

Natural Remedy in Reduction of Morning Sickness among Antenatal Women

Alwin Lisa Mathews

Assistant Professor, MGM College of Nursing, Vashi

ABSTRACT

Nausea and vomiting of pregnancy is a condition with significant adverse effects on health of mother and fetus that warrants recognition, investigation and treatment. Morning sickness is believed to be due to high levels of pregnancy hormones secreted by placenta. Objectives of the study was to assess the severity of morning sickness for antenatal women in experimental and control group and to assess the effectiveness of natural remedy in reducing the severity of morning sickness. An experimental research was done with 40 antenatal women, in first and second trimester, attending outpatient department in K. G Hospital, Coimbatore, and were divided into experimental and control group. Purposive sampling technique was adopted for the study. Data collection was done by using a self-designed structured questionnaire and modified Rhodes index scale. The experimental group subjects were provided with 250 mg of powdered ginger and half teaspoon honey, given four times daily for 4 days. The severity of morning sickness was reassessed after the treatment. Control group subjects received only routine care. Analysis was done by descriptive and inferential statistics. Results showed there is a significant difference between the pre test score and post test score on severity of morning sickness among experimental group subjects ($t=17.83$). After consuming ginger the severity of morning sickness was reduced in experimental group when compared to control group ($Z=9.4$). Thus the study is concluded that consumption of ginger reduces the severity of morning sickness among antenatal women.

Keywords: morning sickness, pregnancy, natural remedy, antenatal women

INTRODUCTION

Pregnancy is a physiological and emotional state of being associated with hormonal and physical changes brought about by an enlarging uterus. Every woman is a unique individual and every pregnancy has unique sets of discomforts. Morning sickness is very common. Most pregnant women have at least some morning sickness, and one third has vomiting. Morning sickness usually begins during the first month of pregnancy and continues until fourteen to sixteen weeks. Morning sickness should be viewed as a signal to the woman that her body is preparing for a new phase in her life (**Francine H Nichols, 2003**).

About 85% of women have morning sickness in their first trimester of pregnancy. Sometimes the symptoms of nausea and vomiting are severe enough to require hospitalization for intravenous fluid and electrolyte replacement. Nausea and vomiting in pregnancy usually resolves by the end of twelfth week of gestation, but in a small percentage of women it can last throughout the entire pregnancy (**Kimberly Beauchamp, 2001**).

Morning sickness in pregnancy is a multifactorial condition with significant adverse effects on quality of life and health of mother and fetus that warrants recognition, investigation and treatment. In a woman with multiple pregnancies or molar pregnancies these symptoms tends to be exaggerated. If the symptom becomes more severe then the treatment is necessary (S.Arulkumaran, 1998). Safe therapies are available and should be offered readily to all women suffering from this condition (Carolyn A Lane, 2007).

The first 12 weeks in fetal development are a crucial time as the baby is particularly susceptible to the harmful effects of certain medications and drugs. Due to the adverse effects of the drug people will prefer the natural remedies. Natural remedies are non-prescription drugs for self-medication, and are only to be used for minor ailments that do not require medical intervention. Natural remedy is extremely effective treatment for nausea and vomiting that affects up to 90% of all pregnant women, usually in the first trimester (Colette Bouche, 2001). Due to the safety, easy availability and low cost of natural remedies in comparison to traditional drugs, people prefer natural remedies for relief of morning sickness.

OBJECTIVES

1. To assess the severity of morning sickness among antenatal women in experimental and control group.
2. To assess the effectiveness of natural remedy in reduction of morning sickness among antenatal women in experimental group.
3. To compare the severity of morning sickness among antenatal women in both groups.
4. To associate the findings with selected demographic and obstetrical variables.

MATERIALS AND METHODS

In the view of the nature of the problem selected and the objective to be accomplished, a quantitative approach had been adopted for the study. By using purposive sampling technique 40 subjects were selected for the study. The tools used for the study were self-designed structured questionnaire and modified Rhodes index scale. The researcher obtained the permission from the hospital ethical committee. Data collection was done by using structured interview schedule. The researcher introduced herself and obtained an oral consent from the subjects to participate in the study. The self-designed structured questionnaire was used for demographic and obstetric profile and modified Rhodes index scale for assessing the severity of nausea and vomiting. This scale measures the duration, discomfort, frequency of nausea and discomfort, frequency and amount of vomiting. The maximum score of this scale was 30 and minimum score was 6. According to the score obtained the subjects are graded into 3 categories. Mild :6-14, Moderate: 15-23 and Severe :24-30. The experimental group subjects were provided with 250 mg of powdered ginger and half teaspoon honey, given four times daily for 4 days. Each woman in the experimental group received 16 packets of ginger powder and one bottle of honey for 4 days. The researcher advised the antenatal women to consume one packet of ginger powder with half teaspoon of honey. It was given for four times daily and for four days. After treatment they were reassessed for the severity of morning sickness by using the same scale. Control group subjects received only routine care. They were assessed for the severity of morning sickness with modified Rhodes index scale. Data were analyzed on the basis of objectives and testing of hypothesis by using descriptive and inferential statistics.

