



**HEALTH PROMOTION STRATEGIES DURING PREGNANCY:
*Pregnancy Myths and Discomforts***

1. Interview a pregnant woman or any woman who has been pregnant (face-to-face, if possible, or via Messenger, Text, Call, etc.). Ask her on what discomforts did she feel during her entire pregnancy. List the discomforts she identified and examine if she did it right and what intervention could've been a better way of managing her discomfort.

Pregnancy discomfort	Own Management	Proper Management (Silbert-Flagg & Pillitteri, 2018) and (Baccay, 2022)
1. Breast tenderness	<ul style="list-style-type: none"> No particular management to directly address the tenderness was done as she merely accepted the discomfort as part of the pregnancy. Larger bras were bought and used to accommodate the size increase of breasts which were said to indirectly manage the tenderness as well. 	<ul style="list-style-type: none"> Wear bra with wide shoulder strap for support. Dress warmly to avoid exposure to cold air which makes breast tenderness noticeable.
2. Constipation	<ul style="list-style-type: none"> Eat oat meals and fibrous fruits and vegetables. Drink lots of water and milk. 	<ul style="list-style-type: none"> Increase intake of fibrous meals. Drink adequate amount of water and fluids (at least 8 glasses a day).
3. Nausea and dizziness	<ul style="list-style-type: none"> Inhale the scent of vapor rub and other fragrant oils. Lie down if possible. Apply fragrant oils on the sides of the forehead. 	<ul style="list-style-type: none"> Receive acupressure. Drink mild-flavored ginger tea. Intake of dry crackers and sour ball candies. Fragrant scents may be helpful in relieving nausea and dizziness.
4. Vomiting	<ul style="list-style-type: none"> No particular management was done. 	
5. Fatigue	<ul style="list-style-type: none"> Stop any task or work and lie down to rest. 	<ul style="list-style-type: none"> The management done is correct and addresses the problem but can be improved. For better management, establishing a protected time for rest daily, at least once should be done. Feet should also be elevated.
6. Muscle cramps in the calves	<ul style="list-style-type: none"> Receive massages from husband. 	<ul style="list-style-type: none"> Management can be further improved. Lie down and extend the leg experiencing cramps; straighten leg and dorsiflex the foot. Take calcium supplements. Stretch legs with toes pointed upward. Elevate legs frequently.
7. Varicosities	<ul style="list-style-type: none"> Applied oils bought that are said to be used for pregnancy from a local drug and cosmetic store. 	<ul style="list-style-type: none"> Rest in Sims position or lie on the back with legs elevated against the wall or on a stool for 15-20 mins., twice daily.

		<ul style="list-style-type: none"> • Avoid sitting cross-legged or with knees bent. • Wear medical support stockings. • Exercise by taking walk breaks from work or chores. • Take Vitamin C and fresh fruits or juices.
8. Hemorrhoids	<ul style="list-style-type: none"> • No management was done during pregnancy. • Sitting on a urinal containing hot water and allowing the steam to heat up the perianal area after pregnancy. Sometimes it would also contain guava leaves. 	<ul style="list-style-type: none"> • Have daily bowel movements. • Drink sufficient fluids and eat adequate fibrous foods. • Rest in modified Sims position or assume a knee-chest position for 10-15 mins to reduce rectal vein pressure. • Stool softeners may be needed. • Use cold compress or OTC hemorrhoid cream for pain relief.
9. Heart palpitations	<ul style="list-style-type: none"> • Stop any activity and drink water. 	<ul style="list-style-type: none"> • Avoid sudden movements that may trigger bounding heart palpitations. • Encourage slow movements for prevention.
10. Frequent urination	<ul style="list-style-type: none"> • A urinal is within reach for easy access to voiding. 	<ul style="list-style-type: none"> • The management done addresses the need for frequent voiding which is normal. • Other additional managements may include decreasing caffeine intake.
11. Abdominal discomfort	<ul style="list-style-type: none"> • No particular management to directly address the tenderness was done as she merely accepted the discomfort as part of the pregnancy. 	<ul style="list-style-type: none"> • Cross arms over the abdomen as the weight applied provides discomfort relief. • Move slowly from a lying to sitting or sitting to standing positions.
12. Leukorrhea	<ul style="list-style-type: none"> • Washing of genital area with mild soap and water. 	<ul style="list-style-type: none"> • Management done is correct and addresses risk for vulvar excoriations and accumulation of discharge. • Other additional managements may include wearing of cotton underwear or sleeping without one. • Wear loose clothing for the lower extremities. • Perineal pads may be needed.
13. Backaches	<ul style="list-style-type: none"> • Receive massage using oil from husband. • Lie down laterally while supporting and cushioning the back with pillows. 	<ul style="list-style-type: none"> • Management done addresses discomfort but needs improvement. • Lying down may be improved with feet elevation. • Proper posture involving straight pelvis and holding the head high is necessary. • Practice pelvic rock exercises, which includes arching of the back while putting the head down in all fours. • Limit use of high heels.
14. Headache	<ul style="list-style-type: none"> • Take acetaminophen to relieve pain, particularly during severe headaches. 	<ul style="list-style-type: none"> • Management done addresses the discomfort and provides pain relief.

