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How women manage nausea and vomiting during pregnancy: a Jordanian study

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ABSTRACT

Objective: to explore the strategies used by Jordanian women to manage nausea and vomiting during pregnancy.
Design: cross sectional descriptive study.
Setting: the three regions of Jordan.
Participants: 235 women aged 18–54 years who had been pregnant.
Findings: there a number of strategies were used by Jordanian women in the sample for the alleviation of nausea and vomiting of pregnancy, varying from non-pharmacological strategies such as diet and lifestyle changes to the use of complementary alternative medicine and pharmacological treatments.
Implications for practice: preparing women and their families to manage nausea and vomiting during pregnancy effectively is important; midwives should encourage women to seek help from care providers when they need it, and continue to assess nausea and vomiting and management strategies during the first weeks of pregnancy.

Introduction

Nausea and vomiting are a common symptom of pregnancy, affecting approximately 70–85% of pregnant women (Jewell and Young, 2003). Nausea and vomiting associated with pregnancy are commonly known as 'morning sickness' with an onset which often begins between the fourth and seventh week after the first missed menstrual period and resolves by the 20th week of gestation (Gadsby et al., 1993). Nausea and vomiting are considered a typical and almost inevitable feature of pregnancy; something to be expected, survived, resisted, resented and acknowledged by others (Locock et al., 2008), and a sickness that is accompanied by a joyful perception of the new life developing within (Chou et al., 2006).

A review of evidence-based management of nausea and vomiting in pregnancy found that these discomforts have a profound effect on women's health and quality of life during pregnancy, as well as a financial impact on the health-care system, and early recognition and management are recommended (Arsenault et al., 2002). Nausea and vomiting can impose substantial lifestyle limitations on pregnant women that can have a significant impact on the quality of family life, on a woman's ability to perform daily activities, and on her social functioning (O'Brien and Naber, 1992; Smith et al., 2000) and on stress levels (Kuo et al., 2007). Even when the condition is mild, symptoms can cause considerable distress and temporary disability (O'Brien and Naber, 1992; Smith et al., 2000). Women often try their best to find coping strategies based on their views (Chou et al., 2006). Helping women to prepare for managing discomfort and potential negative emotions during pregnancy are important aspects of antenatal care.

Research on management of nausea and vomiting during pregnancy has identified that management of these discomforts depends on the severity of symptoms and can range from dietary changes to hospitalisation and total parental nutrition. Researchers recommend management beginning with dietary and lifestyle changes, moving to medication if necessary (Davis, 2004). Navidoxine, a combination of meclozine hydrochloride and pyridoxine hydrochloride, is currently commonly prescribed in Jordan for nausea and vomiting during pregnancy. A review of evidence on the interventions for nausea and vomiting in early pregnancy shows that anti-emetic medication appears to reduce the frequency of nausea in early pregnancy with some adverse effects, but other alternatives such as acupressure and ginger may have no adverse effects (Jewell and Young, 2003).

Concern about the harmful effect of medication on the fetus many cause many women not to seek treatment or to try alternative therapies for nausea and vomiting. Lack of treatment, on some occasions, could lead to serious consequences that result in hospitalization with potential significant emotional and financial costs. On the other hand, using alternative therapies during pregnancy may have harmful effect on the woman and her fetus. Research has not adequately addressed whether such

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alternative therapies are safe for women and fetuses (Chandra et al., 2002). Research shows that herbal medicines and alternative treatments are often included in common advice offered by midwives and nurses for nausea and vomiting of pregnancy, and emphasises the need for increased awareness of the evidence for any treatment or supplement suggested for women (Allaire et al., 2000; Wills and Forster, 2008).

Given the high incidence of nausea and vomiting in women during pregnancy and its impact on quality of life, there is a clear need to develop a better understanding of how women manage nausea and vomiting during pregnancy. Research in Jordan regarding nausea and vomiting during pregnancy is lacking. This information is needed as part of a comprehensive management programme for pregnancy as well as estimating the burden of this condition on women's well-being. Therefore, the aim of this research was to explore the strategies used by Jordanian women to manage nausea and vomiting in pregnancy. The specific research objectives were:

- to describe the strategies used by Jordanian women to manage nausea and vomiting in pregnancy;
- to identify differences in the strategies chosen by women with different demographic characteristics; and
- to describe the usefulness of strategies are that women choose in alleviating their nausea and vomiting from their own perception.

Methods

Design

A cross-sectional, descriptive study.

Sample

A convenience sample of all Jordanian women attending maternal and childhealth centres during a two month period. Women who were pregnant at the time of the study or who had previously had at least one full-term pregnancy were invited to participate.

Data collection

The study was conducted over a two-month period in maternal and childhealth centres located in different areas of Jordan. Data were collected using open-ended questions contained in a study-specific form handed out to all the participants by midwives who worked in the participating centres. The midwives asked the women for their consent to take part and provided written explanation about the study. The data collection form was written in Arabic and had two parts. In the first part, an introductory section about the study was provided, with a section for women to provide personal background information. In the second part, women were asked if they have ever suffered from nausea and vomiting, and if so, to answer the following questions.

- Please list things you have used to alleviate nausea and vomiting during your pregnancy.
- Were these ways of dealing with nausea and vomiting useful or not?

Ethics

Ethical approval to conduct the study was granted by the Human Research Committee in the Faculty of Nursing, Mutah University, and the Ministry of Health, Jordan. Written consent was obtained from each woman.

Analysis

Data were analysed using content analysis, a process of categorisation based on prominent themes and patterns expressed in the text (Polit and Beck, 2008). Participants' responses were transcribed verbatim by the researcher. Categories were developed based on the research objectives. Frequency distributions and cross-tabulations were carried out using Statistical Package for the Social Sciences (SPSS Inc, Chicago, IL, USA) Version 16 to identify differences in the strategies chosen by women with different characteristics.

Findings

Characteristics of participants

Two-hundred and ninety women were approached for participation. Two-hundred and thirty-five (81%) women agreed to take part and completed a copy of the data collection tool over the two months of the study. The women's ages ranged from 18 to 54 years. The characteristics of participants are shown in Table 1.

Strategies used by women to manage nausea and vomiting

Of the 235 women who responded, 195 (83%) reported that they had experienced nausea and vomiting during pregnancy. Only 40 (17%) of the women did not report any problems. Of the 195 women who experienced nausea and vomiting during pregnancy, 31 (16%) women did nothing to alleviate this discomfort. The remaining 164 (84%) used different strategies to manage these discomforts. These strategies varied from pharmacological treatments prescribed by a doctor, non-pharmacological

Table 1
Demographic characteristics of study participants.

	n=235	%
Age (years) range (18–54)		
< 20	4	2.0
20–29	73	31.0
30–39	95	40.0
≥ 40	63	27.0
Education level		
≤ High school	105	45.0
Diploma (2 years)	45	19.0
≥ Bachelor	85	36.0
Health insurance		
Government	98	42.0
Military	81	35.0
Private	46	20.0
No insurance	10	4.0
Region of residency		
North	38	16.0
Middle	49	21.0
South	148	63.0
Work status (woman)		
Employed	115	49.0
Not employed	120	51.0
Work status (husband)		
Employed	202	86.0
Not employed	33	14.0
Monthly income (Jordanian dinar)		
< 200	43	18.0
200–399	46	20.0
400–599	68	29.0
≥ 600	78	33.0