RESULTS
TABLE NO: 1 DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ANTENATAL WOMEN IN EXPERIMENTAL AND CONTROL GROUP

S.No.	Demographic variables	Experimental group n ₁ =20		Control group n ₂ =20	
		No	%	No	%
1.	Age in years				
	a. 18-23	11	55	11	55
	b. 24-30	6	30	7	35
	c. 31-35	3	15	2	10
	d. 36-40	-	-	-	-
2.	Education				
	a. Primary	3	15	2	10
	b. High school	4	20	9	45
	c. College	13	65	9	45
3.	Occupation				
	a. Housewife	13	65	13	65
	b. Professional	7	35	5	25
	c. Non professional	-	-	2	10
4.	Family monthly income(Rs)				
	a. Less than 4500	4	20	2	10
	b. More than 4501	16	80	18	90
5.	Religion				
	a. Christian	3	15	5	25
	b. Hindu	7	35	6	30
	c. Muslim	10	50	9	45

6.	Habitation				
	a. Rural	14	70	15	75
	b. Urban	6	30	5	25
7	Type of family				
	a. Nuclear family	12	60	16	80
	b. Joint family	8	40	4	20
8.	Family birth order				
	a. First	10	50	9	45
	b. Second	7	35	10	50
	c. Third	2	10	1	5
	d. Above three	1	5	-	-

TABLE NO: 2 DISTRIBUTION OF OBSTETRICAL VARIABLES OF ANTENATAL WOMEN IN EXPERIMENTAL AND CONTROL GROUP

S.No.	Obstetrical variables	Experimental group n ₁ =20		Control group n ₂ =20	
		No	%	No	%
1.	Gravidity				
	a. One	13	65	14	70
	b. Two	5	25	5	25
	c. Three or more	2	10	1	5
2.	Parity				
	a. Zero	12	60	14	70
	b. One	6	30	5	25
	c. Two	2	10	1	5
	d. Three or more	-	-	-	-

3.	Gestational age at present				
	a. 6-10 weeks				
	b. 11-15 weeks	8	40	6	30
	c. 16-20 weeks	10	50	11	55
	d. 21-24 weeks	2	10	3	15
		-	-	-	-
4.	Tendency of taking natural remedies in treating minor ailments				
	a. Yes				
	b. No	20	100	20	100
		-	-	-	-
5.	Previous history of treatment for morning sickness				
	a. Yes	5	25	6	30
	b. No	15	75	14	70

