 150 pregnant women. Results showed that 56% of the women had poor knowledge on minor ailments of pregnancy. Also found that knowledge score was significantly associated with age, occupation, education, gravida, abortion and type of pregnancy.[3] A descriptive study conducted by Kaur et al at Punjab for assessment of knowledge about self-management of minor disorders of pregnancy among antenatal women. 100 mothers were interviewed for data collection using a convenience sampling technique. The study revealed that the majority of women (73%) had average knowledge, followed by 16% who had below average knowledge of minor ailments during pregnancy.[45] Although many pregnant

women experience minor discomforts that are not harmful, these issues can still affect their well-being. This cross-sectional study aimed to evaluate the knowledge and practices of primigravida women in managing such discomforts. Conducted at the antenatal clinic of the Maternity and Children Hospital in Dammam, Saudi Arabia, among 82 first-time pregnant women. Findings revealed that 59% of participants had good knowledge, 32% had excellent knowledge and only 2% had poor knowledge regarding pregnancy discomforts. Moreover, 47% demonstrated good practices in managing these issues.[46]

Oluwatosin et al, conducted a cross-sectional study on the experiences and coping strategies for minor discomforts of pregnancy among antenatal mother in selected hospitals of Nigeria among 300 pregnant women using a random sampling technique. Structured questionnaire was developed for data collection. The study found that the most common minor disorders were nausea and vomiting (79.9%), followed by back pain (77.7%) during pregnancy. Pregnant women scored above the average in coping measures, indicating they coped well with the minor discomforts of pregnancy. The most frequently used measures were sucking on sweets (92.3%), followed by ginger (34.5%) to alleviate nausea and vomiting. To cope with backaches, 95.1% of participants sought help with tasks, while 85.4% used sleep or rest and 67.4% relied on massage.[47] Bala et al conducted a descriptive study to assess the prevalence, home care remedies of minor ailments of pregnancy among primigravida and to develop an information booklet regarding their management in Delhi. A total of 30 samples were selected using a purposive sampling technique. Results showed that most of the mothers (65%) adopted home remedies to manage the minor disorder of pregnancy. The most common disorders were morning sickness (77%), leg cramps (74%), fatigue (67%), backache (60%), headache (50%), anorexia (43%) and the least common was piles (0%).[48]

A descriptive study was conducted by Rosy et al to evaluate the knowledge and practice of antenatal women regarding minor ailments of pregnancy and the incidence of it. Non-probability sampling techniques were used to collect data from 100 mothers using a structured interview schedule. Findings showed that most of the antenatal mothers (87%) had an inadequate knowledge level, with a mean score is 49.2%. More than half of the mothers (65%) had insufficient practice regarding minor ailments of pregnancy. The incidence of nausea and vomiting was 0.05, the frequency of micturition and fatigue was 0.04. There was a significant association also found with knowledge and occupation and income of the mother.[49]

DISCUSSION

Although minor ailments may not lead to significant morbidity, their cumulative impact and potential to aggravate underlying health conditions should not be ignored. Increasing awareness of these ailments enables pregnant individuals to make informed health decisions. In this review, the majority of studies reported that antenatal mothers had poor to average knowledge about minor ailments during pregnancy.[3,28-31,33-37,49,50] These findings are similar to a review by Farooq et al, which also found that pregnant women generally had average or inadequate knowledge of minor pregnancy-related disorders.[51] However, a few studies described that some pregnant women had fair to adequate knowledge about these minor discomforts.[17,40,42] When it comes to managing minor ailments, most pregnant women prefer home remedies over hospitalization.[41,42,48] which contrasts with the review findings of Farooq et al, where the majority of mothers sought hospital treatment.[51] In terms of practice, most women demonstrated moderate or average levels of managing minor pregnancy disorders which is consistent with findings of other reviews.[37,41,44,45,51] However, some studies reported that pregnant women showed adequate management practices.[33,47] While others revealed unsatisfactory or insufficient practices regarding the treatment of minor ailments during pregnancy.[28,29,49]

The current review identified the most commonly reported minor ailments during pregnancy as nausea and vomiting in the first trimester, backache, fatigue, sleeplessness, leg cramps, frequent urination, headaches, anorexia, lower extremity oedema, constipation and hemorrhoids.[37,41,42,47-50] These findings are consistent with the study by Farooq et al, which also reported nausea, vomiting, constipation and heartburn as prevalent minor discomforts among pregnant women.[51] To manage nausea and vomiting, women commonly consumed sour foods, ate small and frequent meals, avoided strong Odors and used remedies such as sucking on sweets or ginger. For relief from heartburn, drinking a glass of milk was commonly practiced. To alleviate backache, pregnant women reported sitting with proper back support, seeking assistance with tasks, resting, sleeping or getting massages. To reduce leg cramps, avoiding prolonged standing was recommended. Additionally, drinking plenty of water was a common strategy to prevent constipation and haemorrhoids.[41,42,47]

The review also found a significant association between antenatal women's knowledge of minor ailments and various demographic factors, including age, education, family type, occupation, number of pregnancies, history of abortion, type of pregnancy and family income.[3,31,34,37,49] This may be because, as women get older, they may have more education, more life experience and visit health centres more often. This helps them get better health information to improve their knowledge and practice concerning minor disorders of pregnancy.[27,28,46,52] On the other side, younger women with less education may be unaware of these minor issues or about their management, leading to poor knowledge or skill regarding this.[53] Women of higher socio-economic

status have greater access to information from various sources to maintain healthy lifestyles, as well as the ability to acquire pregnancy necessities such as nutritious foods, hygiene products and materials, resulting in improved knowledge and self-care.[46,52] Women who possessed good knowledge about minor disorders of pregnancy were more likely to engage in effective practices compared to those with less knowledge.[32,54,55] This may be due to women who know about minor disorders being able to easily convince themselves and their family members to adopt healthier practices to prevent complications. Therefore, emphasis should be placed on the socio-economic status of pregnant women to improve their knowledge and practices regarding minor ailments of pregnancy.

This review found that the majority of women lacked adequate knowledge and practice concerning minor disorders of pregnancy and their management. Health care providers can play a crucial role in improving this by providing self-instructional modules, routine counselling and health education during antenatal visits at both institutional and community levels. Also, public awareness should be increased through mass media campaigns that focus on the complications and management of these minor disorders. The government can also establish standard guidelines for the safe home management of minor pregnancy-related discomforts and provide training to health care providers on routine counselling practices regarding this. A systematic review and meta-analysis or a qualitative study, is recommended to better understand the knowledge and practices related to minor disorders of pregnancy among pregnant women.

CONCLUSION

Although minor ailments during pregnancy are not life-threatening, they can have a substantial impact on a woman's physical comfort, mental health and daily life throughout the antenatal period. This review underscores a significant gap in knowledge among pregnant women regarding the identification and safe management of these common discomforts. Many rely on traditional home remedies without fully understanding when to seek medical help. This lack of awareness may lead to misinterpreting symptoms, which can cause fetal-maternal complications. Factors such as education level, socioeconomic status and parity were identified as determinants of maternal knowledge and practices. Notably, structured health education, counselling and antenatal classes have proven effective in improving maternal awareness and health outcomes. Incorporating these interventions into routine antenatal care is vital to empower mothers, facilitate early detection and management of minor ailments and contribute to safer pregnancies alongside better maternal and neonatal health.

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