

Assessment of Knowledge regarding Postpartum Minor Discomforts among primiparous women: Health Educational Package

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Abstract

Background: The postpartum period is an extremely important process in a woman's life, leading to changes in all aspects of her life and having a significant impact on her physical and mental health. **The aim of the study** was to assess knowledge regarding postpartum minor discomforts among primiparous women and provide health educational package for primiparous women about postpartum minor discomforts. **Methods:** Quasi-experimental pre and posttest one group design was adopted in this study. **Sample:** A purposive sample of 110 postpartum women attending postpartum unit at Sohag university hospital. **Tools:** The data were collected through structured interviewing schedule, maternal knowledge regarding minor discomforts tool (pre and posttest). **Results:** The study results indicated that the mean age of the postpartum women was 22.97 ± 2.856 years. Overall, 43.6% of the postpartum women had secondary education, 72.7% were living in rural area, and 86.4% were housewives, sixty-six-point four percent of the women state that before to receiving health education, they were unaware of the typical minor discomforts that are experienced during the postpartum period. Following the instruction, just 0.9% of participants were unaware of postpartum discomforts **Conclusion:** There was a significant improvement in knowledge regarding postpartum discomforts. **Recommendations:** Postpartum women should receive health education that is illustrated and printed, including information about common postpartum discomforts.

Keywords: Health educational package, Postpartum minor discomforts & Primiparous women.

Introduction

Postpartum period or puerperium is the period that starts right after birth and lasts until the woman's body, and her genital organs in particular, recover to their pre-pregnancy state. Typically lasting six weeks, this time is particularly significant for women who are primiparous since it carries the largest physiological, psychological, and familial responsibilities and has an impact on their quality of life (Quatraro & Grussu, 2020).

Postpartum minor discomforts arise because of all systems adaptation. After-pains, episiotomy pain, fatigue, breast engorgement, constipation, urinary retention, and lactation problems are common postpartum minor discomforts. Following labor, prompt and efficient treatment for these problems can have a big impact on postpartum adjustment (Chen et al., 2020; Abd El-Salam & Ashour, 2020).

After pains are the discomfort and suffering that women feel following childbirth that is linked to uterine involution. Perineal pain is a troubling ailment that affects over 25% of women globally, typically lasts for approximately 10 days following a typical vaginal birth. Mothers who have given birth frequently experience postpartum constipation, which manifests as hard stool, straining, and pain or discomfort. (Gohar & Taman, 2022; Deussen et al.,

2020 & Turawa et al., 2020)

Zakarija-Grkovic & Stewart (2020) reported that breast engorgement is a common issue among postpartum women which is the result of overproduction of milk in the breast. Study conducted by Yin et al (2024) revealed that one of the most prevalent problems among women in the first few days after giving birth is postpartum urine retention. Risk factors include labor augmentation, manual fundal pressure, perineal hematoma, mediolateral episiotomy, severe perineal tears, epidural analgesia, larger birth weights, forceps and vacuum delivery.

Soumya et al (2018) conducted a study among postnatal mothers attending Obstetrics and Gynecology ward, AIMS, Kochi. Population: indicated that fatigue (67%), constipation (43%), perineal discomfort (50%), and afterpain (67%), were the most common mild complaints. Most postpartum moms reported an average level of knowledge (65%), while some had strong knowledge (21%), and others had low understanding (14%).

In addition, Study conducted by Elsebeiy (2019) of assessment of knowledge regarding postnatal minor discomforts and self-care activities among nulliparous women at Zagazig university hospital and al Ahrar hospital. Revealed that nearly three-quarters of nulliparae did not know enough about self-care

activities and were not well informed about these things.

Moreover, Study conducted by **Sayed et al (2022)** of improvement of self-care of postpartum minor discomfort at Assiut university hospital revealed that majority of women had incorrect knowledge regarding postpartum minor discomfort and there was significant improvement in women's knowledge after health education.

Maternity nurses are crucial in enhancing the quality of postnatal care and postpartum outcomes by offering postpartum women support and educational opportunities during this time. Additionally, nurses may offer psychosocial and health promotion services, such as counseling, health education, assessment, and crucial referrals. To reduce the likelihood of minor postpartum discomforts, nursing education that is grounded on scientific principles and stresses the need of knowledge and practice sharing between nurses and postpartum women must be implemented (**Gamel et al., 2020**).

