

ASSESS THE KNOWLEDGE OF PREGNANT WOMEN REGARDING MORNING SICKNESS AT SELEDCTED HOSPITALS AT KALABURGI

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Abstract

Background: Nausea and vomiting of pregnancy (NVP) are common symptoms experienced during pregnancy. Both mild and severe symptoms can have significant morbidities and socioeconomic impact. Despite its frequency and associated distress, its exact cause is unknown.

Objective: To assess the knowledge regarding pregnant women regarding morning sickness at selected hospitals.

Methods: The study was conducted in selected hospitals by two data collectors and selected hospitals. The questionnaire were checked for completeness, cleaned manually and entered in to Epi- Data version 4.2. Then the data was transferred in to SPSS version 21.0 for further analysis. Descriptive statistics were carried out. Finally checked association between dependent and independent variables.

Result: showed that majority of 10 (17%) Pregnant women had good knowledge regarding morning sickness, 16 (26%) had poor knowledge regarding morning sickness, and 34 (57%) had average knowledge regarding morning sickness.

Conclusion: This study's findings on nausea and vomiting during pregnancy were consistent with previous studies. Sensory inputs were the primary triggers of symptoms, and more frequent vomiting was associated with increased hospitalization. The importance of supporting measures, rest, counseling, and guidance on diet and lifestyle adjustment must be emphasized, and early treatment of vomiting should be addressed.

Keyword: Assess, Morning Sickness, Pregnant Women, Knowledge, Treatment

INTRODUCTION

Pregnancy gastrointestinal and food-related disorders such as excessive salivation, food aversions, pica, nausea and vomiting in mild and severe forms (emesis and hyperemesis gravidarum) are all symptoms of the first and early second trimesters that can sometimes last until term and delivery [1]. Hyperemesis gravidarum is the most severe type of nausea and vomiting in pregnancy, characterized by persistent nausea and vomiting that causes dehydration, electrolyte and metabolic abnormalities, and nutritional deficits that may necessitate hospitalization. Pregnancy gastrointestinal and food-related disorders such as excessive salivation, food aversions, pica, nausea and vomiting in mild and severe forms (emesis and hyperemesis gravidarum) are all symptoms of the first and early second trimesters that can sometimes last until term and delivery [1]. Hyperemesis gravidarum is the most severe type of nausea and vomiting in pregnancy, characterized by persistent nausea and vomiting that causes dehydration, electrolyte and metabolic abnormalities, and nutritional deficits that may necessitate hospitalization [2].

The degree of nausea and vomiting can have an impact on pregnant women's physical and psychological/emotional health, as well as their family, social, and occupational functioning and maternal roles. Some women considered terminating previously intended pregnancies due to severe and protracted nausea and vomiting[3]. Many women lose time between paid employment and housework, resulting in a major economic hardship. Pregnancy illness symptoms cost England and Wales an

estimated 8.6 million hours of paid employment and 5.8 million hours of housework per year. Severe nausea and vomiting cause around 285,000 hospital discharges in the United States each year. Severe nausea and vomiting were projected to cost approximately \$130 million in the United States in 2002. This figure was calculated using costs associated with an estimated yearly average of 39,000 hospital admissions. It did not cover physician expenses, lost productivity at home or on the job, or the cost of additional patient care [4]. In Germany, in 2021, the yearly cost of hospital admittances alone for hyperemesis gravidarum was about 28 million Euros, and the cost of lost working hours and outpatient treatment is not even included in this amount [5].

The organic, biochemical, metabolic and psychic changes and their subsequent complications can be immense thereby threatening the basic survival of women. Basically, all the body systems can be affected and multiple organ failures can be entered as complications in the extreme cases. Women with hyperemesis gravidarum can lose over 5% of their body weight; suffer fluid and electrolyte and acid base imbalances; and moreover risk nutritional deficiencies. In some instances long-lasting, very intensive vomiting, might in rare cases lead to esophageal mucosal injury/tear (a Mallory-Weiss syndrome), rupture of esophagus or spleen, choroid bleedings, transient hyperthyroxinemia, pneumothorax as well as neurological complications such as myelinolysis of the cerebellum or Wernicke encephalopathy caused by lack of vitamin B1. The

precise etiology of nausea and vomiting is unknown, although it is commonly acknowledged that it is a complex disorder with genetic, physiological, behavioral, nutritional, social, and psychological contributing factors.[6].

