

Knowledge Matters: Evaluating Women's Knowledge about Selected Pregnancy-Related Discomforts

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ABSTRACT

Background: Common pregnancy discomforts, though non-pathological, can significantly affect maternal well-being if not properly managed. Understanding and addressing these discomforts is essential for promoting healthy pregnancy outcomes.

Aim: This study aimed to assess pregnant women's knowledge and practical knowledge regarding selected common pregnancy discomforts and to identify factors influencing their understanding and management.

Methods: A descriptive cross-sectional design was used. Data was conducted at Al-Ahsa Maternity and Children Hospital and three affiliated PHCs. A convenience sample of 131 low-risk pregnant women (aged 18–35) was selected based on Raosoft-calculated parameters. A structured electronic questionnaire assessed knowledge and practical knowledge related to symptoms such as nausea, back pain, heartburn, and other related symptoms. Scores were categorized as low, moderate, or good.

Results: While over half of participants demonstrated moderate knowledge, nearly three-quarters showed unsatisfactory practical knowledge levels. No significant associations were found between knowledge or practical knowledge and socio-demographic factors. However, greater symptom severity was significantly linked to improved practical knowledge.

Conclusion: Despite moderate awareness, practical management of pregnancy discomforts remains inadequate. Targeted antenatal education is needed to enhance maternal self-care and promote healthier pregnancy experiences.

Keywords: Antenatal Education, Maternal Health, Pregnancy Discomforts, Saudi Arabia, Self-Care Practices, Symptom Management, Third Trimester, Women's Knowledge

Introduction

Maternity care saw major advancements during the early 20th century, notably with the transition of childbirth from home settings to hospital environments. Today, healthcare continues to evolve rapidly to meet growing demands, while professionals remain committed to upholding high standards of patient care amid these changes [1].

Pregnancy is a transformative period marked by complex physiological and psychological changes that support fetal development but often lead to a range of discomforts. These changes, while normal, can significantly affect a mother's emotional well-being and daily functioning. According to recent WHO guidelines, many pregnancy-related symptoms—such as nausea, fatigue, and musculoskeletal pain—are not pathological but require timely support to prevent escalation into complications [2].

Recent clinical evidence emphasizes that common discomforts like heartburn, back pain, and leg cramps are among the most

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frequently reported issues during pregnancy, often varying by trimester and individual factors [3]. These symptoms, though expected, can become distressing if prolonged or unmanaged. The American College of Obstetricians and Gynecologists (ACOG) highlights the importance of early identification and personalized management strategies, including lifestyle modifications, posture training, and psychosocial support, to maintain maternal health and prevent unnecessary interventions [4].

Moreover, a global analysis by The Lancet underscores that maternal health outcomes are influenced not only by clinical care but also by awareness, education, and access to evidence-based guidance [5]. This reinforces the need for structured antenatal education programs that equip mothers with practical knowledge and self-care strategies to manage discomforts effectively and reduce the risk of adverse outcomes.

During pregnancy, the maternal body undergoes extensive anatomical, physiological, and biochemical changes beyond the reproductive system, primarily to support fetal development [6]. These adaptations often lead to common pregnancy discomforts, which stem from hormonal, metabolic, postural, and structural shifts [7]. The nature and intensity of these discomforts vary among individuals and across trimesters. Early pregnancy commonly presents with fatigue, nausea, vomiting, frequent urination, constipation, and vaginal discharge, while later stages may involve back pain, leg cramps, edema, fainting, insomnia, and varicosities [8].

According to the World Health Organization, the most frequently reported discomforts include nausea, vomiting, heartburn, leg cramps, lower back and pelvic pain, constipation, varicose veins, and edema [9]. Although these symptoms are not classified as illnesses, they can significantly affect a mother's comfort, mood, and daily functioning [10]. Moreover, these discomforts can be cumulative and, if intensified, may pose risks to both maternal and fetal health. Research indicates that prolonged discomforts—especially nausea and vomiting—can lead to adverse outcomes, with one study reporting that 43.1% of pregnancy-related hospital admissions were due to these symptoms [11]. Therefore, it is essential for expectant mothers to be informed about common discomforts and effective management strategies [10].

