

**EFFECTIVENESS OF GINGER EXTRACT TO REDUCE
NAUSEA, VOMITING AND REGURGITATION AMONG
PREGNANT MOTHERS IN SELECTED COMMUNITY
SETTING**

**By
Ms. SATHIYA. R**



**A Dissertation submitted to
THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY,
CHENNAI.**

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
APRIL 2012**

CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

Ms. SATHIYA. R

**ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR.**

**SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING
FOR THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,
CHENNAI-600 032.**

COLLEGE SEAL

SIGNATURE _____

Dr.N.KOKILAVANI, M.Sc.(N)., M.A., M.Phil., Ph.D.,

PRINCIPAL,

Adhiparasakthi College Of Nursing,

Melmaruvathur – 603 319,

Kanchipuram District,

TamilNadu.



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APPROVED BY DISSERTATION COMMITTEE

April – 2012

Signature

Dr. N. KOKILAVANI, M.SC.(N)., Ph.D.,
PRINCIPAL AND HEAD OF THE DEPARTMENT – RESEARCH,
ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR - 603 319.

Signature

Dr. BANGINWAR ASHISH SHRINATH, M.B.B.S., M.D.,
DEPARTMENT OF COMMUNITY MEDICINE,
MAPIMS,
MELMARUVATHUR.

Signature

Mrs. A. N. KALPANA., M.Sc(N).,
READER,
ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR.

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Nursing, April-2012.**

Internal Examiner

External Examiner

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CHAPTER I

INTRODUCTION

Pregnancy is a natural event for celebration and joy. yet mothers have common minor disorder like nausea, vomiting headache and regurgitation etc. It is not a reflection or hazards to women health (KATHERINE 1995). If the period of traumatic changes in the women's body. This minor disorder is a sign that the body is a naturally preparing itself for new life. If a mother is healthy, she can go through her pregnancy and child birth with minimum discomfort.

Pregnancy and child birth are the events in the life of a women who anxiously expected not only by her, but also by the near and dear and even by the society. When the mothers receives proper obstritical care, she saves life.

Pregnant women for the first time are confronted with symptoms that would be considered abnormal in the non-pregnant state. Much of the pre natal care requested by women and they need explanation of the causes of the disorder and they need to advice to regarding the disorder.

Many minor disorders can be related directly to the raised level of estrogen and progesterone present during pregnancy. estrogen causes the body to retained salt and water and it also has a tendency to induce

nausea. Probably the most important single function of the progesterone is ability to relax the smooth muscle of the uterus, and so that the growing fetus will not be expelled.

Minor disorder should be corrected by appropriate management and wrong concept need to be corrected for the safe child birth as well as the proper information to the mother.

The objective of the world health organization programme of public information and education of the health is to encourage the people to be healthy and to do what they can individually for their health to seek the assistances when needed .

Human studies suggests that 1g of ginger may be effective for nausea and vomiting in pregnant woman when used for short periods(no longer than 4days). Several studies have found that ginger is better than placebo in relieving morning sickness.

In a small study of 30 pregnant women with severe vomiting those who took 1gram of ginger for every day for 4days reported more relief from vomiting than those who took placebo .in a larger study of 70 pregnant woman with nausea and vomiting those who received a similar dosage of ginger felt less nauseous and did not vomit as much as those who receive

placebo. Pregnant woman should ask doctor before taking ginger and should be careful for not taking by more than one gram per day

Gingers ante – vomiting action has been shown to be very useful in reducing the nausea and vomiting of pregnancy, even the most severe from, hyperemesis gravidum, a condition which usually requires hospitalization. In a double-blind trial., ginger root brought about significant reduction in both the severity of nausea and number of attacks of vomiting in 19 of 20 women in early pregnancy (less the two weeks). Unlike anti-vomiting drugs, which can cause severe birth defect, ginger is extremely safe, and only a small dose is required.

A review of six double – blind, randomized controlled trials with a total of 675 participants, published in the april 2005 issue of the journal, of obstetrics and gynecology, has confirmed that ginger is effective in reliving the severity of nausea and vomiting during pregnancy. The review also confirmed the absence of significant side effect or adverse effect on pregnancy outcomes. It reduces all symptoms associated with motion sickness including dizziness, nausea, vomiting.

NEED FOR THE STUDY

Pregnancy is a long and very special journey for a woman .Its a wonderful experience yet it is associated with some minor disorders as nausea and vomiting, heart burn , constipation , cramps, back ache, varicose veins ,and ankle edema.

According to WHO around the, in World the total fertility rate was 2.7 and total fertility rate in India was 3.1 in the year 2000-2005. According to UNICEF data ,in India the antenatal care coverage percentage in the year 2005-2006 was 74% and 47% of birth attended by skilled health personnel. According to Census of India.

Among all the minor discomforts associated with pregnancy a very common experience shared by pregnant women all over the world is “morning sickness”, a normal psychological phenomenon ,not an illness ,but a part of being healthy. Nausea and vomitin especially in the morning, soon after getting out of bed are usually common in primigravida. They usually appear following first and second missed periods and subside by the end of first trimester.

Hyperemesis gravidarum is the severe type of vomiting of pregnancy which has got deleterious effect on the health of the mother and/or incapacitates her in day to day activities. It affects 1 in 1000

pregnancies or 0.5-2%. 70-80% of pregnant women will endure nausea symptoms and 40-50% will experience vomiting. Although 20% of women will experience morning sickness for a longer period of time and 2% of these will suffer until baby is finally born. The incidence seems to be higher among teenagers, women over age 35, women who are obese, non-smokers or women with multiple pregnancies.

Some researchers consider morning sickness to be normal because growing placenta produce estrogen which can heighten a woman's sense of smell and cause nausea. If a placenta is not producing estrogen it means that there may be a problem with pregnancy. Others suggested morning sickness may also be exerting a protective mechanism by making a pregnant woman stay away from foods that may be unhealthy for her fetus.

Osaka (2007) A cross sectional comparative study was done to examine perceived stress, social support, maternal psychological adaptation among 150 pregnant women with different severities as mild, moderate, severe of nausea and vomiting of pregnancy. The findings revealed that pregnant women with mild nausea vomiting had significantly lower stress than did pregnant women with severe nausea and vomiting.

Social support and maternal adaptation were not different but the severity was associated with fear of helplessness and loss of control.

Ohashik(2007) A study was conducted among 160 women who provided daily recordings of pregnancy duration, about severity of nausea and vomiting. The findings were that 74% of women reported nausea lasting a mean of 36.4 days. Morning sickness occurred in only 1.8% of women whereas 80% reported nausea lasting for all day. Only 50% of woman should relieved by 14 weeks of gestation and 90% had relief by week 22. Researcher suggested a larger study is needed in clinical trial.

Bryer E (2006) A study was conducted to assess nausea vomiting of pregnancy among 363 pregnant women. Results were that 28% experience nausea only while 52% nausea and vomiting. The mean number of days from last menstrual period to onset and cessation was 39 and 84 respectively. The mean total number of hours of nausea per pregnancy in those 292 women experiencing symptoms was 56 with peak symptom occurring in 9th week. Researcher concluded a detailed study is needed to know the etiology of nausea.

Management includes reassurance, dietary modifications, pharmacological therapy for patient with persistent symptoms and

complementary alternative treatment as psychotherapy , herbal remedies, acupressure .

Progon (2006) One of the herbal remedy is ginger used in more ways than any other spices. The derived products are such as ginger powder, syrup ginger, volatile oil. The chemistry of component which contributes aroma and pungency that characterize ginger is reviewed. Areas where more research is needed are functional ,physiological ,toxicological properties in use of ginger.

Mori J Good win(2005) A clinical trial study conducted among 70 antenatal women who were experiencing severe nausea and vomiting during pregnancy randomly assigned to take capsules 250mg of ginger for four times a day or a placebo. Compared to controls women who took ginger for 4 days reported significant improvement in nausea at the level of $p < 0.014$ and fewer episodes of vomiting at the level of $p < 0.021$. Although results were good but researcher suggest that a larger study is needed to determine safety of ginger during pregnancy'

The nurse researcher or investigator has observed during her community posting that morning sickness is one of the main health problems which affect all pregnant women in the community. As

conventional antiemetics are burdened with potential of teratogenic effects during embryogenesis period of pregnancy.

Nurse researcher felt that there is a need of intervention in this field in order to support pregnant mother so that she can enjoy her pregnancy. Ginger tea is one of the herbal remedy used in the treatment of nausea and vomiting as there is need for further study in that area, the investigator is interested to conduct an experimental study by using ginger tea with an aim to reduce nausea and vomiting.

STATEMENT OF THE PROBLEM:

A STUDY TO ASSES THE EFFECTIVENESS OF GINGER EXTRACTS TO RELIEVE NAUSEA VOMITING AND REGURGITATION AMONG PREGNANT MOTHERS.

OBJECTIVES:

- ❖ to assess the health status of the antenatal mothers.
- ❖ to assess the effectiveness of the ginger tea in reduction of morning sickness among antenatal mothers
- ❖ to find out the association between selected demographic variables and effectiveness of ginger extracts to relieve nausea, vomiting and regurgitation among antenatal mothers

OPERATIONAL DEFINITIONS:

Effectiveness

Refers to the impact of ginger extract and the level of nausea vomiting and regurgitation among pregnant mothers assessed with Rhodes of nausea vomiting scales.