Overall clinical symptoms are thought to be widely diverse and are influenced by the individual's age, marital status, place of residence, race/ethnicity, cultural, social, and educational background [7]. The entire scope and implications of nausea and vomiting in pregnancy necessitate early management, which is expected to reduce the intensity and length of the condition while also preventing complications. However, due to the condition's prevalence and the rarity of fatalities caused by it, both care providers and pregnant women frequently underestimate the impact of NVP, resulting in insufficient treatment [8].

METHODOLOGY

Study area and period

Study was conducted at selected hospitals at kalaburgi and study period one month.

Study design

A cross sectional study was conducted to attain the objectives of the study.

Population

Source and study population: All pregnant women who are coming to selected hospitals and whom can respond the required information without any difficulties.

Inclusion criteria and Exclusion criteria

Inclusion criteria:

- Pregnant women are visiting at selected hospital.
- pregnant women are interested for study

Exclusion criteria:

- Pregnant women are absent during data collection period
- Pregnant women severe health problem

Sample size: Convenient sampling technique selected 60 Pregnant women.

Variables

Dependent variable:

Morning sickness

Independent variables:

Age, Religion, educational status, occupational status, residence area, family monthly income and source of information.

Operational definition

Morning sickness: Defined as *nausea and vomiting that can occur at any time of the day during pregnancy.*

Knowledge: *applies to facts or ideas acquired by pregnant women regarding morning sickness like nausea, vomiting, headache.*

Pregnant women: Means *the human biological female reproductive condition of having a living unborn child within her body throughout the entire embryonic*

Hospital: Is the place providing pregnant women visiting to OPD and antenatal check up for promotion of health and prevention of diseases.

DATA QUALITY CONTROL

The data collection questionnaires were pretested on 5% of the sample size one week before the actual data collection date and will be reviewed in areas other than the study area. Following the pretest, the tools will be edited and changed to meet the study's objectives. The consistency of the data was monitored during the collection process by closely monitoring the data collectors and the collection method, as well as reviewing the collected data on a regular basis. Any items missing from the questionnaire that the data collectors misunderstood were immediately checked by the supervisors and corrected for the next day of data collection with the principal investigators.

DATA PROCESSING AND ANALYSIS

The collected data was washed, coded, and entered into the SPSS program before the actual study began. The data will be entered and analyzed using the statistical kit for social sciences (SPSS) version 20; the findings will be presented in a detailed description using frequencies, proportions, and cross tabs. Association between dependent and independent variables with a P-value less than 0.05 were considered statistically significant.

RESULT

Table:1: Socio-Demographic Characteristics of respondents

Characteristics		Frequency	Percentage (%)
Age in Years	18-20	25	42
	21-30	19	31
	30-35	16	27
Gravida	One	35	58
	second	15	25
	Third	10	17
Religion	Hindu	30	50
	Muslim	16	27
	Christian	14	23
	Others	0	0
Educational status	No formal education	18	30.0
	Primary	17	28
	secondary	9	15
	Higher secondary	10	17
	Bachelor	6	10.0
Occupational status	House wife	20	33
	Private	15	26
	Business	20	33
	Government	5	8
Residence area	Rural	25	42
	Urban	35	58
Family Monthly Income	5000-10000	24	40.0
	10000-20000	18	30.0
	More than 20000	18	30.0

As shown in the **Table (1)**, A total of 60 antenatal mothers took part in the study, resulting in a 100% response rate. According to the study, 25 respondents (42%) were age group between 18-20 years, 19 (31%) were 21-30 years and 16 (27%) were 30-35 years of age. Regarding the gravida of respondents, 35 (58%) were first gravida, 15 (25%) were second and 10 (17%) were

third. Rearding religion of the respondents, 30(50%) were Hindu,16(27%) were Muslim and 14(23%) were Christian. Regarding educational status of respondents 18(30%) were no formal education,17(28.3%) were primary education, 9 (15%) were secondary education, 10(17%) higher secondary and 6(10%) were bachelor degree or higher.60(100%) were living in rural areas. Regarding occupational status of pregnant women 20(33%) were housewife and business,15(26%) were private and 5(8%) were government job. Regarding residential status of pregnant women 35(58%) were urban area and 25(42%) were rural areas. Regarding family monthly income 24(40%) were income 5000 to 10,000rs, 18(30%) were income10,000 to 20,000 and more than 20,000.

Table:2: Knowledge status of respondents

Characteristics	Knowledge score	
	F	Percentage
Poor Knowledge	16	26%
Average Knowledge	34	57%
Good Knowledge	10	17%

According to Table 2, 10 (17%) Pregnant women had good knowledge regarding morning sickness, 16 (26%) had poor knowledge regarding morning sickness, and 34 (57%) had average knowledge regarding morning sickness. (Figure 1).