FIGURE NO: 1 DIAGRAM SHOWING THE SEVERITY OF MORNING SICKNESS BEFORE AND AFTER PROVIDING TREATMENT IN EXPERIMENTAL GROUP

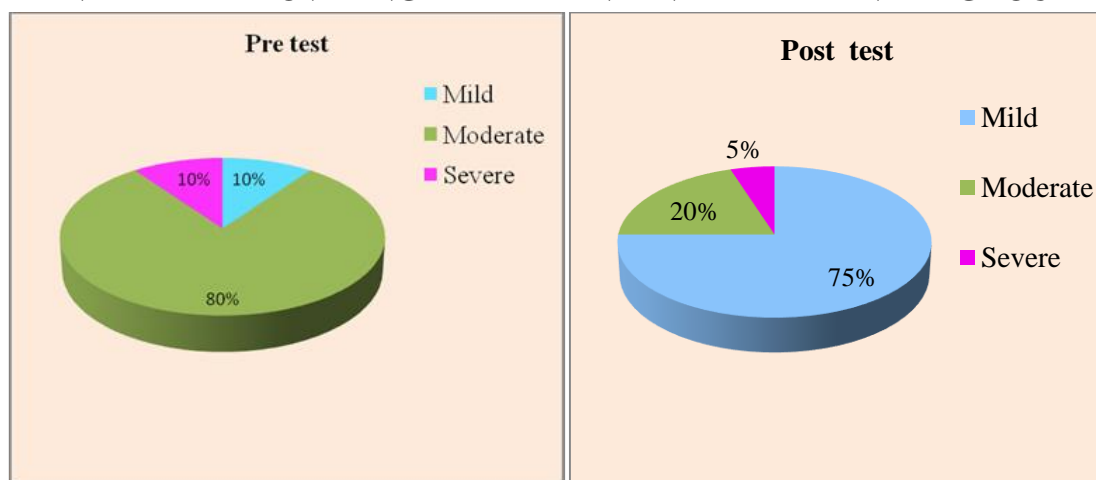


FIGURE NO: 2 DIAGRAM SHOWING THE SEVERITY OF MORNING SICKNESS IN CONTROL GROUP

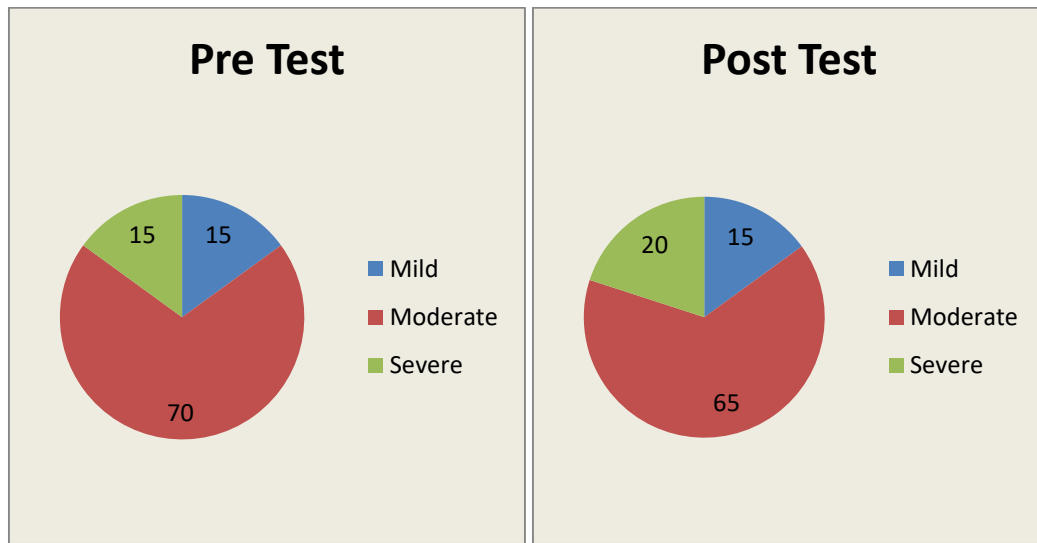


TABLE NO: 3 COMPARISON OF PRETEST SCORE AND POST TEST SCORE OF MORNING SICKNESS AMONG THE ANTENATAL WOMEN IN EXPERIMENTAL GROUP n=20

Experimental group	Mean	Standard deviation	Calculated value of 't' at 5% level of significance	Tabulated value of 't' at 5% level of significance
Pre test score	18.7	2.35	17.83	2.093
Post test score	12.35	2.03		

The above table showed the calculated value of 't' was greater than the tabulated value of 't' at 5% level of significance. This showed that the intervention (ginger) was effective in reduction of morning sickness.

TABLE NO: 4 COMPARISON OF SEVERITY OF MORNING SICKNESS AMONG THE ANTENATAL WOMEN IN EXPERIMENTAL AND CONTROL GROUP

n=40

Subject	Mean	Standard deviation	Calculated value of 'Z' at 5% level of significance	Tabulated value of 'Z' at 5% level of significance
Experimental group	12.35	4.13	9.4	1.96
Control group	18.55	4.75		

The above table showed that the calculated value of 'z' was greater than the tabulated value of 'z' at 5% level of significance. So the researcher had concluded that there was a significant difference between the severity of morning sickness among the experimental and control group.

TABLE NO: 5 ASSOCIATION OF SEVERITY OF MORNING SICKNESS IN THE EXPERIMENTAL GROUP WITH SELECTED DEMOGRAPHIC AND OBSTETRICAL VARIABLES

n=20

S. No.	Variables	Below median	Above median	Calculated value of χ^2	Tabulated value of χ^2 at 5% level
1.	Age in years				
	a) 18-30	7	10	0.03	3.84
b) 31-40	2	1	NS		
2.	Education				
	a) Up to higher secondary	7	5	0.21	3.84
b) Degree and above	3	5	NS		
3.	Type of family				
	a) Nuclear	4	8	0.68	3.84
b) Joint	5	3	NS		

4.	Habitation				
	a) Rural	6	8	0.01	3.84
b) Urban	3	3	NS		
5.	Gravidity				
	a) Primi	5	11	4.05	3.84
b) Multi	2	2	S		
6.	Gestational age				
	a) 6-15 weeks	8	10	0.36	3.84
b) 16-24 weeks	1	1	NS		

*S-SIGNIFICANT

*NS-NONSIGNIFICANT

The above table showed that there was an association between severity of morning sickness and gravidity.