Ginger extract:

Refers to an ginger extract made from one gram of fresh ginger is sliced, grinded and filtered and the extract is added with 10ml of honey and made into 15ml of ginger extract and orally administered to the pregnant mother after breakfast for 5days.

Nausea:

Refers to the sensation of discomfort to vomiting in the gastrointestinal tract experienced by the pregnant mother during the early period of pregnancy

Vomiting:

It is the vigorous expulsion of gastric contents through the mouth and nose experienced by the pregnant mother throughout 24 hours and measured by Rhodes index of nausea vomiting regurgitation.

Regurgitation:

Refers to strong unproductive and involuntary effect to vomiting whereby the indigested gastric content felt in the pharynx by the pregnant mother.

PREGNANT MOTHER:

Refers to the pregnant mothers between 6 and 17 weeks of gestation who experienced nausea vomiting and regurgitation during pregnancy.

VARIABLES:

Independent Variable

Ginger extract

Dependent Variable

Nausea, vomiting and regurgitation

ASSUMPTION:

There is a significant relationship between the demographic variables with the effectiveness of ginger extract to reduce nausea, vomiting and regurgitation among pregnant mothers.

Ginger may have some effect on level of Nausea vomiting and regurgitation among pregnant mothers

LIMITATIONS:

1. the study has been limited to a period of 4 weeks of data collection
2. the study has been delimited to selected villages of Kanchipuram district

PROJECTED OUTCOME:

The nurse can use ginger as an alternative medicine to treat Nausea vomiting and regurgitation during pregnancy which will be a health promoting activity in maternal and child health services.

Pregnant mothers will be relieved from the disorder of pregnancy and enhance better nutritional status during pregnancy.

CONCEPTUAL FRAMEWORK

A conceptual framework is the interrelated concepts or abstractions that are assembled together in some national scheme by virtue of their relevance to common them (Polit & Hungler 1998)

The framework are linked to particular research purposes (exploration, description, decision making and explanation/prediction) (Shields and Jajali 2009)

Wiedenbeck conceptualize nursing as the practice to help the patients who are in need for that is observation through presenting behaviour & symptoms exploration of meaning of those symptoms with the patient determining causes of discomfort & determining the patients ability to resolve the discomfort of if the patient has a need for help from nurse or other health care professionals.

Nursing primarily consists of identifying a patient need for help if the need for help required intervention the nurse facilitates medical plan of care also create & implements a nursing plan of care based on needs & desires of the patient. In providing care a nursing exercise sound judgment through deliberative practical and educated in a way in reducing symptoms. The patient perception of the situation is an important

consideration for the nurse when providing competent care (Sitzman & Eichberger 2003)

Wiedenbach imports clarity & power to her work & sets the stages for protective exploration & debate she defines following

1. The patient is any person who has entered the health care system & is receiving help of some kind such as care teaching or advice.

2. A need for help is defined as any measure described by the patient that has the potential to restore or extend the ability to cope with various life situations

3. Each person (whether nurse or patient) is endowed with a unique potential to develop self-sustaining resources. Self-acceptance & essential to personal identity & self-worth.

In this study pregnant mothers are the person who entered the health care & are in need of relief from nausea vomiting regurgitation.

The mother accepts ginger as an effective alternative medicine in treating nurses, regurgitation during the first trimester of pregnancy.

1 .(Identification) - Identify a need for help

The nurse identifies the mothers who are experiencing discomfort or incapability to nausea vomiting regurgitation. The pregnant mothers does not reveal the causes and are in need for help.

2 (Ministeration) - Ministering needed help

The nurse formulate a plan for meeting the mothers need for help based on available resources. The nurse presents the alternative therapy for treating nausea, vomiting regurgitation during pregnancy

The nurse clarifies the mothers behavior after providing an alternative therapy of ginger extract. The pregnant mother consents the alternative therapy to & accepts the suggestions, The nurse implement the therapy providing ginger extract to the pregnant mother in alleviating nausea vomiting regurgitation during pregnancy.

3 (Validation) - validating that a need for help was met or not.

The nurse perceives the mother behaviors' as consistent with the nurse concept of comfort the pregnant mother was received from nausea vomiting regurgitation are in this case the need for help has been met,

The alternative therapy helped the mother to enhance comfort the nurse know where to start again and take appropriate action the relative, identified in the study are

A - Agent – Investigator

R – Recipient – Pregnant mother

G– Goal – Reduction of level of nausea vomiting regurgitation

M – Means – Ginger extract

F – Framework – events(community)

CHAPTER II

REVIEW OF LITERATURE

A literature review discussed published information in a particular subject area within a certain time period .a literature review can be just a simple of the sources but it is usually has an organizational pattern and combines both summary and synthesis . It gives a new interpretation of a old external or combines . Within the interpretation or it tract the intellectual of the field , including major discomfort depending on the situation the literature review many evaluate the sources and advice the researcher on the most pertinent or review subject matter(polit &hungier)

Review of literature consists of three parts

- I. **Literature related to Nausea and vomiting during pregnancy**
- II. **Literature related to Effectiveness of Ginger on Nausea Vomiting and regurgitation during pregnancy**

I. Literature Related To Nausea Vomiting Regurgitation During Pregnancy

Dhami M. S. et al.,(2010) Powerful medicinal properties have been recorded for *Zingiber officinale*, commonly known as ginger. All of these medicinal activities have been compiled with 99 references to the present status of the plant in the literature. Volatile components and the presence of trace metals are included. In addition, details of individual medicinal activities are given and the molecular structures of identified organic metabolites and their synthesis are described.

Matthews A. et al.,(2010) conducted a study on physical and psychological effects of pregnant mother. This is an update of a review of interventions for nausea and vomiting in early pregnancy previously published in 2010. Given the high prevalence of nausea and vomiting in early pregnancy, health professionals need to provide clear guidance to women, based on systematically reviewed evidence. The difficulties in interpreting the results of the studies included in this review highlight the need for specific, consistent and clearly justified outcomes and approaches to measurement in research studies.

Piwko Einarson T. R. et al.,(2010) carried out a study within the main objectives to estimate the total direct and indirect costs per woman for a week associated within the onset of nausea and vomiting and regurgitation . the cost of illness was determined according to the severity of nausea ,vomiting and regurgitation. Data were collected from 139 pregnant women, the result revealed the total cost for a woman per week was \$132, for women with mild moderate and severity of nausea and vomiting. The conclusion made was that nausea and vomiting of pregnancy imposes an economic burden.

Progona et al.,(2010) conducted a study to assess the pregnancy hormones levels in relation to nausea with or without vomiting 200 pregnant women in boston are observed. Maternal blood collected at 16 and 27 weeks of gestation . serum levels of estradiol, progesterone prolactin and sex-hormone – binding globulin were determined. The conclusion made that estradiol was positively associated with nausea and vomiting during pregnancy.

Sheegan P. et al.,(2010) conducted a study to outline the etiology outcome history and examination of women with nausea vomiting and regurgitation during pregnancy pregnant mother attending maternity care program at royal women hospital Australia were selected randomized

control design was used the study result show nausea vomiting and regurgitation in early pregnancy commonly affect a significant number of all women during pregnancy about 66% to 75% experience nausea 18 44 experience significant vomiting in that 25 45 experience during pregnancy nausea and vomiting of pregnancy typically begin at 4 to 6 weeks of gestation

Bryere et al.,(2009) conducted a study to assess the mild to moderate nausea and vomiting during the pregnancy 400 pregnant women were selected by randomized clinical trial the study design was a well controlled double blind study the result was 80 / of all pregnancies suffer from mild to moderate to nausea and vomiting the concern about antiemetic use of the pregnant women were also founded about 75/ of the pregnant women with nausea vomiting uses alternative medicine for enhancing comfort in alleviating nausea and vomiting.

Borrelli F.et al.,(2009) Conventional antiemetics are burdened with the potential of teratogenic effects during the critical embryogenic period of pregnancy. Thus, a safe and effective medication would be a welcome addition to the therapeutic repertoire. This systematic review was aimed at assessing the evidence for or against the efficacy and safety of ginger (*Zingiber officinale*) therapy for nausea and vomiting during

pregnancy. Ginger may be an effective treatment for nausea and vomiting in pregnancy. However, more observational studies, with a larger sample size, are needed to confirm the encouraging preliminary data on ginger safety.

Bryer E et al.,(2009) Mild-to-moderate nausea and vomiting of pregnancy affects up to 80% of all pregnancies. Concern about antiemetic use and the time-limited nature of symptoms has restrained the development of effective treatment approaches, yet supportive, dietary, and lifestyle changes may be ineffective. This article reviews 4 recent well-controlled, double-blind, randomized clinical studies that provide convincing evidence for the effectiveness of ginger in treating nausea and vomiting of pregnancy. It also provides a dosage update for the various forms of ginger.

Chanthasenanon M. et al.,(2009) The objective of the study was to determine the efficacy of ginger and dimenhydrinate in the treatment of nausea and vomiting in pregnancy. There was no significant difference in the visual analogue nausea scores (VANS) between group A and group B in day 1-7 of the treatment. The vomiting episodes of group A were greater than group B. No difference in vomiting episodes during the day 3-7 of treatment was found in both groups. There was a statistically significant

difference in the side effect of drowsiness after treatment in group B greater (77.64%) than group A (5.88%) ($p < 0.01$). From the presented data, ginger is as effective as dimenhydrinate.