Significance of the Study

This study addresses a critical gap in maternal health education in Saudi Arabia by examining mothers' knowledge and practical knowledge in managing common pregnancy discomforts. Despite advancements in antenatal care services, many pregnant women in the Kingdom continue to experience preventable discomforts that affect their quality of life and may lead to unnecessary clinical visits or complications if left unmanaged [12]. By identifying knowledge levels and practice patterns, this research supports the development of culturally appropriate educational interventions that empower women with self-care strategies during pregnancy.

The significance of this study is further underscored by findings from Haitham, who reported that primigravida women in Saudi Arabia often lack adequate understanding of how to manage

common pregnancy-related symptoms [13]. Addressing this gap aligns with the goals of Saudi Vision 2030, which emphasizes preventive healthcare, health literacy, and improved maternal outcomes. The study's findings can inform policy makers, healthcare educators, and practitioners in designing evidence-based, accessible antenatal programs that enhance maternal well-being and reduce the burden on healthcare systems.

Aim of the Study

To evaluate women's knowledge and practical knowledge of selected common pregnancy discomforts and explore the factors that influence their understanding and management practices.

Objectives

1. To assess women's awareness and comprehension of common discomforts experienced during pregnancy.
2. To identify the primary sources of information women use to manage pregnancy-related discomforts.
3. To analyze the association between socio-demographic variables (such as age, educational attainment, and parity) and women's knowledge levels regarding pregnancy discomforts.

Methods

Research design

This study employed a descriptive cross-sectional research design to assess the level of knowledge among women regarding selected common pregnancy discomforts.

Data Collection Methods

Data were collected using a structured self-administered questionnaire, which included items related to common pregnancy discomforts such as nausea, back pain, heartburn, and leg cramps. The questionnaire also gathered socio-demographic information to explore potential correlations between knowledge levels and variables such as age, education, parity, and antenatal care attendance.

Study Setting

The study was done at the Maternity and Children Hospital (MCH) in Al-Ahsa, managed by the Al-Ahsa Health Cluster (AHC) under the MOH. It was decided to select MCH because it has been recognized as a prominent public hospital within the region, focusing on providing specialized healthcare services for women, children, and newborns. And three primary health centers (PHCs) that are affiliated with the MCH, Mahasin, Al-Rashdiya, and Shamal-Mubariz PHCs.

Sampling, Study Population, and Sample Size

A non-probability convenience sampling technique was adopted to select the sample for this study.

The target population for this study was pregnant mothers at the selected sites. The population readily available for study was pregnant mothers presenting in OPDs and antenatal clinics in the selected PHCs at the time of data collection. The study population was calculated by counting the monthly visits of mothers in the chosen setting, specifically, for the two-month period that was planned for data collection; it was determined to be 98 mothers per month, as provided by MCH; therefore,

the population size for this study was determined to be 196. The required sample size was 131 mothers. This was calculated by using the Raosoft website (Sample Size Calculator; Raosoft Inc.) with a margin of error of 5%, a confidence level of 95%, and a response distribution of 50%. A number of inclusion criteria were considered when selecting the sample: (a) age range between 18 and 35 years old; (b) mothers with low-risk pregnancies; (c) Arabic-speaking mothers; and (d) being able to use an electronic device. Furthermore, a number of exclusion criteria were taken into account: (a) mothers with a high-risk pregnancy representing a medical, surgical, or obstetrical condition such as antepartum hemorrhage, gestational diabetes mellitus (GDM), or pregnancy-induced hypertension; and (b) mothers aged below 18 years or above 35 years.

Study Tools

Section I: Demographic Data

Description of demographic data of the mother, such as age, educational level, occupation, family income, and source of information.

Section II: Obstetric History

This comprises the number of previous pregnancies; gestational age for the current pregnancy; a description of the current pregnancy discomforts, specifically, the starting time of the pregnancy discomforts; and the intensity of the pregnancy discomforts.

Section III: Knowledge Assessment Regarding Pregnancy Discomforts

This section contains 22 multiple-choice grid questions presented in tables, which enable the mothers to select one answer in each row. In data analysis, these questions are displayed in an Excel sheet as multiple-choice questions (MCQs), with a total of 63 MCQs.

Section IV: Knowledge Assessment Regarding the Correct Management Choices of Pregnancy Discomforts.