		<ul style="list-style-type: none"> • However, severe headaches, especially if continuous or too intense ones should be reported for investigation of possible hypertension. • Other home management measures include resting with an ice pack on the forehead and avoiding eye strain.
15. Dyspnea	<ul style="list-style-type: none"> • Increase ventilation of room by turning on fans or air conditioners. • Moving into airy and spacious area. • Drink water. 	<ul style="list-style-type: none"> • Management done may be insufficient or does not directly address the discomfort. • If the dyspnea is exertional, limit tiring or exhausting activities or work during the day. • If the dyspnea happens when in a supine position, assume a Fowler's position with the head elevated.
16. Ankle edema	<ul style="list-style-type: none"> • Elevate legs although not consistent. 	<ul style="list-style-type: none"> • Management done is correct but needs improvement. • Elevation of legs while sitting should be done for 30 mins., twice daily with consistency. • Rest in a left side-lying position. • Avoid constrictive lower garments to prevent inhibition of proper circulation and venous return.
17. Braxton Hicks contractions	<ul style="list-style-type: none"> • Practicing of breathing exercises. 	<ul style="list-style-type: none"> • Management done is correct which can help in managing pain experienced from sudden contractions.

2. Interview your mother or grandmother (whoever is available) and ask them about pregnancy myths. List all that they can identify. If one of your future clients will raise this concern, how/what answer will you give them?

Pregnancy Myth	Pregnancy Truth
1. Features of a pregnant woman's favorite food or cravings during gestation will be acquired by the baby.	<ul style="list-style-type: none"> • Food cravings do not have any effect on determining the physical appearance and characteristics of the developing baby (Makati Medical Center, 2019). • The physical traits of the baby are only affected by the parents' combined and mixed genes (Makati Medical Center, 2019). Once the baby grows and develops into a child, adolescent, and an adult, certain physical characteristics may change due to environmental factors.
2. When food cravings are not addressed or met, spontaneous abortion may occur or there will be an adverse impact to the developing baby.	<ul style="list-style-type: none"> • Inability to satisfy food cravings does not lead to spontaneous abortion or adverse effects on the baby's development. • It is the mother's food intake and diet (which includes cravings), whether these are adequate and nutritious or not, that directly affects the growth, health, and development of the baby (Makati Medical Center, 2019).

<p>3. Sex while the mother is pregnant is prohibited as the baby's head may be "dirtied" by the father's sperm.</p>	<ul style="list-style-type: none"> • Sex in a healthy pregnancy with low-risk complications is usually not prohibited and does not impose harm on the mother or baby (Woods, 2016). • During sex, the sperm would not be able to make contact with the baby as he or she is enclosed inside an amniotic sac with the cervix plugged by mucus, preventing sperm entry. In addition, the baby is also protected by uterine muscles; therefore, the baby's head or any part of the baby's body is safe (Woods, 2016). • However, sex may be prohibited in cases of STDs which may cause harm and adverse effects on the mother and baby (Woods, 2016).
<p>4. Pregnant women should not go to cemeteries or funerals (said to be a Catholic superstitious belief) as the baby being carried is not yet baptized; thus, bad spirits may cause adverse effects on the baby.</p>	<ul style="list-style-type: none"> • Attending funerals or cemeteries do not have direct physical effects on the baby's development in the womb (Makati Medical Center, 2019). • It is to be noted, however, that the grief and emotional stress felt by the mother from a loved one's death may cause the release of cortisol, a stress hormone, and enter the amniotic fluid of the baby. This may then lead to alterations on the baby's metabolism (Makati Medical Center, 2019).
<p>5. Stepping over the husband will cause him to acquire pregnancy discomfort, particularly food cravings.</p>	<ul style="list-style-type: none"> • Pregnancy discomfort cannot be passed on. It is the same case with food cravings. • Cravings are a result of the hormones that arise during a woman's pregnancy; therefore, the husband or partner or any individual may not acquire pregnancy cravings ("20 Filipino pregnancy superstitions...", n.d.). • However, the mother's husband or partner may experience stress that come with assisting the mother during pregnancy and any challenges they may face through the gestation journey.
<p>6. If a pregnant woman had a difficult labor and delivery, it is because it will serve as a "payment" to her own mother's difficult childbirth.</p>	<ul style="list-style-type: none"> • Difficulties in labor, which usually meant having prolonged labor, occur because of numerous conditions of the mother giving birth or the baby. These include slow cervical dilations, a large baby, a small birth canal or pelvis, delivery of multiple babies, and emotional factors (e.g. worry, stress, fear) (Smith, 2018).

References

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