Keating A. et al.,(2009) Ginger (*Zingiber officinale*) has been used to ameliorate symptoms of nausea. After 9 days, 10 of the 13 (77%) subjects receiving ginger had at least a 4-point improvement on the nausea scale. Only 2 of the 10 (20%) remaining subjects in the placebo group had the same improvement. Conversely, no woman in the ginger group, but 7 (70%) of the women in the placebo group, had a 2-point or less improvement on the nausea scale. Eight of the 12 (67%) women in the ginger group who were vomiting daily at the beginning of the treatment..

Kugahar T. et al.,(2009), conducted a study to clarify the characteristics of nausea and vomiting during pregnancy(NVP) and to determine the relationship between NVP measured using the Rhodes index scale . nausea and regurgitation at 4-7 and 12-17 weeks was significantly more severe than at 16-19 weeks, whereas there was no difference in vomiting . a decrease in physical well-being was correlated with the severity of nausea , regurgitation and vomiting at 8-11 and 12-17 weeks, suggesting that professionals should carefully measure NVP symptoms using reliable instruments.

Mlekhyananda et al.,(2009) To compare the efficacy of ginger to vitamin B6 in the treatment of nausea and vomiting of pregnancy. The nausea score and the number of vomiting episodes were significantly reduced following ginger and vitamin B6 therapy. Comparing the efficacy, there was no significant difference between ginger and vitamin B6 for the treatment of nausea and vomiting during pregnancy.

Shields K. et al.,(2009) To review literature assessing the safety and efficacy of the use of ginger to treat nausea and vomiting in pregnancy. While data are insufficient to recommend ginger universally and there are concerns with product quality due to limited regulation of dietary supplements, ginger appears to be a fairly low-risk and effective treatment for nausea and vomiting associated with pregnancy. In low doses, this may be appropriate for part2009

Willetts K. et al.,(2009) The nausea experience score was significantly less for the ginger extract group relative to the placebo group after the first day of treatment. Regurgitation so reduced by the ginger extract although to a lesser extent. . Follow-up of the pregnancies revealed normal ranges of birth weight, gestational age, Apgar scores and frequencies of congenital abnormalities Ginger can be considered as a useful treatment option for women suffering from morning sickness.

Woodhouse M. et al.,(2009) a family physician conducted a study at Australia . the study objective was to found out the most distressing symptoms in pregnant women. 200 women were randomly selected and observed. The conclusion were made that nausea affected upto 85% of women during early pregnancy and about half of these women also experience vomiting. For some women, it was very debilitating conventional antiemetic bring with them a risk of potential tetrogenic effects during the critical stage of early pregnancy. Women tend to feel more comfortable taking a natural and herbal substance to manage the issues of nausea and vomiting.

Mori J. et al.,(2008), demonstrated in his experimental study with 60 samples of antenatal mothers in 8 to 12 weeks of gestation found that thyroid – stimulating effect of hco leading to an increase in free thyroxin (T4) and decrease in thyroid – stimulating hormone(TSH) had an increase effect on nausea and vomiting during pregnancy.

Chanhasenanont A. et al.,(2008) conducted a study with the objective of testing the efficacy of ginger and dimenhydrinate in the treatment of nausea and vomiting in pregnancy. 170 pregnant women who attended antenatal clinic at attending breast feeding program. The result showed ginger was effective in treating nausea and vomiting.

Heberhart et al.,(2008) Ginger (*Zingiber officinale*) has traditionally been used in China for gastrointestinal symptoms, including nausea and vomiting. A recent systematic review on the possible antiemetic effect of ginger for various indications, including PONV, morning sickness, and motion sickness, concluded that ginger was a promising antiemetic herbal remedy, but the clinical data were insufficient to draw firm conclusions. Since that publication, additional data has accumulated and thus an updated meta-analysis was performed .Ginger is not a clinically relevant antiemetic in the PONV setting.

Ruangsri M. et al.,(2008)Women with nausea and vomiting of pregnancy, who first attended an antenatal clinic at or before 17 weeks' gestation. 70 eligible women gave consent and were randomized in a double-masked design to receive either oral ginger 1 g per day or an identical placebo for 4 days. Subjects graded the severity of their nausea using visual analog scales. At a follow-up visit 7 days later, five-item Likert scales were used to assess the severity of their symptoms .Ginger is effective for relieving the severity of nausea and vomiting of pregnancy.

SAKINETH et al.,(2008) conducted a study to compare the effectiveness of ginger and vitamin b6 for the treatment of

nausea. 70 women were randomized to receive either ginger 1g/day or vitamin B6 40 mg /day for 4 days . subjects graded the severity of their nausea using a visual analogue scale and record the number of vomiting episodes in the 24 hours before treatment and during 4 consecutive days while taking treatment . the results showed post therapy nausea and the number of vomiting episodes decreased in both groups and there was no significant difference between the group.

Todd Rosen et al.,(2008), the study was conducted to evaluate the effectiveness of low-level nerve stimulation therapy over the volar aspect of the wrist at the p6 point to treat nausea and vomiting during pregnancy. Pregnant volunteers selected with symptoms of nausea and vomiting between 6 to 12 weeks. Two hundred samples selected and 2 clinical trial of nerve stimulation therapy was provided . nausea , vomiting and assessed with Rhodes index scale for nausea and vomiting . the study reported the stimulation therapy was effective in reducing nausea and vomiting and in reporting weight gain in women's In the first trimester of pregnancy

Anderson F. W. et al.,(2007) carried out a study with the objective to identify survey and survey randomized controlled study of the use of complementary and alternatives medicine cam for obstetric

treatment or health promotion the medline database in university of Michigan usa was searched to identify randomized controlled trials of cam treatment or therapies in obstetrics studies examining modalities for treatment or improvement of health status were reviewed the result was found to be fifty four articles assessing a variety of health modalities met the criteria for inclusion acupuncture and ginger for prenatal nausea and vomiting was found to be effective.

Beal.W.cisslia et al.,(2007) Complementary therapies and alternative therapies used widely in reproductive health care services which would benefit from acquiring promotion of health without side effect the therapies include using of natural available plants extracts in during disease ginger is the ancient traditional medicine used for sore throat nausea vomiting in pregnancy indigestion and pain

Betz O et al.,(2007) carried out a systematic review to evaluate the clinical impact of ginger as an antiemetic the method used in this review was a systematic search of the literature which was performed using the databases of medline embase and the cochrane library the study was conducted in Deutschland covering 1073 mothers during six seventeen weeks of early pregnancy received ginger on nausea vomiting

pregnancy thus the result was a total of 136 patients were treated with the first trimester of pregnancy found to be effective.

Einarson A. et al., (2007) conducted a study on Pregnant women who were taking ginger during the first trimester of pregnancy. The women were followed up to ascertain the outcome of the pregnancy and the health of their infants. They were also asked on a scale of 0 to 10 how effective the ginger was for their symptoms of NVP. These results suggest that ginger does not appear to increase the rates of major malformations above the baseline rate of 1% to 3% and that it has a mild effect in the treatment of NVP.

Ensiyeh J. et al.,(2007) conducted a study to compare the effectiveness of ginger and vitamin b6 for the treatment of nausea vomiting in early pregnancy .70 women were randomized to receive either ginger 1 g day vitamin b6 vitamin 40 mg for 4 day subject graded the severity of their nausea using a visual analogue scale and recorded the number of vomiting episodes in the 24 hours before treatment and during 4 consecutive days while taking treatment the result showed post therapy nausea and the number of vomiting episodes in the decreased in the both groups and there was no significant was no significant difference between the groups

koren G. et al.,(2007) Many of my patients prefer to use natural or herbal medicines, such as ginger, before taking drugs to treat nausea and vomiting of pregnancy. Is there evidence that ginger is safe to use during pregnancy? Is it effective Although ginger is used in many cultures to treat the symptoms of nausea and vomiting, no trials have established its safety for use during pregnancy. On the other hand, its efficacy has been documented in two randomized, blinded controlled trials.

Margret betsack et al.,(2007) Ginger is effective in preventing the symptoms of nausea vomiting especially morning sickness motion sickness and seasickness to get the stomach calming benefits simply 5gms of ginger root in a cup of hot water is enough ginger also contains an inflammation induced nausea vomiting reducing pain and improving gastric function

White B. et al.,(2007) Ginger (*Zingiber officinale*) is one of the more commonly used herbal supplements. Although often consumed for culinary purposes, it is taken by many patients to treat a variety of conditions. Ginger has been shown to be effective for pregnancy-induced and postoperative nausea and vomiting. There is less evidence to support its use for motion sickness or other types of nausea and vomiting. Mixed

results have been found in limited studies of ginger for the treatment of arthritis symptoms.

Buckne D. et al., (2006) the study objectives was to evaluate recommendation made by health food store employees. The method used was a descriptive survey approach in which phone calls were made by a disguised shopper to 155 health food stores in the greater phoenix area. The collar post has women 8 weeks pregnant asking for recommendation for treatment of nausea vomiting and migraines. The results were made that 89% of stores offered recommendations to ginger therapy for treating nausea vomiting and migraines during early pregnancy

Macagofee S. C et al.,(2006) had done a research, to assess the clinical impact of ginger on nausea vomiting and regurgitation on early pregnancy who received ginger and assessed during period from 4 -16 weeks of gestation. A total of 936 mothers responded to the ginger treatment. There is a clear evidence for the efficiency of ginger in the treatment of pregnancy induced nausea vomiting and regurgitation without effects.