This section contains nine multiple-choice grid questions presented in tables, which enable the mothers to select one answer in each row. In data analysis, these questions are displayed in an Excel sheet as MCQs, with a total of 47 MCQs.

The Scoring System

The test consists of 110 items in a grid format: 63 questions in section one focuses on knowledge about pregnancy discomforts, their causes, and warning signs, and 47 questions in Section two focuses on practical knowledge in managing pregnancy discomforts. The total score is 94 points, with 47 points allocated to the knowledge part and 47 points to the practical knowledge section.

Correct answers were granted a score of 1, while incorrect answers or responses of “I don’t know” received a score of 0. The cumulative score obtained by the mothers reflects their level of knowledge. The scores were converted to percentages and categorized into three groups, as shown in Table 3-1: scores below 50% indicate a low knowledge level, scores between 50% and 75% indicate a moderate knowledge level, and scores over 75% indicate a good knowledge level.

Data Collection Procedures

The data collection process commenced on February 8, 2024, subsequent to obtaining Institutional Review Board (IRB) approval from both King Saud University and Al-Ahsa Health Cluster and lasted for one month.

Ethical Consideration

Ethical approval was obtained from the King Saud University IRB in June 6, 2023 and then from the AHC IRB in July 2023. Before the questionnaire, informed consent was obtained from all mothers, emphasizing voluntary participation, confidentiality, and their right to withdraw. All data were securely stored for five years with access limited to the researcher.

Results

The results section presents findings derived from data collected from 131 mothers regarding their obstetrical characteristics, knowledge levels, and management practices related to common pregnancy discomforts. Using structured instruments, the study captured detailed insights into participants’ experiences, awareness, and responses to various discomforts.

Demographic Characteristics (N=131)

The study aimed to assess mothers’ knowledge level regarding the causes of pregnancy discomforts, warning signs associated with them, and their knowledge of appropriate management and practice options. Regarding age distribution, the majority of participants (51.91%) fell within the age range of 21 to 25 years old, followed by 25.95% in the 26 to 30 age group. Participants aged 31 to 35 constituted 19.08% of the sample, while those aged 18 to 20 were the smallest group at 3.05%.

In terms of educational attainment, the vast majority of participants (80.92%) reported having attained a university degree. High school graduates comprised 17.56% of the sample, whereas individuals with primary or middle school education represented a negligible percentage of 0.76% each. Regarding occupation, a considerable proportion of participants (74.81%) identified as housewives, while 25.19% reported being employed as workers. In relation to income, the largest group of participants (43.51%) reported a monthly family income of less than 5000 SR, followed by 37.40% in the 5000–10,000 SR range. A smaller proportion of participants reported monthly incomes ranging from 10,001 to 15,000 SR (12.21%), with the smallest group earning more than 15,000 SR (6.87%).

These demographic characteristics provide an overview of the participants’ age, educational level, occupation, and income. These factors may influence their knowledge level regarding common pregnancy discomforts and their management options as shown in Table 1.

Table 1: Description of Demographic Characteristics

Demographic statistics	Count	Percent
Age		
18-20	4	3.05 %
21 -25	68	51.91 %
26 - 30	34	25.95 %

31 - 35	25	19.08 %
Educational level		
Primary School	1	0.76 %
Middle School	1	0.76 %
High School	23	17.56 %
University	106	80.92 %
Occupation		
Worker	33	25.19 %
Housewife	98	74.81
Income		
Less than 5000 SR	57	43.51
5000 - 10,000 SR	49	37.40
10,001 - 15,000 SR	16	12.21
More than 15,000 SR	9	6.87

Table (2): Mothers' Information Sources

The analysis included sources of information on common pregnancy discomforts as part of the demographic data. Table (2) shows that mothers relied on varied sources, with the most frequent being a combination of family, friends, media, and healthcare providers (13.8%). Family appeared in 65.6% of responses, followed by media (55.7%), healthcare providers (51%), and friends (38.9%). The diversity of combinations—such as family with media or healthcare providers—reflects a multifaceted approach to seeking guidance on managing pregnancy discomforts at home.

