

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. See example below:

Pregnancy Discomfort	Own Management	Proper Management
1. Ankle edema	<ul style="list-style-type: none"> • Reduce water intake • Elevate the feet during rest periods • Wear loose clothing 	<ul style="list-style-type: none"> • Do not limit fluid intake • Limit salt intake • Elevate the feet during rest periods • Wear tight support stockings • Avoid tight lower extremity clothing or accessories • Do regular exercise and immerse feet in water
2. Abdominal cramps	<ul style="list-style-type: none"> • Rest 	<ul style="list-style-type: none"> • Rest • Breathing exercises (to promote relaxation and prepare for positive experience of labor and delivery)
3. Nausea and vomiting	<ul style="list-style-type: none"> • Drink ginger tea or have a ginger candy • Small but frequent meals 	<ul style="list-style-type: none"> • Ginger tea/candy • Small but frequent meals to avoid hunger and prevent excessive stimulation of vomiting • Eat crackers before or upon arising to alleviate hunger (which can trigger nausea/morning sickness; bland flavor would not worsen the symptom) • Avoid strong odors that can trigger nausea and vomiting
4. Stomach upset (i.e., “parang sinisikmura na parang maasim”)	<ul style="list-style-type: none"> • Drink warm water 	<ul style="list-style-type: none"> • Small but frequent meals • Chew food thoroughly and stay hydrated • Avoid clothing that constricts around the abdomen or waist • Chew gum • Take antacids to relieve hyperacidity and gas • Maintain good posture • Stand or sit straight after eating for postural relief

5. Fatigue (i.e., “parang lagging pagod”)	<ul style="list-style-type: none"> • Rest • Energy management 	<ul style="list-style-type: none"> • Rest • Lie down on modified Sim’s position • Energy management • Get help with difficult household chores • Have a regular physical activity and/or guided exercise • Wear flats • Have a well-balanced diet and take supplementation as necessary to prevent anemia
6. Frequent urination	<ul style="list-style-type: none"> • Avoid drinking liquids at least 2 hours before bedtime 	<ul style="list-style-type: none"> • Limit liquids before bed, but stay hydrated throughout the day – at least 8-12 cups of water per day. • Avoid caffeinated drinks, which are mild diuretics. • Practice Kegel exercises to promote bladder control • Protect self from cold environment

2. Interview you 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? See example below:

Pregnancy Myth	Truth
1. If a pregnant woman steps over her husband, the husband will experience pregnancy discomfort.	<ul style="list-style-type: none"> • Discomforts in pregnancy such as back pain during pregnancy is normal due to enlarging fetus.
2. Food cravings, or “paglililihi”, during pregnancy may result to offspring having similar characteristics (e.g., “kambal na saging”: twin offsprings; “singkamas”: fair skinned)	<ul style="list-style-type: none"> • Maternal cravings during pregnancy are related to hormonal changes, possibly to increase food intake than pre-pregnancy. Physical characteristics are more likely related to genetics (acquired from parents). No evidence directly links cravings with certain characteristics of offspring.
3. Wearing necklaces or item around the neck (e.g., bath towel) during pregnancy can result to the umbilical cord coiled around their baby’s neck.	<ul style="list-style-type: none"> • Nuchal cord entanglement is not influenced by the parents’ clothing but by conditions of the passageway, power, passenger, etc. in pregnancy. For example, long umbilical cord, marginal cord insertion, male sex, and primiparity are

	associated risk factors for nuchal cord entanglement.
4. Food intake should be for two persons.	<ul style="list-style-type: none"> • A well-balanced diet is recommended. Weight and food choices should be monitored to prevent complications such as hypertension and gestational diabetes. • Unpasteurized foods are not allowed.
5. Avoid exercising because it can harm the baby.	<ul style="list-style-type: none"> • Physical activity, such as walking, is recommended during pregnancy. Bed rest is not. Exercise (i.e., structured physical activity) should be guided and approved by the physician and other health professionals.
6. Having sex during pregnancy is not allowed.	<ul style="list-style-type: none"> • Those with normal or low-risk pregnancy can have sex; the baby is protected by membranes. Emotional benefits can also help positive childrearing experience of the parents. Consultation with their obstetrician is recommended for those with more complicated pregnancy.

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