Hharefuah et al.,(2006) conducted a systematic review on traditinal and complementary modalities to treat various ailment this article reviewed 19 randomized controlled trials which studied efficacy and safety

of various ginger to reduces the of nausea vomiting in the first trimester or of pregnancy and menopausal hot flushes preliminary data support the efficiency the ginger in the treatment of nausea vomqiting in the cimictama in treatment of menopasusal hot flushes.

Woolhouse M. et al.,(2006),A family physician comducted a study on distressing symptoms in pregnant women , 200 women were randomly selected and observed. The conclusion made that nausea affects upto 85% of women during early pregnancy and about half of these women also experiences vomiting. For some women , it was very debilitating, conventional antemetics bring with them a risk of potential tetrogenic effects during the critical stage of early pregnancy. Women tend to feel more comfortable taking a natural or herbal substance to manage the issues of nausea vomiting.

Wilson K. V. et al (2006) , conducted a study to estimsate the use of ginger to nausea vomiting in pregnancy is equivalent to pyridoxine hydrochloride(vitamin b6),291 women less than 16 weeks pregnant was undertaken. Women were given 1.05gm of ginger and 75mg of vitaminb6 for 4 days. Ginger was equivalent to vitamin b6 in reducing nausea (mean difference 0.2, 90% confidence interval), retching (meandiff 0.3, 90% CA) and vomiting (mean diff 0.5, 90% CI). For women looking for relief from

their nausea vomiting, the use of ginger in early pregnancy will reduce their symptoms with increasing effect than vitamin B6.

Portnoi G. et al.,(2005) conducted a study to examine the effectiveness of ginger for nausea vomiting of pregnancy (NVP). Pregnant women who attend mother risk programme in university of Toronto, given ginger during the 1st trimester of pregnancy were enrolled in the study. The study was able to ascertain the outcome of 187 pregnancies. The results suggest that ginger does not appear to increase the rates of major malformations and no side effect in the treatment of nausea vomiting during pregnancy.

Jewell D. et al.,(2005), conducted an observational study to assess the effectiveness of ginger and p6 acupressure in treating nausea vomiting and regurgitation during pregnancy a randomized control trial was used 108 pregnant women were selected by stratified sampling method from different division of primary care center at university of Bristol , UK. The results from trials showed that p6 acupressure and ginger in treating nausea vomiting and regurgitation were equivocal (odds ratio ,0.16 significant at the level of $p < 0.05$).

Goodwin T. M. et al.,(2005) done a study with the aim of treating pregnancy induced nausea and vomiting (NVP) without any adverse effects of medications on the fetus the mothers with nausea and vomiting during pregnancy, who attend Iowa hospitals were selected. Two randomized trials vitaminb6 and ginger were used to treat nausea vomiting during pregnancy. Ginger was shown to reduce nausea vomiting of pregnancy.

CHAPTER III

METHODOLOGY

This chapter deals with methodology adopted for the study and includes the description of research design setting of study population sample size, sampling technique, criteria for the selection of sample, tools and data collection procedure.

RESEARCH DESIGN

One Group Pre-test, Post-test Design used to evaluate the effectiveness of ginger extracts to relieve nausea, vomiting and regurgitation among pregnant mothers

SETTING OF THE STUDY

The study was conducted in Sothupakkam and Kadaperi community settings. This Kadaperi village placed in 12 km distance from our college and Sothupakkam village placed in nearby Melmaruvathur.

POPULATION

The population of the study comprises of pregnant mother. who are residing in Sothupakkam and Kadaperi community settings.

SAMPLE SIZE

The sample size includes 30 pregnant mothers. Who fulfilled the inclusion criteria.

SAMPLING TECHNIQUE

Convenient random sampling was adapted for selecting the pregnant mothers. who were having nausea, vomiting

CRITERIA FOR SAMPLE COLLECTION

Inclusion criteria

- ❖ pregnant mothers with the gestational age of 12- 38 week.
- ❖ the pregnant mothers who are willing to participate.
- ❖ The samples who could understand English or Tamil.

Exclusion criteria

- ❖ The clients who were not willing to participate in the study.
- ❖ The clients who were not understand the English or Tamil.

INSTRUMENT FOR DATA COLLECTION

The tool used to collect data is Proforma for demographic data and modified “ Rhodes assessment rating scale” on pregnant mothers those who are having nausea , vomiting

Section I

Structured questionnaires were provided to elicit the demographic variables.

Section II

In this the self structured assessment rating scale was used to assess the level of nausea , vomiting among pregnant mothers.

DATA COLLECTION PROCEDURE:

Before data collection, formal administrative permission was obtained from the president of Sothupakkam and Kadaperi village, and from our principal ,apcon Data was collected from 30 pregnant mothers having nausea vomiting constitute the sample for this study. The study was conducted in Sothupakkam and Kadaperi community settings. The total period for data collection was 6 weeks and the data was collected from the pregnant mothers having nausea , vomiting. Good rapport was established to gain the co-operation for data collection. After getting the demographic data from the pregnant mothers. Nausea vomiting was assessed by using rhodes assessment rating scale and ginger extracts was provided to the pregnant mothers. At the end of the study period the nausea , vomiting was evaluated with the help of the self structured assessment scale.

PLAN FOR DATA ANALYSIS:

The data obtained had analyzed in terms of objectives of the study using descriptive statistics and inferential statistics

Descriptive statistical analysis:

Mean, standard deviation was used to assess nausea , vomiting among pregnant mother .Frequency and percentage distribution was used to analyze the demographic variables of the pregnant mother.

Inferential statistics:

Paired “t” test was used to evaluate the effectiveness of ginger extracts to relieve nausea , vomiting among pregnant mothers.

There were expressed using tables, figures, graphs and “t” value < 0.05 was taken as significance

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 30 samples of pregnant mothers having nausea, vomiting and regurgitation in Sothupakkam and Kadaperi. It deals with description of tool, report of the pilot study, reliability, validity and informed consent, scoring procedure, scoring interpretation, data collection procedure and statistical method.

DESCRIPTION OF THE TOOL

The instrument was classified into 2 parts.

PART I

It consist of demographic variables of pregnant mothers in Sothupakkam and Kadaperi such as age, religion, educational status, Occupation, type of family, monthly income, personal habits.etc The data were collected by interviewing the pregnant mothers and based upon their answers .A tick mark (✓) was put for the appropriate response of each item.

PART II

The data was collected through Modified Rhode's scale. It consists of 11 questions and total score was 34. Each response was given a minimum score of one and the maximum score of three.

VALIDITY

Content validity was obtained from the nursing experts in the field of community health nursing.

REPORTS OF THE PILOT STUDY

Pilot study was conducted to find out the effectiveness of ginger extract to reduce nausea, vomiting and regurgitation among pregnant mothers for a period of 7 days to find out the feasibility of the study and to plan for data analysis. The result of the pilot study revealed that the ginger extract was very effective in relieving nausea, vomiting and regurgitation among pregnant mothers. On the basis of pilot study the instrument and intervention had been modified and refined. The pilot study, samples were excluded for the main study.

RELIABILITY

Reliability of an instrument is the degree of consistency that the instruments or procedure demonstrates whatever it is measuring. Modified Rhodes scale which was adopted for the study. The reliability was 0.73

INFORMED CONSENT

The dissertation committee prior to the main study approved the research proposal. The consent from each pregnant mother was obtained before starting the data collection. Assurance was given to pregnant mother regarding the confidentiality of the study.

DATA COLLECTION PROCEDURE:

Before data collection, formal administrative permission was obtained from the president of Kadaperi and Sothupakkam village, and from our principal apcon . Data was collected from 30 pregnant mothers having nausea, vomiting and regurgitation were taken as a the sample for this study. Good rapport was established to gain the co-operation for data collection. After getting the demographic data from the pregnant mothers, Nausea and vomiting was assessed by using modified Rhode's scale and ginger extract was provided to the pregnant mothers. The ginger extract was prepared fresh ginger which was sliced, grinded and filtered and the extract is added with 10ml of honey and made into 15ml of ginger extract and orally administered to the pregnant mother after breakfast for 5days. At the end of the study period the nausea and vomiting was evaluated with the help of the modified Rhode's scale.

SCORE INTERPRETATION

Score interpretation was done by

$$\text{Score interpretation} = \frac{\text{obtained score}}{\text{Total score}} \times 100$$

$$\text{Maximum score} = 4$$

$$\text{Minimum score} = 1$$

$$\text{Total score} = 44$$

STATISTICAL METHOD

Descriptive statistical analysis and inferential statistical analysis methods was used to find out the percentage, mean, standard deviation Paired “t” test and chi-square.

TABLE 4.1 SCORE INTERPRETATION

DESCRIPTION	PERCENTAGE
Mild	< 50 %
Moderate	51% to 75 %
Severe	>75%

Table 4.2 STATISTICAL METHOD

S. No.	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive statistics	Frequency, percentage	To describe the demographic variables
2.	Inferential statistics	Paired "t" test Chi – square test	To evaluate the effectiveness of ginger extract to relieve nausea, vomiting and regurgitation among pregnant mothers. To compare & analyze the association between the demographic variables and the effectiveness of ginger extract to relieve nausea, vomiting and regurgitation among pregnant mothers.

DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE UNDER THE FOLLOWING HEADINGS

SECTION –A

Frequency and percentage distribution of the demographic variables of pregnant mothers having nausea, vomiting and regurgitation.

SECTION – B

Comparison between pre test and post test level of pregnant mothers having nausea, vomiting and regurgitation.

SECTION – C

Comparison between mean and standard deviation of pre test and post test score of pregnant mothers having nausea, vomiting and regurgitation.

SECTION – D

Mean and standard deviation of improvement score for selected demographic variables of pregnant mothers having nausea, vomiting and regurgitation.

SECTION – E

Analyzing the association of demographic variables and post test score of pregnant mothers having nausea, vomiting and regurgitation.

SECTION.A

**TABLE -4.1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF
DEMOGRAPHIC VARIABLES OF PREGNANT MOTHER HAVING
NAUSEA, VOMITING AND REGURGITATION**

N=30

SI. No	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE%
1.	Education		
	a. Illiterate	10	33.33%
	b. Primary education	10	33.33%
	c. Secondary education	6	20.00%
	d. Collegiate	4	13.33%
2.	Occupation		
	a. Home maker	8	26.67%
	b. Skilled	13	43.33%
	c. Unskilled	5	16.67%
	d. Professional	4	13.33%
3.	Income		
	a. Upto RS2000	15	50.00%
	b. RS 2001 –RS 3000	2	6.67%
	c. RS 3001 –RS 4000	6	20.00%
	d. Above RS 4000	7	23.33%

4.	Religion a. Hindu b. Muslim c. Christian d. Others	21 3 2 4	70.00% 10.00% 6.67% 13.33%
5.	Types of family a. nuclear family b. joint family	12 18	40.00% 60.00%
6.	Diet a. vegetarian b. Non- vegetarian	9 21	30.00% 70.00%
7.	Source of health information a. mass media b. health professional c. relatives and neighbors/friends	7 13 10	23.33% 43.33% 33.33%
8.	Age a. 18 – 21 years b. 22 – 25 years c. 26 – 29 years d. above 29 years	3 9 11 7	10.00% 30.00% 36.67% 23.33%

9.	Age of marriage a. 18 – 21 years b. 22 – 25 years c. 26 – 29 years d. above 29 years	10 14 4 2	33.33% 46.67% 13.33% 6.67%
10.	Pregnancy weeks a. 6 – 11 weeks b. 12 – 17 weeks	14 16	46.67% 53.33%
11.	Types of marriage a. Consanguineous marriage b. Non-consanguineous marriage	14 16	46.67% 53.33%
12.	Gravida a. first b. second c. third d. above	12 10 7 1	40.00% 33.33% 23.33% 3.33%
13.	No of children's a. none b. one c. two	14 9 7	46.67% 30.00% 23.33%

14.	History of any abortion		
	a. yes	7	23.33%
	b. no	23	76.67%

Table 4.1 reveals that, out of 30 samples about education 10 (33.33%) of them were illiterate, 10 (33.33%) of them school level, Six (20%) were collegiate, and four (13.33%) of them were professional level.

Analyzing occupational status, Eight (26.67%) were home maker, 13 (43.33%) of them were skilled, Five (16.67%) of them were unskilled, Four (13.33%) of them were professionals.

Regarding the Monthly income of the family, 15 (50%) were belonged to Rs 2000 per month, Two (6.675) belonged to Rs 2001-3000 per month, Six (20%) belongs to Rs 3001-4000 per month, Seven (23.335) belongs to above Rs 4000 per month.

Regarding religion, 21 (70%) belonged to Hindu, Three (10%) belongs to Muslim, Two(6.67%) belonged to Christian and Four (13.33%) belonged to others.

Regarding type of family, 12 (40%) living in nuclear family, 18 (60%) living in joint family.

About the Dietary pattern, Nine (30.00%) vegetarian and 21 (70.00%) non vegetarian.

Regarding the source of information, Seven (23.33%) got from mass media, 13(43.33%) were from health personnel, 10 (33.33%) were from relatives and neighbours.

Regarding age, Three (10%) under the age group of 18 - 21 years, Nine (30%) under the age group of 22 - 25 years, 11 (36.67%) were among the age group of 26 - 29 years and seven (23.33%) were among the age group of above 29 years.

Regarding age of marriage, 10 (33.33%) were 18-21 years, 14 (46.67%) at 22-25 years, Four (13.33%) 26-29 years, Two (6.67%) at above 29 years.

Regarding pregnancy weeks, 14 (46.67%) had at 6-11 weeks, 16 (53.33%) had at 12-17 weeks.

Regarding type of marriage 14 (46.67%) were consanguineous marriage, 16 (53.33%) non-consanguineous marriage.

Regarding gravida, 12 (40%) belongs to 1st gravida, 10 (33.33%) belongs to 2nd gravida, Seven (23.33%) belongs to 3rd gravida, one (3.33%) was in 4th gravida.

Regarding Number of children, 14 (46%) not having children, Nine (30%) having one child, Seven (23.33%) were having two children.

Regarding history of Abortion, Seven (23.33%) having history of abortion, 23 (76.67%) not having history of abortion.

SECTION.B

TABLE4.2- FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE TEST AND POST TEST SCORE OF PREGNANT MOTHER HAVING NAUSEA, VOMITING, AND REGURGITATION.

N= 30

Level Of nausea, vomiting, regurgitation	Mild		Moderate		Severe		TOTAL	
	N	%	N	%	N	%	N	%
Pre test	–	–	17	56.70%	13	43.30%	30	100%
Post test	27	90.00%	3	10.00%	–	–	30	100%

Table4.2 depicts the effectiveness of Ginger extract on 30 pregnant mother with nausea, vomiting and regurgitation. The pre test shows that among 30 pregnant mothers 17, (56.70%) were in moderate and 13 (43.30%) were severe on pre test. The post test reveals that among the 30 pregnant mother, 27(90%) were in mild, Three (10%) were in moderate on post test.

SECTION –C

TABLE – 4.3 COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF PRE TEST AND POST TEST OF EFFECTIVENESS OF GINGER EXTRACT TO RELIEVE NAUSEA, VOMITING AND REGURITATION

	N=30		
LEVEL OF CONSTIPATION	MEAN	STANDARD DEVIATION	STANDARD ERROR MEAN
Pre test score	32.67	3.500	064
Post test score	20.67	1.590	0.290

Table 4.4 reveals the mean, standard deviation and standard error mean of effectiveness of ginger extract among 30 pregnant mothers with nausea, vomiting and regurgitation. The overall mean for pre test score is 32.56 with the standard deviation of 3.50057 and standard error mean is 0.639. The overall mean post test score of 20.5667 with the standard deviation of 1.59056 and standard error mean is 0.29040.

SECTION –D

TABLE-4.6- MEAN AND STANDARD DEVIATION OF IMPROVEMENT SCORE FOR EFFECTIVENESS OF GINGER EXTRACT TO RELIEVE NAUSEA, VOMITING AND REGURITATION AMONG PREGANANT MOTHERS.

Level of stress	Mean	Standard deviation	Standard error mean	Confidence interval		T	Df
				lower	Upper		
				Pre test - Post test score	12.0000		

- $P < 0.05$ level significant
- **Table 4.4** reveals the mean, standard deviation and standard error mean of effectiveness of ginger extract. Among 30 pregnant mothers of having nausea, vomiting and regurgitation. The overall mean evaluation score of 12.0000 with the standard deviation of 4.17711 and standard error mean is 0.76263. The confidential interval of the pre test score and post test score was 10.44024 – 13.55976. The pair't' values was 15.74 This implies that there is significant difference between pretest and post test at 0.05 of level of nausea, vomiting and regurgitation, on pregnant mothers.

SECTION-E

TABLE - 4.5 ANALYZING THE ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND EFFECTIVENESS OF GINGER EXTRACT TO RELIVE NAUSEA, VOMTITING AND REGURGITATION

N=30

S.N o	DEMOGRAPHIC VARIABLES	MILD		MODERATE		SEVERE		X2
		NO	%	NO	%	NO	%	
1.	Education							5.185
	a) literate	10	33%	0%	0%	0	0%	
	b) school level	9	30%	1%	3%	0	0%	
	c) college level	4	13%	2%	7%	0	0%	
	d) professional	4	13%	0%	0%	0	0%	
2.	Occupation							9.17*
	a) home maker	7	23%	1	3%	0	0%	
	b) skilled	13	43%	0	0%	0	0%	
	c) un skilled	05	17%	0	0%	0	0%	
	d) professional	02	07%	2	7%	0	0%	
3.	Income							5.661
	a) Upto Rs.2000	15	50%	0	0%	0	0%	
	b) Rs.2001 - 3000	02	7%	0	0%	0	0%	
	c) Rs.3001 - 4000	04	13%	02	7%	0	0%	
	d) above Rs.4000	06	20%	01	3%	0	0%	
4.	Religion							2.487
	a) Hindu	19	63%	02	7%	0	0%	
	b) Muslim	02	7%	01	3%	0	0%	
	c) Christian	02	7%	0	0%	0	0%	
	d) others	04	13%	0	0%	0	0%	
5.	Types of family							0.988
	a) nuclear family	10	33%	02	7%	0	0%	
	b) joint family	17	57%	01	3%	0	0%	