DISCUSSION

The researcher had assessed the severity of morning sickness by using the Modified Rhodes index scale from the sample size of 40. The findings after analysis showed that in experimental group, 2(10%) of them had mild morning sickness 16(80%) of them had moderate morning sickness and 2(10%) of them had severe morning sickness. In the control group 3(15%) of them had mild morning sickness, 14 (70%) of them had moderate morning sickness and 3(15%) of them had severe morning sickness.

The researcher had given natural remedy like ginger 1 gram daily (4 divided doses) for 4 days. After the treatment the severity of morning sickness was assessed by using modified Rhodes index scale. The findings of analysis revealed that the pretest mean was 18.7 and the posttest mean was 12.35. The calculated value of 't' at 5% was 17.83. It was more than the tabulated value (2.093) Therefore the treatment was effective.

The findings were supported a study by Ozgoli G, Simbar M regarding the effect of ginger in nausea and vomiting. Sixty seven pregnant women who complained of nausea and vomiting were included in this study. The participants were randomly assigned to two groups, an experimental group and a control group. The experimental group received ginger 250 mg capsules for 4 days, and control group received placebo with the same prescription form. Effects of treatment of nausea were evaluated twice daily for 4 days by a before and after treatment questionnaire. Result showed that the ginger users demonstrated a higher rate of improvement than the placebo users. So this study reached a conclusion that ginger was an effective herbal remedy for decreasing nausea and vomiting during pregnancy (Ozgoli G, Simbar M, 2009).

CONCLUSION

The present study had been supported by a series of other studies, which confirm that the natural remedy (ginger) was effective in reduction of morning sickness.

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REFERENCES

1. Carolyn A. et.al, "Nausea and vomiting of pregnancy: A tailored approach to treatment", Clinical obstetrics and gynecology, Vol 50, 2007, Page no. 100-106.
2. Curtis, Beard & Coroles, "Pregnant & Loving It", 1st edition, Perigee Publishers, New York, 1992, Page no.54-57.
3. Elizabeth Stepp Gilbert, "Manual Of High Risk Pregnancy & Delivery", 4th edition, Mosby, Missouri, 2007, Page no.189-192.
4. Fischer R.W,et.al, "Ginger treatment for hyperemesis gravidarum", European Journal Of Obstetrics,Gynecology, And Reproductive Biology, Vol 38,1991, Page no. 19-24.
5. Ivan K Strausz, "Womens Symptoms", 1st edition, Dell Trade Paperback Publishers, New York, 1996, Page no. 119, 267-272.
6. Michael De Swiet, "Medical Disorders In Obstetric Practice", 4th Edition, Black Well Science Publishers, Philadelphia, 2002, Page no.352-354.
7. Murphy P.A, "Alternative therapies for nausea and vomiting of pregnancy", Journal of Obstetrics and Gynecology, Vol 91, 1998, page no. 149-155
8. Niebyl J R. et.al, "Overview of nausea and vomiting of pregnancy with an emphasis on vitamins and ginger", American Journal Of Obstetrics And Gynecology, Vol 25, 2002, Page no. 253-255.
9. Ozgoli G, et.al, " Effects of ginger capsules on pregnancy ,nausea and vomiting", Journal Of Alternative And Complimentary Medicine, Vol 3, 2009, Page no.243
10. Power M.L et.al, "Managing nausea and vomiting of pregnancy", Journal Of Reproductive Medicine, Vol 52, 2007, Page no. 922-928.
11. Thomas H .et.al, "Alternative therapies of morning sickness", Clinical Obstetrics And Gynecology, Vol 44, 2001, Page no. 653-660
12. Tracie Hotchner, "Pregnancy & Child Birth", 3rd edition, Avon Books, New york, 1996, Page no.154-155.
13. Wiegel m.m,et.al, "Nausea and vomiting of early pregnancy and pregnancy outcome", British Journal Of Obstetrics And Gynaecology, Vol 96, 1999, Page no. 1304-1311.
14. Willetts K E, et.al, "Effect of ginger extract on pregnancy induced nausea", Journal Of Obstetrics And Gynecology, Vol 2, 2003, Page no. 139-144.