Health education increases awareness and gives new mothers-especially those who are their first-the confidence to look out for both their own health and the health of their infant. This consequently results in the mother's requirement for medical treatment, which is necessary to preserve her health and enable early development. Teaching awareness and practice in a horizontal relationship-where nurses can function as both career and educator-is one of the goals of the curriculum (**Abd El-Salam, 2020**).

Significance of the Study

The postpartum period, which is when many maternal and newborn deaths occur, is both seen as a very crucial and underutilized time for providing women with high-quality services. One of the most essential measures to reduce maternal mortality and disability is increasing women's awareness of the importance of self-care during this period (**Lambermon, 2021, Alkasse et al., 2020**).

According to a study conducted in the Healthcare Centers of Mashhad, Iran by **Mirzaee et al (2015)**, 91.6%, 90.3%, and 83.5% of postpartum women experienced at least one issue six weeks, twelve months, and twelve months after giving birth, respectively. These discomforts have an impact on the lives of mothers and their families. Raising awareness and knowledge levels could help solve many of those issues.

In addition, **Soumya et al (2018)** in their study reported that 96% of women experience at least one physical health issue after giving birth, according to WHO data. In the puerperium, mothers have an extremely high morbidity rate. Of these, in the first two weeks following vaginal delivery, 71.4%

experience breast issues, 61.7% constipation, 86.6% exhaustion, 80.4% sleeplessness, and 42% perineal pain.

Due to the lack of postpartum health education and its emphasis on breastfeeding or baby care, puerperal women should not be denied access to professional care from the health team. This care can be given in the form of clinical, emotional, and social support (**Barbosa et al., 2020**). Considering this, a study on minor postpartum discomfort was carried out at Sohag university hospital to provide health education.

Aims of the current study were to:

Assess knowledge regarding postpartum minor discomforts among primiparous women.

Provide a health education package to primiparous women regarding minor postpartum discomfort.

Hypotheses:

- 1. Null hypothesis:** There will be no difference in scores of total knowledges on the postpartum minor discomforts among primiparous women after health education package.
- 2. Hypothesis:** Postpartum women who receive a health education package score higher overall than those who do not regarding minor postpartum discomforts.

Patients and Methods

Research Design:

This study used a quasi-experimental pre- and posttest one group design to investigate how a health education package can lessen postpartum discomforts. Although there is no random assignment component in this design, there are controls that allow for the use of criteria other than random assignment.

Setting:

The study was carried out at the Sohag University Hospital's postpartum unit which has ten beds and can accommodate both caesarean sections and standard vaginal deliveries. There were seventeen nurses in total, who were split up into three shifts to provide postpartum care. They offer complete medical care, evaluate risk factors for early case detection, and provide primiparous women with appropriate health education.

Sampling:

For the study, 110 postpartum women who were receiving care at the Sohag University Hospital's postpartum unit were selected as a convenient sample.

$$n = \frac{N Z^2 p(1-p)}{d^2 (N-1) + Z^2 p(1-p)}$$

n = (NZ² P (1-p)) / (d² (N-1) + Z² P (1-p))
n=Sample size
N= Total society size= (142).
D= error percentage= (0.5).

P= percentage of availability of the character and objectivity= (0.1).

Z= the corresponding standard class of significance 95%= (1.96).

Inclusion criteria:

- Postpartum primipara women
- Full term pregnancy
- Vaginal deliveries with or without episiotomy and planned cesarean section.
- Free from any medical and obstetrics complications.

Tools of the study:

The researcher developed two tools to gather data. Among these are the following tools:

1. Structured interviewing schedule that contained sociodemographic information including age, education level, occupation, place of residence. .
2. A pre- and post-test on maternal knowledge of minor discomforts is used to gauge women's knowledge of these issues in the early postpartum period. It included 20 questions. It asked about any minor discomforts experienced throughout the postpartum period.

System of knowledge scoring: There were twenty questions in the structured interview form. Twenty was the highest possible score. "One" was awarded for a correct response and "zero" for an improper response.