6.	Diet							
	a) vegetarian	08	27%	01	3%	0	0%	0.018
b) non - vegetarian	19	63%	02	7%	0	0%		
7.	Source of health information							1197
	a) mass media	07	23%	0	0%	0	0%	
	b) health personnel	11	37%	02	7%	0	0%	
	c) relatives and neighbours	09	30%	01	3%	0	0%	
8.	Age							1.942
	a) 18 – 21 yrs	03	10%	0	0%	0	0%	
	b) 21 – 25yrs	08	27%	01	3%	0	0%	
	c) 26 – 29 yrs	09	30%	02	7%	0	0%	
	d) above 29 yrs	07	23%	0	0%	0	0%	
9.	Age of marriage							2.619
	a) 18-21 years	10	33%	0	0%	0	0%	
	b) 22-25 years	12	40%	02	7%	0	0%	
	c) 26-29 years	03	10%	01	3%	0	0%	
	d) Above 29 year	02	7%	0	0%	0	0%	
10.	Weeks of gestation							0.536
	a) 6-11 weeks	12	40%	02	7%	0	0%	
	b) 12-17 weeks	15	50%	01	3%	0	0%	
11.	Type of marriage							0.536
	a) consanguineous	12	40%	02	7%	0	0%	
	b) Non- consanguineous	15	50%	01	3%	0	0%	
12.	Garavida							1.958
	a) 1 st	10	33%	02	7%	0	0%	
	b) 2 nd	10	33%	0	0%	0	0%	
	c) 3 rd	06	20%	01	3%	0	0%	
	d) 4 th	01	3%	0	0%	0	0%	
13.	Number Of Children							0.282
	a) None	13	43%	01	3%	0	0%	
	b) One	08	27%	01	3%	0	0%	
	c) Two	06	20%	01	3%	0	0%	
14.	History of abortion							0.186
	a) Yes	06	20%	01	3%	0	0%	
	b) No	21	70%	02	7%	0	0%	

Table 4.7 reveals that there is no significant association between the effectiveness of ginger extract to relieve nausea, vomiting and regurgitation among pregnant mothers with demographic variables. P value is <0.05 level.

CHAPTER V

RESULTS AND DISCUSSION

The aim of present study was to evaluate the effectiveness of nursing care on pregnant mothers with nausea, vomiting , regurgitation . A total number of 30 samples had been selected for the study , assessment was done by self structured rating scale. After the nursing care as per nursing protocol and an the third day the evaluation was done by using self structured writing scale.

The result of the study has been discussed according to the objectives of the study, conceptual frame work and on related literature . The study was conducted at Sothupakkam and kadeperi 30 pregnant mother with nausea, vomiting and regurgitation, who met the inclusion criteria had been included in the study. Each pregnant mothers with nausea, vomiting and regurgitation was assessed with questionnaires for demographic variables related to nausea, vomiting and regurgitation self structured writing scale and with check list for vital parameters .

The first objectives was to assess the health status of the pregnant mothers with nausea vomiting and regurgitation

Each pregnant mothers was observed and rated by using Rhode's modified scale at the first day, on assessment day 13(43.3%) pregnant mothers were in severe health disorientation,17(56.7%) were in moderate health disorientation, 32.57 mean with standard deviation of 3.50. It reveals that most of the pregnant mothers had severe nausea vomiting and regurgitation and they were need of nursing to promote health status.

The second objective was to evaluate the effectiveness of nursing care on pregnant mothers with nausea vomiting and regurgitation.

The nursing care as per as protocol provided to each pregnant mothers was observed by using Rhode's modified scale. Comparison of assessment of mean level of 32.57 and evaluation mean of 20.57 showed the improved score mean of 12 with standard deviation of 4.17. The paired "t" 15.73 provided the difference in health status between before and after the nursing care from the statistical analysis the improvement of score mean 12 with standard deviation of 4.71, the paired 't' values of 15.73 which was significantly at $p < 0.05$ level . It implies that the nursing care provided by the investigator was effective and showed improvement in

health status of the pregnant mothers with nausea vomiting and regurgitation.

Bryer E et al.,(2009) Mild-to-moderate nausea and vomiting of pregnancy affects up to 80% of all pregnancies. Concern about antiemetic use and the time-limited nature of symptoms has restrained the development of effective treatment approaches, yet supportive, dietary, and lifestyle changes may be ineffective. This article reviews 4 recent well-controlled, double-blind, randomized clinical studies that provide convincing evidence for the effectiveness of ginger in treating nausea and vomiting of pregnancy. It also provides a dosage update for the various forms of ginger.

The third objective was to correlate demographic variables and the effectiveness of ginger extract to reduce nausea, vomiting and regurgitation.

It showed that there was no significant association between the demographic variables and the effectiveness of ginger extract to relieve nausea vomiting and regurgitation.

CHAPTER VI

SUMMAR AND CONCLUSION

The present study was conducted to find out the effectiveness of home management of nausea vomiting and regurgitation among pregnant mothers. The study was pre-experimental one age groups, pre test ,post test design and total 30 pregnant mother with nausea vomiting and regurgitation had been selected as per inclusion criteria . pregnant mother were selected from Sothupakkam , Kadeperi with the complaints of nausea vomiting and regurgitation.

The objectives of the study is to assess the health status of the pregnant mother with nausea vomiting and regurgitation to evaluate the effectiveness of nursing care on home management of nausea, vomiting, and regurgitation among pregnant Mother, to find out the assoction between the selected demographic variables with the effectiveness of nursing care on home management of nausea vomiting and regurgitation among pregnant mothers.

CONCLUSION:

FROM these assessment of pregnant mother with nausea vomiting and regurgitation showed that 60% were in severe health disorientation , 30% were in moderate health disorientation and 10% were in mild health disorientation

From these evaluation of pregnant mother with nausea vomiting and regurgitation within three days after comphrensive nursing care as per protocol showed that majority of the 67% were in mild health disorientation 43% were in moderate health disorientation none of them was in severe health disorientation .

Most of them developed severe lower abdominal pain , back pain , nausea vomiting and regurgitation affected mood , inadequate self care activities. Nursing care would be implemented based on need with the help of the

developed protocol on evaluation of nursing care the pregnant mother were in reduced state nausea vomiting and regurgitation had improvement in health status.

IMPLICATION:

Only prompt and effective nursing measure of assessment and intervention along with treatment regimen could prevent the complications. nurses those who are in health care services play a vital role in management of pregnant .mothers with nausea vomiting and regurgitation. The finding of the study of several implications in nursing as follows.

NURSING PACTICE:

It has preventive as well as curative aspects ,the emphasis should be given for the present trend in the health care delivery system.

The study will create awareness among the nurse in identifying the causes of infertility

The development of nursing protocol will help in planning nursing intervention for pregnant mothers with nausea vomiting and regurgitation.

The present nursing protocol can be used by the nursing in various health care settings.

NURSING EDUCATION:

The development of nursing protocol can be used to teach the nursing in various health care setting regarding the nursing assessment & intervention of pregnant mothers with nausea vomiting and regurgitation. The nurse educator whenever that plan to provide instruction regarding care of pregnant mothers with nausea vomiting and regurgitation should provided oppournity to develop the skill & attitude in handling the pregnant mothers with nausea vomiting and regurgitation.

The leader in nursing care confronted to understand the health needs of the most vulnerable by effective organization and management. The nurse administrator should take active part in health policy making developing protocol procedure & standing orders related to care of pregnant mothers with nausea vomiting and regurgitation.

NURSING ADMINISTRATION:

Nursing administrator should encourage his her subordinate to do further research on the problems of pregnant mothers with nausea vomiting and regurgitation.

Finding of this study will help nurse administrators to allocate resources to do further studies in nursing care of pregnant mothers with nausea vomiting and regurgitation.

Nurse administrator can also arrange a mass health education programme in schools & colleges to create awareness in prevention and home management of nausea vomiting and regurgitation.

Through research findings the institutions can formulate policy and procedure on care of pregnant mothers with nausea vomiting and regurgitation at given setup by conducting further research in this area to standardize the nursing.

NURSING RESEARCH:

The study findings would serve as a background for further study in the care of pregnant mothers with nausea vomiting and regurgitation.

A study helps to provide effective nursing care for pregnant mothers with nausea vomiting and regurgitation

RECOMMENDATIONS:

- ❖ A comparative study can be conducted between urban and rural community
- ❖ A comparative study can be conducted between working pregnant mothers

- ❖ A descriptive study to assess home management for nausea vomiting and regurgitation
- ❖ The experimental study was done for new intervention under alternative system of medicine
- ❖ Comparative study can be done on different age groups of pregnant mothers.

BIBLIOGRAPHY

1. **Alliyard MR(2002)**, “Nursing theorist and their work”, 5th edition, Mosby company, **Philadelphia**.
2. **Amaranth s bhickle, ammeetes patki, jesse M Levi,(2003)**, “A textbook of obstetrics for nurses and midwives”, pregnancy and child birth, medical(P) ltd, **jaypee brothers**, New Delhi.
3. **Arulkumaran,S,Alokender.c**, “Essentials of obstetrics and Gynaecology”, 1st edition, New Delhi, **Jaypee brothers**.
4. **Basavanthappa (2005)**. “Nursing Research”, **Jaypee brothers, medical publishers(p) ltd**, New Delhi.
5. **Betty sweet r.mayers midwifery,**” A Textbook for midwives, 11th edition dindal”, tindal English language book society, **Ballier**.
6. **Bevis (1997)**, “Caring for Women”, 5th edition, London, **Churchill Livingston publishers**.
7. **Bijoi sree senguota(1999)**, “Obstetrics for post graduate and practioners”, first edition, **B.I.Churchill Livingston pvt, ltd**.
8. **Bobek Jensen(1993)**, “Maternity and Gynaecological care”, fifth edition, **Mosby publications, Philadelphia**.

