

Review Article

The Effect of Complaints During Pregnancy on Quality of Life

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Abstract

Women are an important period in the life pregnancy, obstetric 40, is a physiological process that occurs in 38 weeks of embryonic. Pregnancy is a natural process for women in life. However, especially during first pregnancies, it can be perceived as a frightening process due to certain ambiguities. This review common symptoms of pregnancy in is meant to highlight the importance of the impact on quality of life. Pregnancy is an important process in which women undergo physiological, psychological and social changes, and they are expected to adapt to these changes by themselves. In literature, various physiological and psychological complaints during pregnancy can be found. In all trimester usually of pregnancy, physiological changes are more common than anatomical changes. In normal pregnancies, minor disorders stemming from both physiological and anatomical changes considerably influence the daily life activities of women. Thus, it is also important to examine and determine the stimulating effects and interactions among complaints, their impact on quality of life as well as simply determining the reason for complaints. In this period, nurses are expected to determine women's physiological, psychological and social needs; to help pregnant women improve their strengths; to inform, firstly the father, then other family members about the changes the women undergo and their needs during this period; and to help them adapt to their new roles by providing training and counseling. This review discusses the effect of complaints during pregnancy on quality of life in line with the literature.

Key words: complaints in pregnancy; quality of life; nurses

Introduction

Pregnancy, a physiological event that poses an important burden and stress for the woman's body, lasts 280 days from the last day of menstruation, or 40 weeks (Sirin and Kavlak, 2008; Coskun ,2012; Taskin 2016). Pregnancy is a physiological event, and it creates an important burden and stress for the female body (Coskun, 2012). Pregnant woman experiences many anatomical, physiological, psychological and biochemical changes to meet developing fetal demands, to protect homeostasis, to prepare for birth and lactation (Sevil&Ertem,2016). The reasons for these changes; the protection of the developing fetus, the removal of the wastes that are met by the metabolic needs, the necessary anatomical changes for the labor, and the best health of both the mother and the fetus during

this period (Coskun, 2012; Ayhan et.al., 2008; Cicek, Akyurek, Celik & Haberal, 2012). These changes in the mother's body return to normal within the first 6-8 weeks after birth. It is important to know these changes, mostly starting with fertilization and continuing during pregnancy, because many physiological bullae are not mistakenly interpreted pathologically and in order to understand the diseases that accompany pregnancy (Sirin and Kavlak, 2008; Coskun, 2012; Taskin 2016; Ayhan et.al.,2008).

Physical Changes Occurring During Pregnancy

Women have some physical complaints associated with the changes that occur during pregnancy (Taskin 2016). In the literature, pregnant women on their I. trimester have been

observed to have complaints such as; nausea, vomiting, nasal congestion, tiredness, urinary frequency, urinary tract infection, sensitivity in breasts, ptialism, and increased vaginal discharge. In a study by Bai et al. (2016), the most common complaints the women had were tiredness, nausea, and frequent urination, and in Nazik & Eryilmaz's (2013) study, nausea and vomiting, tiredness, sore breasts, and urinary frequency were reported. In a study by Aydemir (2014), pregnant women on their I. trimester were identified to experience nausea, urinary frequency, and tiredness. In the literature, complaints of having pyrosis, increased appetite, edema, varicose veins, constipation, haemorrhoid, gas, back pain, muscle cramps, Brakston Hicks contractions, frequent urination, tiredness, poor sleep, and skin problems were reported on the II. and III. trimester of the pregnancy (Sirin A and Kavlak O; 2008, Coskun A, 2012; Kizilkaya Beji N, 2014). In a study by Panicker et al. (2017), pregnant women reported having skin problems, and in Kılıcarslan's (2008) study, ptialism, constipation, and hemorrhoid were stated. Sleep problems were reported in studies by Hung & Chiang (2017) and Taskiran (2011), and urinary frequency, constipation, and edema in Turkmen's (2014) study. In addition, Arabacioglu (2012) reported pregnant women experiencing ptialism and tiredness.

Some of the physical disorders that occur in pregnancy are thought to be due to hormonal changes and the enlarged uterus, some of which are unknown. Physical complaint in pregnancy may vary from pregnancy to pregnancy as well as from different pregnancies of the same woman (Ayan, 2013). It is important to investigate the fact that a complainant who emerges until the detection of afflictions triggers another complaint, the interactions of the complainants with each other, or the effect of the complainant's quality of life (Ozorhan, 2016).