Next, the questions' score will be determined: The following is the total knowledge score: A knowledge score of at least 75% is considered high; a score of 50% to less than 75% is considered moderate; and a score of less than 50% is considered low.

Validity& reliability of the tools:Five obstetrics and maternity nursing specialists were asked to evaluate the tools, and changes were made based on their assessments regarding the content's appropriateness and sentence clarity. In contrast, reliability was statistically measured using Cronbach's Alpha (0.893).

Procedure:

Data were gathered over the course of five months, from March 2023 to the end of July 2023. Three stages made up the study's execution:

Interviewing phase: To gather sociodemographic information using a structured interviewing schedule, the researcher met the postpartum woman who agreed to participate in this study in the postpartum ward. Using basic Arabic, the researcher conducted in-person interviews with each postpartum woman. The duration of the interview was five to ten minutes. Thereafter, using a standardized interviewing schedule, the researcher recorded the data.

Assessment phase: Following the collection of sociodemographic data, the maternal knowledge regarding minor discomforts tool (pre and posttest) was used to evaluate the knowledge of primiparous women regarding minor discomforts. After ten to

fifteen minutes of assessment, the researcher recorded the information on maternal knowledge regarding minor discomforts tool.

Implementation phase: All postpartum women who met the inclusion criteria and were approved to participate in the study were given a health education package by the researcher on minor discomforts. Information about the postpartum period, including its definition and length, common postpartum discomforts, self-care techniques for easing them, the advantages of breastfeeding for both the mother and the child, postpartum nutrition recommendations, the significance of early mobility and postpartum exercise, and warning signs that necessitate medical attention, were all included in this package. For every postpartum mother, the teaching session lasted 20–30 minutes. The post-test was administered using the same postpartum minor discomforts questionnaire as soon as the educational package was finished.

Pilot study: On 10% of the sample, a pilot study was carried out to evaluate the tool's viability, objectivity, and clarity as well as the amount of time needed to finish it. The sample comprised women who took part in the pilot study.

Ethical Considerations

The Assiut University Faculty of Nursing's Research Ethics Committee granted primary permission. Common ethical guidelines for clinical research were adhered to in this study. Those who met the eligibility requirements were given an explanation of the nature, goal, and significance of the study. Women who volunteered to take part in the study gave their written approval. Additionally, the data was coded to maintain secrecy and anonymity. Participants received assurances that their participation in the study was entirely voluntary and that they would not be penalized for leaving the study at any point. When the research was being applied, there was no risk to the study subjects.

Statistical analysis of the results:

The statistical package for the social sciences (SPSS), version 21, was used for data administration, which involved coding and inputting replies. To make sure there were no inconsistencies, the researcher double-checked all the data. Errors in data entry and coding were checked. For numerical data, frequency and percentage were employed, together with mean and standard deviation to determine the difference between numerical data that was regularly distributed. There was a Wilcoxon test. Less than 0.05 was regarded as a significant probability (p-value), and less than.001 was deemed a highly significant probability.

Results

Table (1): Distribution of the postpartum women according to their socio-demographic characteristics

Characteristics	N. (110)	%
Age (years)		
< 20	18	16.4
20-	86	78.2
≥30	6	05.4
Mean ± SD	22.97 ±02.86	
Residence:		
Rural	80	72.7
Urban	30	27.3
Educational level:		
Not read or write	12	10.9
Read and write	7	06.4
Primary	12	10.9
Preparatory	21	19.1
Secondary	48	43.6
University	10	09.1
Occupation:		
working	15	13.6
Not working	95	86.4

Table (2): Distribution of postpartum women according to their knowledge about postnatal period

	Pre-test (n= 110)		Post-test (n= 110)		Wilcoxon test	P-value
	No.	%	No.	%		
Definition of postnatal period.						
Correct	28	25.5	104	94.5	-8.718	.000
Incorrect	82	74.5	6	05.5		
Duration of postnatal period.						
Correct	40	36.4	109	99.1	-8.307	.000
Incorrect	70	63.6	1	00.9		
Dangerous signs that require calling the doctor.						
Correct	30	27.3	99	90	-7.746	.000
Incorrect	80	72.7	11	10		

Table (3): Distribution of postpartum women according to their knowledge related to postpartum minor discomforts.