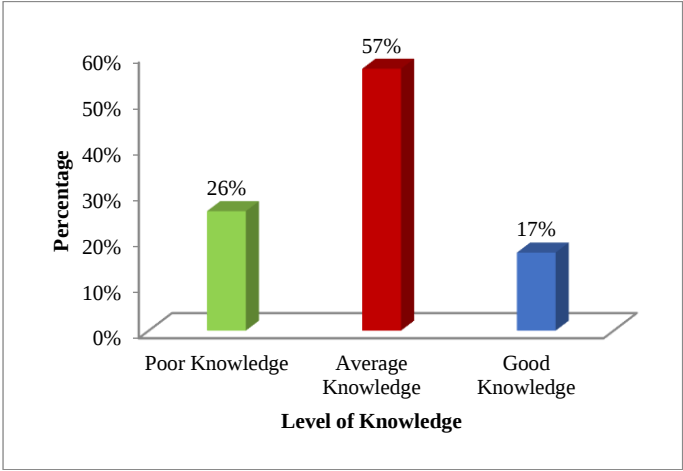


Fig:1: Level of Knowledge

Table: III: Association between Level of Knowledge of pregnant women with selected demographic variables.

		Knowledge level			Total	Chi square df	P value
variables		Poor	Average	Good			
Age (In Year)	18-20	8	15	4	27	2.370 2	0.873 NS
	21-30	5	9	4	18		
	30-35	3	10	2	15		
Gravida	One	10	15	4	29	0.330 1	0.391 NS
	second	3	15	4	22		
	Third	3	4	2	9		
Religion	Hindu	9	20	4	33	0.975 3	0.807 NS
	Muslim	3	6	3	12		
	Christian	4	8	3	15		
Educational status	No formal education	6	12	2	20	2.052 3	0.022 NS
	Primary education	3	10	2	15		
	Secondary	2	8	3	13		
	Higher Secondary education	2	2	2	6		
	Graduation and above	3	2	1	6		
Family monthly income	<5000-10000	6	15	3	24	1.599 3	0.355 NS
	10000-20000	4	4	2	10		
	>20000	6	15	5	26		
Occupational status	House wife	5	12	2	19	1.852 1	0.541 NS
	Private	5	11	3	19		
	Business	4	8	3	15		
	Government	2	3	2	7		
Residence area	Rural	9	20	6	35	1.951 2	0.924 NS
	Urban	7	14	4	25		

CI, confidence interval; *P-Value<0.05 NS-No significant, S-Significant

Table 3 Demonstrates that demographic variables like education status of pregnant women significant with knowledge level of pregnant women with morning sickness other demographic factors like age, Gravida, religion, occupational status, residence area and family monthly income no statistically significant relationship with knowledge level of pregnant women with morning sickness at the P<0.05 level of significance.

DISCUSSION

The finding in our study that 10 (17%) Pregnant women had good knowledge regarding morning sickness, 16 (26%) had poor

knowledge regarding morning sickness, and 34 (57%) had average knowledge regarding morning sickness. Similarly, our study found that 16.9% had nausea only and 49.6% had both nausea and vomiting occurring at the same time, which is consistent with the Gads by et al study, which found that 25% had nausea only and 52% reported both nausea and vomiting [7]. Our 6.1% figure for severe NVP is lower than the Canadian and Swedish reports of 19% and 17%, respectively. This disparity in severity is due to differences in methodology and severity definitions used; in our study, severe NVP was defined as a symptom requiring hospitalization, whereas in other studies, an

NVP index scale measure was used to grade the severity of nausea and vomiting [8].

NVP onset and severity reduced considerably with gestational age in women in their first and second trimesters of pregnancy. This is reasonable given that the natural course of NVP is a gradual improvement of symptoms as pregnancy advances, coinciding with the onset, peak, and drop of maternal HCG. This connection is also well confirmed in the current study [9]. Symptoms of NVP are assumed to occur predominantly in the early hours, which was indeed the most common period reported in our study subjects, with 147/286 (51.4%) of women experiencing just morning symptoms and 73 (25.5%) having symptoms at various times during the day.

CONCLUSION

Most of the pregnant women having poor and average knowledge regarding morning sickness need proper education and awareness about prevention of morning sickness.

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Competing Interests

- The authors declare no competing interests.

Financial competing interests

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