9. **Burroughs**, “Maternity Nursing an Introduction Text”, 7th edition,
W.B. saunders company, London.
10. **Carpentio,j. Lynda(1992).**” Nursing diagnosis, application to
clinical practice ,4th edition, **J.B.Lippincot company.**
- 11.**Chamberlain.g.(2001),**” Obstetrics for PG and practioners, 3rd
edition, **Churchill livingstons private limited.**
- 12.**Dattary Chakravathi(2003),** “Manual of Obstetrics”, 2nd edition
published by **Elsevier.**
- 13.**Dewhurst’s(1999),** “Textbook Of Obstetrics and Gynaecology for
PG, 6th edition, **Blackwell science, London.**
14. **Diane.M. Frances Marget .A. Cooper,**” Myles textbook for
midwives, 14 th edition, **Churchill livingstone, London.**
15. **Dutta. D. C (2004),** “Textbook of obstetrics including perinatology
and contraception”, 6 th edition, Calcutta, **new central book agency
private limited.**
16. **Gulani k. M.(2003),**” Nursing care plan, Diagnosis and Nursing
Intervention 5th edition, **Mosby publications, London.**
17. **Gupta s.p(2002):** “statistical methods” , **sulvian and son
publication, New Delhi.**

18. **Ian Donald(1996)**, “practical obstetric problem”, 5th edition, **B.I, publications**, NewDelhi.

19. **Jacob Anaya(2000)**, “A Comprehensive textbook of midwifery”, medical publishers(p)limited, **Jaypee brothers**, newdelhi.

20. **Julia.B(1998)**, “Nursing theories the base for professional nursing practice” , 3rd edition, **pventice hall private limited**, California.

21. **Lowdermilk,” Pery Babok(1997)**, “ Maternity and women’s health care” , 6 th edition **Mosby** publishers, Philadelphia.

23. **lynna.y. Littleton, joan engebreston.c.(2000)**, “Maternal, neonatal and women’s health nursing,” published by **William brottneer**, Delmar.

24. **Marcia London L, Patricia W, Lade wig, Janew, Ball, Ruth Bindley C,(2003)**, “Maternal Newborn and Child nursing, Family centre care”, **Juries Levin Alexander practice hall**, new jersey.

25. **Mathews. A.J. (2000)**, “Using and understanding medical statistics”, **karger publishers**, newyork.

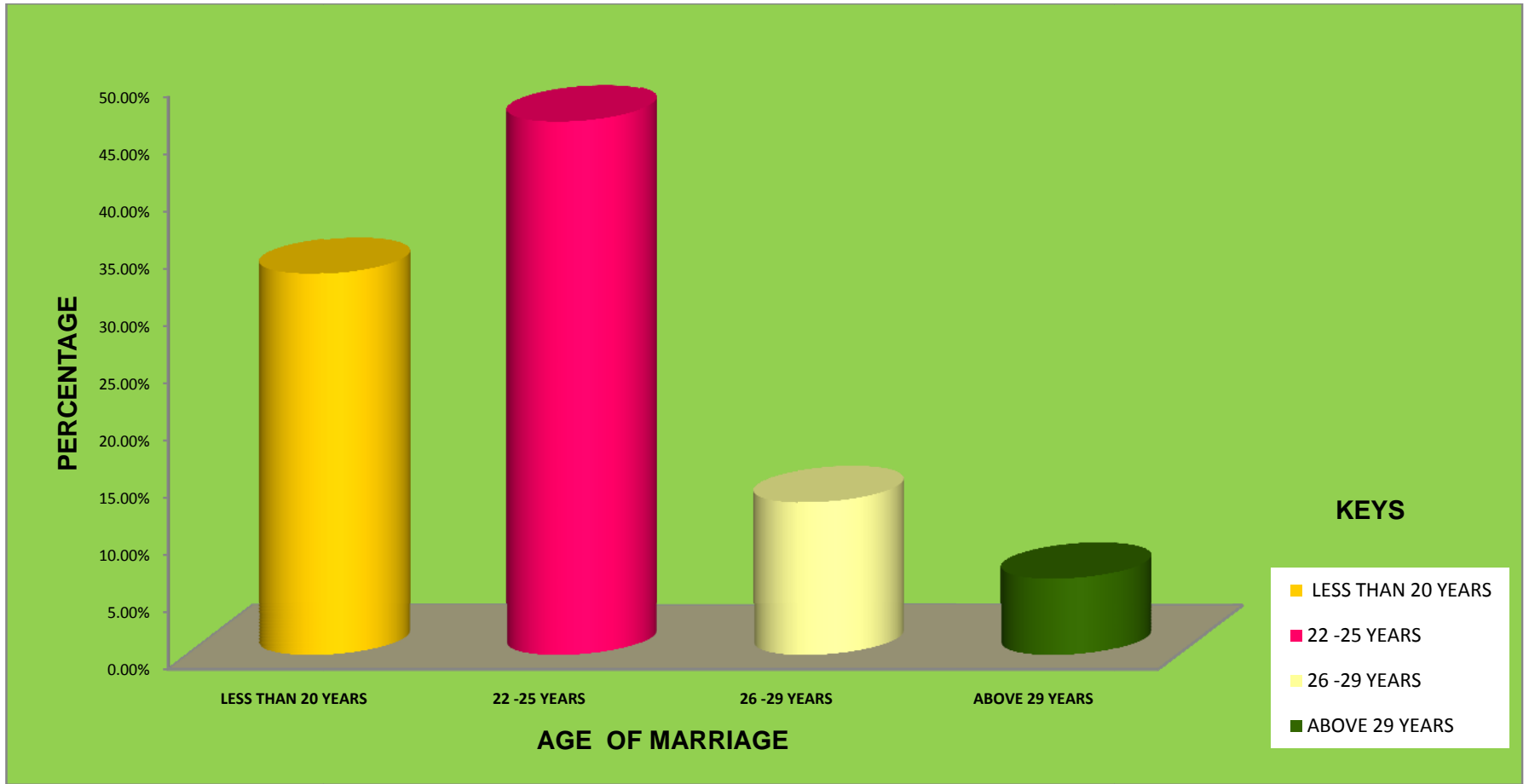
26. **Mudhaliar A.C.Krishnan M.K**, “Mudhaliar and menon’s , clinical obstetrics”, 9th edition, **orient lontman**, 1994.

27. **Nancy.A,Didona, Margaret G, Marks(1996)**, “Introductory Maternal Newborn nursing”, J.B, Publishers, **Lippincott company**.

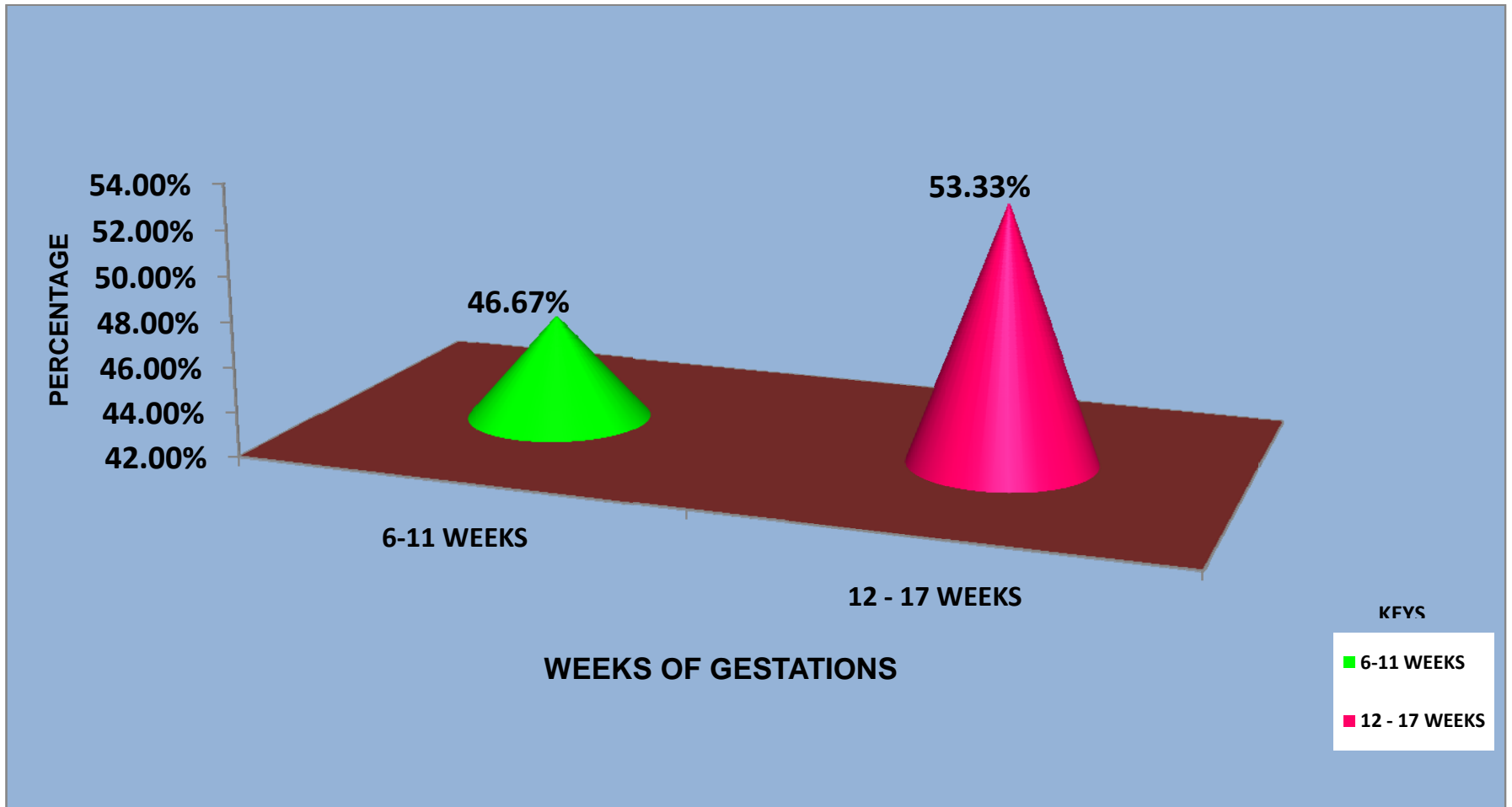
28. **Nancy .Burns,Susan K**, “Understanding nursing research building and evidence based practice”, 4th Edition, **Saunders** publishers.