	Pre-test		Post-test		Wilcoxon test	P-value
	No.	%	No.	%		
Do you know what are minor discomforts during postpartum period? (n= 110)						
Yes	37	33.6	109	99.1	-8.485	.000
No	73	66.4	1	00.9		
If yes, what are? (n= 37) *						
Colic	21	56.8	35	94.6	-5.546	.000
Breast engorgement	3	08.1	25	67.6		
Urinary retention	1	02.7	17	45.9		
Constipation	3	08.1	22	59.5		
Cracked nipple	1	02.7	19	51.3		
Fatigue	11	29.7	28	75.7		
Episiotomy pain	0	00.0	29	78.4		
Postpartum blues	1	02.7	16	43.2		
Hemorrhoid pain	0	00.0	20	54.1		
If no, why?	No. (73)					
Primipara	50				68.5	
No source of information	10				13.7	
Having no interest to know	13				17.8	

	Pre-test		Post-test		Wilcoxon test	P-value
	No.	%	No.	%		
Sources of knowledge	No. (37)				%	
During pregnancy care	10				27.0	
Social media	9				24.3	
Others (relatives, neighbors, friends)	18				48.7	

*The numbers are not mutually exclusive &The test based on negative ranks.

Table (4): Distribution of postpartum women regarding postnatal reproductive minor discomforts knowledge

	Pre-test (n= 110)		Post-test (n= 110)		*Wilcoxon test	P- value
	No.	%	No.	%		
What are minor discomforts that occur for the reproductive system						
Lack of knowledge	96	87.3	1	00.9	-9.747	0.000
Having knowledge	14	12.7	109	99.1		
Do you know what the cause of postpartum after pain?						
Lack of knowledge	99	90	5	04.5	-9.695	0.000
Having knowledge	11	10	105	95.5		
Does it have any relation with breastfeeding?						
Yes	11	10.0	107	97.3	-9.798	
No	49	44.5	3	02.7		
I don't know	50	45.5	0	00.0		
*Self-care activities for relieving after pain						
Lack of knowledge	78	70.9	0	00.0	-8.832	0.000
Warm fluids	37	33.6	109	99.1		
Forbidden drinking of cold fluids	0	00.0	99	90.0		
Forbidden drinking of caffeine as coffee	0	00.0	100	90.9		
Warm compresses above the abdomen	1	00.9	104	94.5		
Massage of abdomen	1	00.9	96	87.3		
Neglecting of after pain	0	00.0	66	60.0		
Analgesic	33	30.0	100	90.9		
Early ambulation and walking	0	00.0	88	80.0		
Frequent evacuation of bladder	0	00.0	101	91.8		
Forbidden eating certain types of food as (broccoli, scallions)	0	00.0	44	40.0		
*Ways to speed healing and relieve perineal minor discomforts.						
Lack of knowledge	88	80.0	2	01.8	-9.274	0.000
Cold compress directly after delivery	0	00.0	99	90.0		
Running warm water &betadine	0	00.0	107	97.3		
Sitting in warm water &betadine	24	21.8	109	99.1		
Application of honey	0	00.0	97	88.2		
Analgesics	2	01.8	96	87.3		

*The numbers are not mutually exclusive &The test based on negative ranks.

Table (5): Distribution of postpartum women regarding postnatal breast minor discomforts knowledge

	Pre-test (n= 110)		Post-test (n= 110)		*Wilcoxon test	P-value
	No.	%	No.	%		
What are the Postnatal minor discomforts that occur for the breast						
Lack of knowledge	89	80.9	0	0	-9.434	.000
Having knowledge	21	19.1	110	100		
When does a woman suffer from breast engorgement?						
Lack of knowledge	99	90	3	02.7	-9.798	.000
After 3 rd day of delivery	11	10	107	97.3		