Psychological Changes Occurring During Pregnancy

Pregnancy is a condition that results in changes in appearance, social relations, and in domestic roles, and therefore can be characterized as a stressful life event or a developmental crisis that needs adapting (Ertekin Pinar et al., 2016). Alongside the physical complaints, psychological complaints can also occur during this period, and these complaints can alter between the trimesters. On the first trimester, emotional ambiguity and

ambivalent feelings, on the second trimester, narcissism and introversion etc., and on the third trimester, emotional ambiguity once more, sensitivity, and emotional dependency are experienced (Taskin, 2016; Ozorhan, 2016; Akbas, Virit, Kalenderoglu, Savafi & Sertbafi, 2008). In a study by Aydemir (2014), 70,3% of the pregnant women reported experiencing agitation and distress, and Gundogdu (2013) found that 56,0% of the pregnant women on their last trimester experienced anxiety on a medium level, and the possibility of depression was higher. In addition, a study by Kamalak (2015) reported that 75% of pregnant women experienced stress and irritation.

On their first trimester, women may start to think they are pregnant when they stop menstruating. In some occasions, along with stopping menstruation, drowsiness, exhaustion, and sleepiness can occur. With these signs, women can start to think if they are pregnant or not. Confirming the pregnancy can be done with a pregnancy test. However, the mother and the father-to-be need more time to accept the test results, and for the mother to acknowledge her pregnancy. The mother and the father-to-be are in a dilemma. The pregnancy test tells them the woman is pregnant but they do not feel the pregnancy yet. Therefore, emotional ambiguity, and ambivalent feelings are experienced together (Taskin, 2016; Ozorhan, Ejder, Apay, Sahin, Altun, 2014; Akbas, Virit, Kalenderoglu, Savafi & Sertbafi, 2008; Yenal, 2016). The second trimester is a period where the pregnancy is accepted, the experience is more comfortable, and the stomach starts to grow, the baby starts to move, and the nausea and vomiting, as well as tiredness often experienced in the first trimester are less common. On the third trimester, the complaints women experience start to increase when the uterus grows. Respiratory problems, constipation, frequent urination, and tiredness can cause distress. While the interest in the baby has increased in family members, simultaneous fear of delivery creates a dilemma. Therefore, ambivalent feelings, sensitivity, and emotional dependency can be experienced once more (Yenal, 2016).

Complaints during Pregnancy and the Quality of Life

Whereas healthcare professionals regard the physical and psychological problems occurring during pregnancy as minor situations that do not

need to be treated, they are perceived as a real problem by the woman and her family, and it narrows down the difference between being healthy and sick (Taskin, 2016). Therefore, it is important that the wellbeing of the woman is assessed and maintained during prenatal period (Sirin & Kavlak, 2008). In the literature, the notion of quality of life has been developed to assess wellbeing (Yildirim & Hacıhasanoğlu, 2012). Quality of life includes the family, work, and the socioeconomic status, the differences between the reality and the aims, expectations, hopes, and dreams of the individual, as well as the satisfaction the individuals get from their daily lives, and their perception of wellbeing (Yildirim & Hacıhasanoğlu, 2012). Adapting to changes in pregnancy, and quality of life are directly related to each other, and if the women cannot adapt sufficiently, quality of life will be affected negatively (Arabacıoğlu, 2012). There are studies in the literature suggesting that complaints during pregnancy decrease the quality of life of the women (Taskin, 2016; Lacasse, Rey, Ferreira, Morin & Be Rarda, 2008; Özcelik & Karacam, 2014; Young, 2010; Taylor et al., 2017; Nicholson et al. 2006). Therefore, it is important that the causes of ordinary changes are identified correctly, and that the woman is supported and counselled in addressing these problems. Nurses and midwives working in this area should assess the woman holistically and give the necessary prenatal care to conclude the pregnancy with a healthy mother and a child (Coskun, 2012).

Conclusion

Prenatal care services provided during the pregnancy are important in maintaining and improving the health of the mother, the baby, and the family. During this period, the mother is monitored by a healthcare professional during the entire pregnancy. The aims of antenatal care are to maintain and improve the health of the mother and the child, early diagnosis and treatment of health problems that either existed before or that occur during the pregnancy, and with these, to decrease maternal, fetal, and neonatal mortality, and morbidity into a minimum.

Prenatal care is an inseparable part of preventive health care. Nurses are responsible for detecting and treating the existing problems of the mother, for improving the health of the mother, for diagnosing and providing the treatment for

potential problems that might occur, for monitoring and assessing the development of the mother and the fetus during the pregnancy, for giving information to the mother about the pregnancy, general body care, diet, activity, family planning, danger signs during pregnancy, caring for the newborn, and on the other issues that mother might need, for preparing the mother physiologically and psychologically for the delivery, and consequently, for increasing the quality of life of the mother. In addition, the midwives and the nurses should examine the complaints during pregnancy, and give training that decrease the complaints and that increase the quality of life of the individual.

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