Table 2: Descriptive of Mothers' Information Sources

Information Sources	Count	Percent
All: Family, Friends, Media, and Health Care Providers	20	13.8 %
Family, Media, and Health Care Providers	13	9.0 %
Family & Health Care Providers	12	8.3 %
Family only	11	7.6 %
Family, Friends, and Media	11	7.6 %
Other source	11	7.6 %
Family & Media	9	6.2 %
Health Care Providers only	9	6.2 %
Media only	9	6.2 %
Family, Friends, and Health Care Providers	6	4.1 %
Media & Health Care Providers	6	4.1 %

Friends only	5	3.4 %
Family & Friends	4	2.8 %
Friends and Media	4	2.8 %
Friends, Media, and Health Care Providers	1	0.7 %
Total	131 mothers	

Table (3): Obstetrical Characteristics

The study explored obstetrical characteristics and pregnancy discomforts among participants. Most reported moderate discomfort (74.05%), followed by severe (19.08%) and mild (6.87%) levels. On average, participants had 2.02 previous pregnancies (range: 1–5), with current gestational age averaging 24.97 weeks (range: 4–41). Discomfort typically began around the 9th week (range: 1–36). These findings highlight prevalent discomfort patterns and their onset, offering valuable guidance for tailored prenatal care.

Table 3: Description of Obstetrical Characteristics

Variable	Count/ Mean	Percent/ SD	Minimum	Maximum
Pregnancy Discomfort Severity				
mild	9	6.87		
moderate	97	74.05		
severe	25	19.08		
Number of previous pregnancies	2.02	1.19	1	5
Gestational age for the current pregnancy weeks	24.97	10.73	4	41
The time when discomforts begin to occur is in the.....week	9.22	6.27	1	36

Table (4): Mothers' Knowledge Levels on Common Pregnancy Discomforts

The study assessed mothers' knowledge of selected common pregnancy discomforts, their causes, and associated warning signs using a 63-item questionnaire. This tool measured both general awareness and understanding of specific discomforts. As shown in Table (4), individual item scores ranged from 2.09 to 6.55, with an overall average score of 37.04 out of 58. Standard deviations between 1.34 and 2.04 reflected moderate variation in responses. Participants' scores covered the full range of possible values across all items and subscales.

Table 4: Description of Mothers' Knowledge Levels on Common Pregnancy Discomforts

Variables	Number of questions	Mean	Std Dev	Minimum	Maximum
General Knowledge	10	6.55	1.91	0	10
Nausea vomiting	7	3.87	1.97	0	7
Heartburn	8	4.52	1.78	0	8
Constipation	5	3.15	1.34	0	5
Fatigue	5	3.28	1.45	0	5
Excessive salivation	4	2.09	1.44	0	4

Hemorrhoids	5	2.78	1.66	0	5
Varicose veins	6	2.37	1.97	0	6
Shortness of breath	8	4.93	2.04	0	8
Frequent urination	5	3.47	1.33	0	5
Total score	63	37.04	11.48	0	63

Table (5): Level of Mothers' Knowledge Levels on Common Pregnancy Discomforts

presents an overview of mothers' overall knowledge levels. About 29.01% demonstrated limited understanding, scoring below 50%. A larger segment, 46.56%, showed moderate knowledge with scores between 50% and 75%, while only 24.43% attained high knowledge levels, scoring 75% or above.

When examining specific areas, mothers showed stronger awareness of general pregnancy information (mean score: 6.55/10) and shortness of breath (4.93/8). In contrast, lower scores were observed for excessive salivation (2.09/4), hemorrhoids (2.78/5), and varicose veins (2.37/6), indicating weaker familiarity with these discomforts.

Table 5: Level of Mothers' Knowledge Levels on Common Pregnancy Discomforts

Variables	Frequency	Percent
Low knowledge scored less (<50%)	38	29.01%
Average knowledge (50%- <75%)	61	46.56%
Good knowledge scored (75% or more).	32	24.43%

Table (6): Levels of knowledge regarding managing common pregnancy discomforts

illustrates mothers' practical knowledge in managing common pregnancy discomforts, with an overall mean score of 36.82 out of 47. Higher scores were noted for nausea, heartburn, and constipation, while lower scores appeared for excessive salivation, varicose veins, and fatigue—indicating uneven familiarity across symptoms.