	Pre-test (n= 110)		Post-test (n= 110)		*Wilcoxon test	P-value
	No.	%	No.	%		
*Self-care activities for reliving postnatal breast engorgement?						
Lack of knowledge	102	92.7	1	0.9	-10.050	.000
Warm compresses	9	08.2	98	89.0		
Cold compress after lactation	0	00.0	77	70.0		
Frozen cabbage leaves between feedings	0	00.0	64	58.2		
Breast massage with brush or hand	4	03.6	90	81.8		
Frequent /adequate breast feeding	20	18.2	107	97.3		
Wear supportive bra	0	00.0	80	72.7		
Analgesics	5	04.5	99	90.0		
Proper breast-feeding techniques (latching)	0	00.0	100	90.9		
Benefits of breast feeding for the mother.						
Lack of knowledge	100	90.9	3	02.7	-9.849	.000
Having knowledge	10	9.1	107	97.3		
Benefits of breast feeding for the baby.						
Lack of knowledge	70	63.6	0	0	-8.367	.000
Having knowledge	40	36.4	110	100		

*The numbers are not mutually exclusive &The test based on negative ranks.

Table (6): Distribution of postpartum women regarding the gastrointestinal postnatal minor discomforts knowledge

	Pre-test (n= 110)		Post-test (n= 110)		*Wilcoxon test	P-value
	No.	%	No.	%		
What are the Postnatal minor discomforts that occur for the gastrointestinal tract						
Lack of knowledge	96	87.3	0	0	-9.798	.000
Having knowledge	14	12.7	110	100		
*Self-care activities for relieving constipation						
Lack of knowledge	72	65.5	2	01.8	-8.485	.000
Sufficient fluid intake	26	23.6	97	88.2		
Diet high in fiber	11	10.0	88	80.0		
Regular physical activity	4	03.6	100	90.9		
bowel training	0	00.0	90	81.8		
Stop taking certain medicines or dietary supplements	4	03.6	63	57.3		
Mild laxatives	38	34.5	101	91.8		
Post natal nutrition that should be taken						
Lack of knowledge	84	76.4	3	02.7	-9.165	.000
Having knowledge	26	23.6	107	97.3		
Importance of early ambulation and post-natal exercises.						
Lack of knowledge	78	70.9	1	00.9	-8.832	.000
Having knowledge	32	29.1	109	99.1		

*The numbers are not mutually exclusive &The test based on negative ranks

Table (7): Distribution of postpartum women regarding the urinary postnatal minor discomforts knowledge

	Pre-test (n= 110)		Post-test (n= 110)		*Wilcoxon test	P-value
	No.	%	No.	%		
What are postnatal minor discomforts that occur for urinary system						
Lack of knowledge	107	97.3	5	04.5	-10.100	.000
Having knowledge	3	02.7	105	95.4		
Is there a relationship between the involution of the uterus and the fullness of the bladder?						
Yes	14	12.7	109	99.1	-9.747	.000
No	7	06.4	0	00.0		
I don't know	89	80.9	1	00.9		

*The test is based on negative ranks.

Table (8): Correlation between pre and post test score regarding knowledge of postpartum minor discomforts (n=110)

Pretest	Post test	Wilcoxon test	P value
Mean \pm SD 1.1000 \pm .3571	Mean \pm SD 3.0000 \pm .00000	-10.096	.000

The test was based on negative ranks.

Table (1): Showed that the mother's age ranged from 19-31 years old with a mean age of 22.97 years, 78.2% of the mothers were in the age group 20-<30 years and 5.4% only were in the age group \geq 30. Seventy-two-point seven percent were living in rural areas. As regards their level of education, 43.6% of the mothers had secondary education, while 6.4% were able to read and write. Considering occupation; 86.4% of them were not working.

Table (2): Showed that there was significant difference between pretest & posttest knowledge regarding definition, duration of postnatal period and the dangerous signs that require calling the doctor ($p=0.000$).

Table (3): Revealed that 66.4% of the postpartum women mentioned that they weren't aware of minor discomforts during post-partum period before health teaching compared to 0.9% of them still didn't have knowledge after session was given.

In addition, postpartum women reported in the pretest that they had knowledge about colic, fatigue, breast engorgement, constipation, urinary retention, cracked nipple and postpartum blues (56.8, 29.7, 8.1, 8.1, 2.7, 2.7 and 2.7 respectively). After health education session, they reported that they had knowledge about colic, episiotomy pain, fatigue, breast engorgement, constipation, Hemorrhoid pain, cracked nipple and urinary retention (94.6, 78.4, 75.7, 67.6, 59.5, 54.1, 51.3, 45.9 respectively). These results showed a highly significant difference between the pretest & posttest ($p=0.000$).

Table (4): Shown that 87.3% of the postpartum women mentioned that they weren't aware of minor discomforts that occur for the reproductive system before health teaching compared to 0.9% of them still didn't have knowledge after session was given. The results reflected a significant difference between the pre & posttest knowledge ($p=0.000$).

After health teaching session the posttest reported that 99.1% of the postpartum women used warm fluids, 94.5% used warm compresses above the abdomen, 91.8% used frequent evacuation of bladder, 90.9% used analgesic and forbidden drinking of caffeine as coffee, 90% forbidden drinking of cold fluids, 87.3% used massage of abdomen, 80% used early ambulation and walking, 60% used neglecting of after pain and 40% forbidden eating certain types of food as (broccoli, scallions).

Moreover, 80% of the postpartum women didn't know how to manage episiotomy pain compared to 20% of them were using different ways of management. Twenty-one-point eight percent of the postpartum women used to sit in warm water & betadine and 1.8 % used analgesics during the pretest. After the health teaching session, the posttest reported that 99.1% of them used sitting in warm water & betadine, 97.3 % used running warm water & betadine, 90% used cold compress directly after delivery, 88.2 % used application of honey, 87.3% used analgesics.

Table (5): Shown that 80.9% of the postpartum women mentioned that they weren't aware of minor discomforts that occur for the breast before health teaching compared to 100% have knowledge after session was given. The results reflected a highly significant difference between the pre & posttest knowledge ($p=0.000$).

Moreover, 92.7% of the postpartum women didn't know how to manage breast engorgement compared to 7.3% of them used different ways of management, 18.2% of them used frequent / adequate breast feeding, 8.2 % used warm compresses, 4.5% used analgesics and 3.6% used breast massage with brush or hand during the pretest.

After health teaching session the posttest reported that 97.3% used frequent /adequate breast feeding, 90.9% used proper breast-feeding techniques, 90% used analgesics, 89% used warm compresses, 81.8% used breast massage with brush or hand. 72.7% wore supportive bra, 70% used cold compress after lactation and 58.2% used frozen cabbage leaves between feedings.

Table (6): Shown that 87.3% of the postpartum women mentioned that they weren't aware of minor discomforts that occur for the gastrointestinal tract before health teaching compared to 100% have knowledge after session was given. The results reflected a significant difference between the pre & posttest knowledge ($p=0.000$).

Also, 65.5 % of the postpartum women didn't know how to manage constipation compared to 34.5% of them used different ways of management, 34.5% used mild laxatives, 23.6% used sufficient fluid intake, 10% used diet high in fiber, 3.6% used regular physical activity and stop taking certain medicines or dietary supplements during the pretest.

After health teaching session the posttest reported that 91.8% used mild laxatives, 90.9% used regular physical activity, 88.2% used sufficient fluid intake, 81.8% used bowel training, 80% used diet high in fiber, 57.3 % used stop taking certain medicines or dietary supplements. The results reflected a significant difference between the pre & posttest knowledge ($p=0.000$).

Table (7): Shown that 97.3% of the postpartum women mentioned that they weren't aware of minor discomforts that occur for the urinary system before health teaching compared to 95.4% have knowledge after session was given. The results reflected a significant difference between the pre & posttest knowledge ($p=0.000$).

Table (8): Represented that the mean score for pretest was lowered that the mean score of posttests (1.1000, 3.0000 respectively) which reported as a significant difference at p value = (.000)

Discussion

Little complaints that the parturient has during the postpartum period are known as minor discomforts. To address these problems, basic nursing interventions are necessary (Tayel, 2020).

The findings of the current study revealed that more than three quarters of the primiparous mothers were in the age group (20-), more than half were living in rural areas, more than two fifths had secondary education and most of them were not working. This may be due to rural residents usually prefer to have secondary education and then get married at an early age.