Table 6: Levels of Practical knowledge in Managing Common Pregnancy Discomforts.

Variables	Number of questions	Mean	Std Dev	Minimum	Maximum
Nausea vomiting	10	6.65	1.78	1	10
Heartburn	9	6.74	1.88	0	9
Constipation	7	5.87	1.41	0	7
Fatigue	3	2.48	0.76	0	3
Excessive saliva secretion	2	1.37	0.64	0	2
Hemorrhoids	5	4.22	1.04	0	5
Varicose veins	1	0.83	0.38	0	1
Shortness of breath	5	4.44	1.07	0	5
Frequent urination	5	4.21	1.05	0	5
Total Score	47	36.82	7.02	1	47

Table (7): Levels of Practical knowledge in Managing Common Pregnancy Discomforts.

Meanwhile, Table (7) shows that 66.41% of mothers demonstrated good practice levels ($\geq 75\%$), 30.53% had average practice (50–75%), and only 3.05% scored below 50%. These findings suggest generally strong management knowledge, though targeted education is needed to address gaps in specific areas.

Table 7: Levels of Practical knowledge in Managing Common Pregnancy Discomforts

Variables	Frequency	Percent
Low practice scored (<50%)	4	3.05%
Average practice (50%-75%)	40	30.53%
Good practice scored (75% or more)	87	66.41%

Table (8): Demographic associations with knowledge of common pregnancy discomforts

summarizes the analysis of demographic associations with mothers' knowledge of common pregnancy discomforts. Statistical tests showed no significant relationships between knowledge scores and age, education, occupation, income, or pregnancy history. Scores were consistent across age groups, educational levels, and discomfort severity. Correlations with gestational age, onset of discomforts, and number of previous pregnancies were also non-significant.

Table 8: Association Between Demographic Characteristics and Knowledge Level Regarding Common Pregnancy Discomforts

Demographic Characteristic	N	Mean	Std. Deviation	F/T/r	P-value
Age				1.02	0.385
18-20	4	31.00	13.90		
21-25	68	36.94	10.52		
26-30	34	39.29	13.19		
31-35	25	35.20	11.19		
Educational Level				0.34	0.798
Primary School	1	33.00	-		
Middle School	1	42.00	-		
High School	23	38.87	9.70		
University	106	36.63	11.93		
Occupation				0.17	0.685
Worker	33	36.33	15.17		
Housewife	98	37.28	10.03		
Monthly Income for the Family				0.53	0.664
Less than 5000 SR	57	36.75	11.96		
5000 - 10,000 SR	49	36.12	12.20		
10,001 - 15,000 SR	16	38.88	9.39		
More than 15,000 SR	9	40.56	7.47		
Severity of Pregnancy Discomforts				1.20	0.304
Mild	9	31.67	18.67		
Moderate	97	37.15	10.69		
Severe	25	38.52	11.31		
The time when discomforts begin to occur is in the.....week	131	9.22	6.27	-0.111	0.206
Gestational age for the current pregnancy weeks	131	24.97	10.73	0.001	0.99
Number of previous pregnancies	131	2.02	1.19	0.103	0.242

Table (9) explores demographic associations with mothers' management of common pregnancy discomforts. Most factors—age, education, occupation, income, gestational age, and pregnancy history—showed no significant impact on practice levels (all $p > 0.05$). However, severity of discomforts was significantly associated with better practical knowledge ($F=3.85$, $p=0.024$), as mothers experiencing severe discomfort scored higher (39.76) than those with mild symptoms (33), as shown in Table (10). These findings suggest that greater discomfort may prompt more effective self-care strategies.

Table 9: Association Between Demographic Characteristics and Practical Knowledge Level Regarding Managing Common Pregnancy Discomforts

Variable	N	Mean	Std. Deviation	F	P-value
Age				2.14	0.099
18-20	4	28.25	14.08		
21 -25	68	37	6.42		
26 - 30	34	36.97	7.96		
31 - 35	25	37.48	5.23		
Education				0.08	0.971
Primary School	1	36	NaN		
Middle School	1	38	NaN		
High School	23	36.22	6.49		
University	106	36.94	7.22		
Occupation				0.12	0.733
Worker	33	36.45	9.53		
Housewife	98	36.94	6		