Similarly, Elsebeiy (2019) found that nearly three-quarters of the women studied were between the ages of 18 and 25 (mean age: 22.67 ± 2.15 years), and that the study assessed knowledge regarding postnatal minor discomforts and self-care activities among nulliparous women. It also showed that a greater proportion of the women under study had only completed secondary school and/or university education than had basic education. Additionally, over four fifths of the women were housewives and over half of them lived in rural areas.

According to the current study's findings, approximately one-fourth of the women who were studied correctly defined the postpartum period, nearly one-third of them understood its duration, and less than one-third of them were aware of the postpartum warning signs that call for consulting a doctor. The results are corroborated by Abd el-razek (2013), who carried out a study on improving mothers' self-care habits and found that 38.5% of mothers answered the postnatal warning signals correctly, whereas 61.5% of mothers gave an inaccurate response.

However, Elsebeiy (2019) discovered that while a small percentage of women gave an inaccurate response, none of them gave a right response, most women knew the postpartum warning indicators that call for seeking medical attention. According to the study, this might be partially explained by the differences in postpartum women's environments and educational backgrounds.

The results of this study showed that almost two thirds of the postpartum mothers who were studied knew nothing about postpartum discomfort. This outcome might be explained by the fact that all the study's female participants were primigravidas with limited experience with mild postpartum discomforts. This result is consistent with research by Adam (2015) who carried out a study titled "Assessment of mother's knowledge regarding postpartum self-care in national Ribat university hospital," noted that the majority of participants had inadequate understanding about breast engorgement, episiotomy discomfort, and after-pains.

Missiriya (2016) who did a study on postnatal care utilization among rural women in Nepal and noted that 70% of postnatal women have low understanding, supports this conclusion. Additionally, Abd Elhady et al (2020) who found that over two thirds of the control and study groups had inadequate information of the efficacy of interactive digital health media based on the ADDIE Model on women's minor postpartum discomforts at Benha University Hospital.

This result conflicts with that of Raj et al (2018) who found that most postpartum women have mediocre understanding of minor puerperium ailments. They researched the "Incidence of minor ailments of puerperium and related knowledge among postnatal mothers" in Kochi. Additionally, Doha et al. (2020), who carried out a "Study on knowledge about postnatal care among mothers in selected urban communities," which discovered that most of the women in the study were aware of postnatal care and had used it, with over half using it for routine follow-up.

Regarding the sources of women's knowledge, the current study found that almost half of the women studied got their knowledge primarily from friends, family, and relatives, then from the prenatal care provided by doctors and nurses, and from social media. This could be linked to a primiparous woman's adoption of the maternal role during the puerperium, which is determined by a range of personal experiences infused with the familial context. These experiences shape the attitudes and perceptions that women adopt with assurance from them.

This result is consistent with that of Timilsina & Dhakal's (2015) study on postpartum moms'

knowledge of postnatal care in Nepal, which found that 74.48% of women got their knowledge mostly from friends and family. **Abd Elhady et al. (2020)**, who demonstrated that for over 50% of people, family was the primary source of knowledge. This finding is consistent with.

Nearly two thirds of the women in the study were unaware of self-care practices for reducing pain, compared to less than one third of them who were. According to **Abd el-razek (2013)**, 30.0% of women correctly identified the self-care activities for reducing pain, but 70.0% of women misidentified them. These findings corroborate these findings.

This finding might be explained by the fact that all the study's female participants were primigravidas with limited knowledge on how to take care of themselves to relieve pain. Conversely, **Elsebeiy's (2019)** study found that while about two thirds of the women surveyed answered partially and properly, nearly one third of them gave an incorrect response, with a relatively tiny number of correct answers. Differences in sample size and culture could be the cause of this.

Less than one-fourth of women and more than three-quarters of women were unaware of methods to hasten healing and ease mild discomforts in the perineum. According to **Adam (2015)**, 38.0% of respondents correctly identified the management techniques for perineal discomfort, whereas 62.0% did not know how to handle it. These results are consistent with his findings. The fact that all the study's female participants were primigravidae and had limited understanding of how to expedite healing and ease mild discomforts in the perineal area could potentially account for this outcome.