Monthly income for the family				0.12	0.733
Less than 5000 SR	57	37.33	6.78		
5000 - 10,000 SR	49	36.37	7.63		
10,001 - 15,000 SR	16	36.25	7.04		
More than 15,000 SR	9	37	5.74		
The severity of discomforts during pregnancy				3.85	0.024
mild	9	33	13.09		
moderate	97	36.41	6.43		
severe	25	39.76	5.41		
The time when discomforts begin to occur is in the _....._ week	131	9.22	6.27	-0.09	0.283
Gestational age for the current pregnancy weeks	131	24.97	10.73	-0.05	0.533
Number of previous pregnancies	131	2.02	1.19	0.005	0.955

Table 10: Post-Hoc Analysis of Practice Levels and Discomfort Severity

Comparison	Mean Difference (I - J)	Std. Error	Sig.	95% Confidence Interval
mild - moderate	-3.41	2.39	0.331	(-9.09, 2.27)
mild - severe	-6.76	2.67	0.033	(-13.09, -0.43)
moderate - mild	3.41	2.39	0.331	(-2.27, 9.09)
moderate - severe	-3.35	1.54	0.080	(-7.00, 0.31)
severe - mild	6.76	2.67	0.033	(0.43, 13.09)
severe - moderate	3.35	1.54	0.080	(-0.31, 7.00)

Discussion

This study explored mothers' knowledge and practical knowledge regarding common pregnancy discomforts, revealing important insights into maternal awareness, symptom management, and the influence of demographic factors. The overall findings suggest that while most participants demonstrated a good level of knowledge and practical knowledge, specific gaps remain in managing certain discomforts, such as varicose veins, excessive salivation, and fatigue. These findings align with Sharma et al., who emphasized that adequate knowledge and proper management of pregnancy discomforts are essential for healthy pregnancy outcomes, yet many women still lack sufficient awareness and practical skills [14].

The high mean scores for nausea, heartburn, and constipation reflect widespread familiarity with these symptoms, likely due to their early onset and frequent discussion in antenatal care settings. These results align with WHO reports identifying nausea and vomiting as the most commonly reported discomforts [9]. However, lower scores in managing less-discussed symptoms suggest a need for broader educational coverage in antenatal programs. Similar findings were reported by Elrefaey et al., who emphasized that discomforts like varicosities and insomnia are often under-addressed despite their impact on maternal well-being [8].

Demographic analysis showed no significant associations between knowledge or practical knowledge levels and variables such as age, education, occupation, or income. This suggests that maternal understanding of pregnancy discomforts may be shaped more by experiential factors or healthcare exposure than by socio-demographic background. These findings are consistent with Haitham, who found that primigravida women

in Saudi Arabia often lacked practical knowledge regardless of their educational level [13].

Interestingly, the severity of experienced discomforts was the only factor significantly associated with higher practical knowledge scores. Mothers who reported severe symptoms demonstrated better management strategies, possibly due to increased motivation to seek relief or more frequent interactions with healthcare providers. This supports Aldhafeeri et al., who noted that symptom intensity often drives health-seeking behavior and engagement with educational resources [12].

Overall, the study highlights the importance of comprehensive, symptom-inclusive antenatal education. While general knowledge is strong, targeted interventions are needed to address overlooked discomforts and ensure equitable access to self-care strategies. These findings support Saudi Arabia's Vision 2030 goals for preventive care and maternal empowerment, emphasizing the role of structured health education in improving pregnancy outcomes.

Conclusion

The findings of this study reveal that while pregnant women demonstrated moderate knowledge regarding common pregnancy discomforts, their practical management strategies were generally unsatisfactory. No significant associations were found between knowledge or practice levels and socio-demographic factors such as age, education, occupation, or income. However, the severity of experienced discomforts was positively associated with improved self-care practices, suggesting that symptom intensity may motivate more active engagement in management.

These results underscore the need for comprehensive antenatal education that goes beyond basic awareness to include practical, culturally tailored guidance on managing discomforts throughout pregnancy. Strengthening maternal knowledge and empowering women with effective self-care strategies can contribute to healthier pregnancy outcomes and improved maternal well-being. Future programs should prioritize symptom-specific education and ensure equitable access to resources across diverse maternal populations.

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