The results of this study showed that few women were aware of self-care practices for easing the mild discomforts associated with nursing a baby, and most were unaware of them. These results somewhat corroborated those of **Elsebeiy (2019)** who showed that only a very tiny proportion of women had the right knowledge of them. This result might be explained by the fact that all the study's female participants were primigravidas and thus lacked information about self-care techniques for easing the mild discomforts associated with postpartum breasts.

In contrast, **Abd El-Razek's (2013)** study found that while a greater proportion of women (47.5% & 38.5%, respectively) were aware of self-care techniques for treating breast engorgement and cracked nipples, 52.5% & 61.5% of women gave the wrong answer. These variances could be explained by variations in the surrounding ecosystems, community social customs, and socioeconomic situations.

The results of the current study showed that, although a very small percentage of women were aware of the

advantages of breastfeeding for the mother, about one-third of women were aware of the benefits for the infant. This may be due to thinking that baby take all essential nutrients from her body and this does not benefit her but benefits her baby.

These results somewhat supported **Adam's (2015)** thesis from Khartoum, which stated that 27.0% of women accurately understood the significance of starting breastfeeding for both the mother and the child. These results are also consistent with **Elsebeiy's (2019)** thesis, which found that nearly one-fourth of women correctly identified the advantages of breastfeeding for the child and a very small percentage identified the advantages for the mother.

Less than one-fifth of the women in the current study were aware of the minor gastrointestinal discomforts. This finding might be explained by the fact that all the study's female participants were primigravidas with limited experience of minor gastrointestinal discomforts. In a similar vein, **Shabaan et al. (2018)** found that 13.2% of participants in the pretest accurately identified the minor gastrointestinal discomforts that occur after childbirth, whereas 86.8% misidentified them.

More than two thirds of women did not know about postpartum exercises, and less than one third of women understood the value of early ambulation and postnatal exercises, according to the current study. This finding might be explained by the fact that all the study's female participants were primigravidas and as such, had limited awareness of the value of postpartum exercise and early ambulation.

Parallel to this, **Elsebeiy (2019)** shown that while a tiny percentage of women correctly comprehended the post-partum activities, nearly three-quarters of them had just a partial understanding of them.

On the other hand, when **Alharqi & Albattawi (2018)** evaluated Saudi Arabian women's attitudes and knowledge on postpartum exercise, they found that while 27.5% of women lacked sufficient knowledge, 72.5% of women did. The reasons for variations in study outcomes could stem from various factors such as sample size, ethnicity, culture, location, and study design.

The results of the study showed that most of the women under investigation knew nothing at all about urinary postnatal mild discomforts, and only a very tiny fraction of them were aware of them. **Shabaan et al.'s (2018)** findings, which showed that 90.6% of women in the pretest were unaware of postnatal urine minor discomforts, are consistent with these findings. Only 9.4% of women knew about them. Additionally, **Elsebeiy's (2019)** study supports these results, showing that a relatively small proportion of women reported correct knowledge, whereas over half had

inadequate information and fewer than half had no knowledge.

After completing a health education package, primipara women's knowledge improved statistically significantly, according to the study's findings ($p < 0.001$). This outcome could be the consequence of the package's ability to adequately inform them.

This result is in line with the findings of **Aboraiah et al. (2021)**, who found that after implementing the video assisted teaching program, there was a highly statistically significant improvement in the studied sample knowledge regarding postpartum minor discomforts, including after-pains, urinary retention, breast engorgement, episiotomy pain, fatigue, constipation, and cracked nipple.

Conclusions

1. This study concluded that there was a significant improvement in knowledge regarding discomforts that arise after giving birth in post-test
2. Women had poor knowledge about postpartum minor discomforts; 66.4% of postpartum mothers did not know enough about managing postpartum minor discomfort before teaching session, after the educational package, 0.9% only of participants were unaware of postpartum discomforts.

Recommendations

1. It is recommended that postpartum primiparous women receive comprehensive health education packages to enhance their understanding and management of minor postpartum discomforts prior to hospital discharge.
2. Basic nursing education curriculum should evolve increasing awareness about postpartum minor discomforts.

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