29. **Netter’s(2002)**, “ Obstetrics and Gynaecology and women’s health”, 1st edition, published by icon learning system, **Newjessy**.

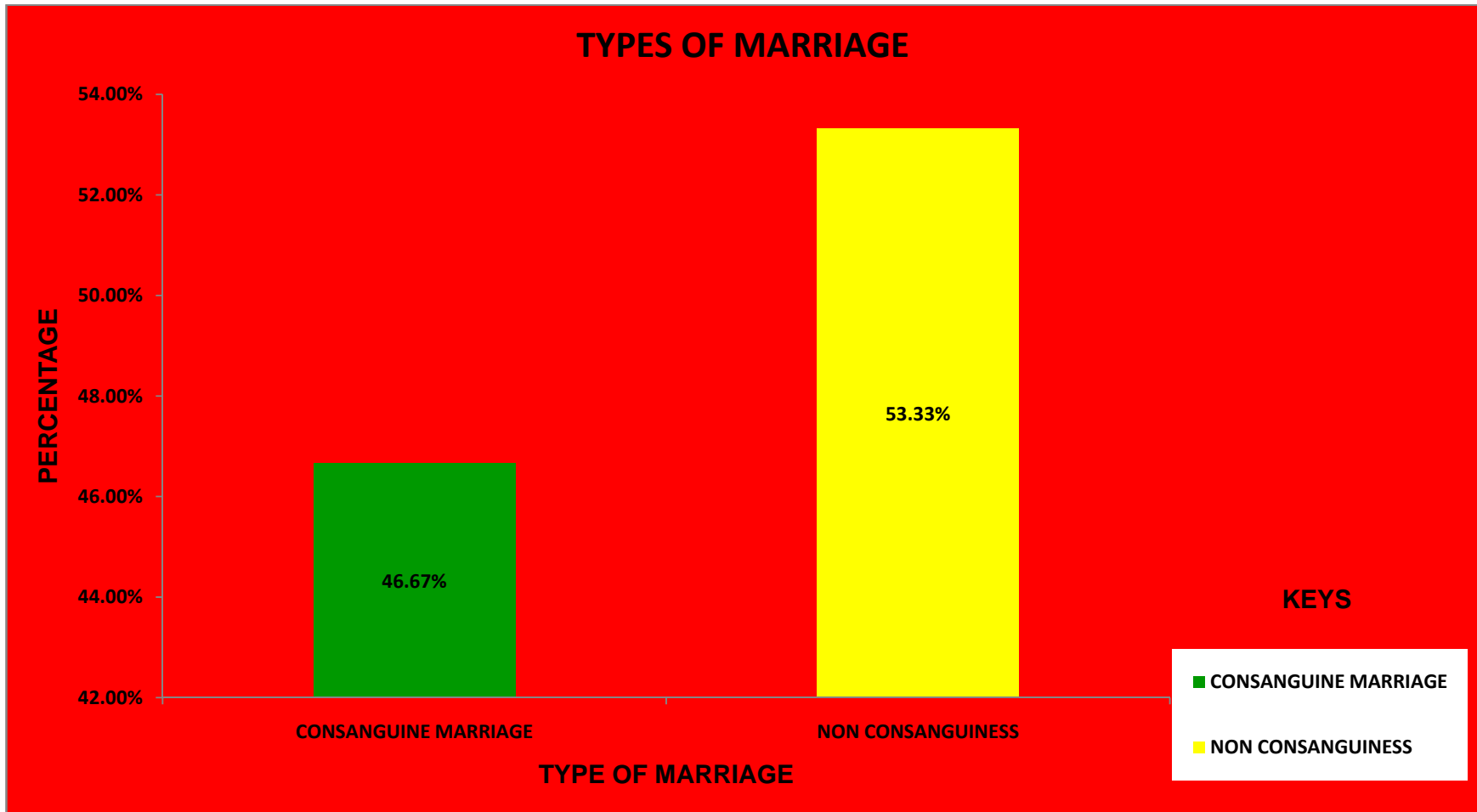
30. **Parthnath Mukherji(2002)**. “Methodology in social research, diremman and perspectives”, NewDelhi sage publications”.



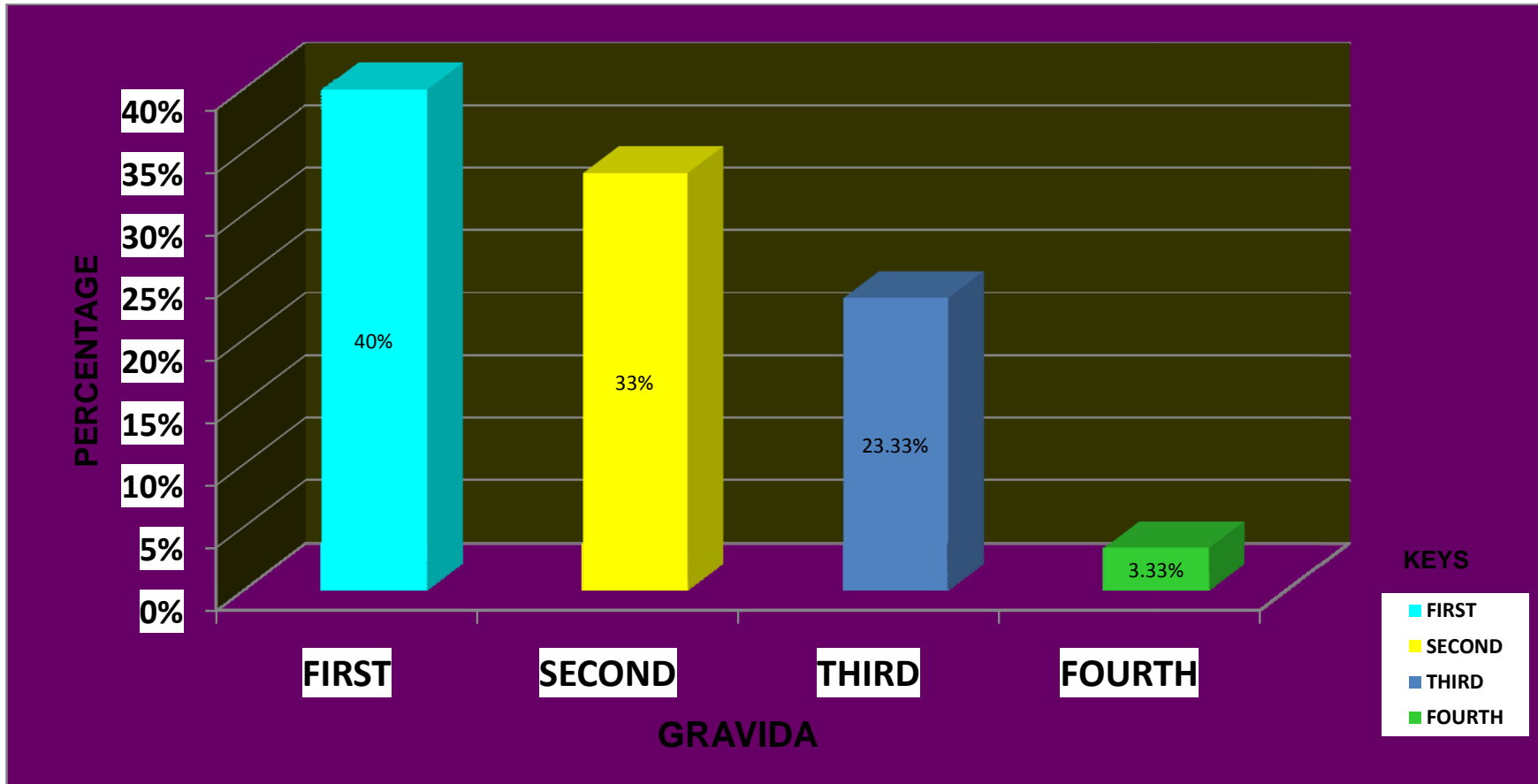
4.1.1 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON AGE OF MARRIAGE



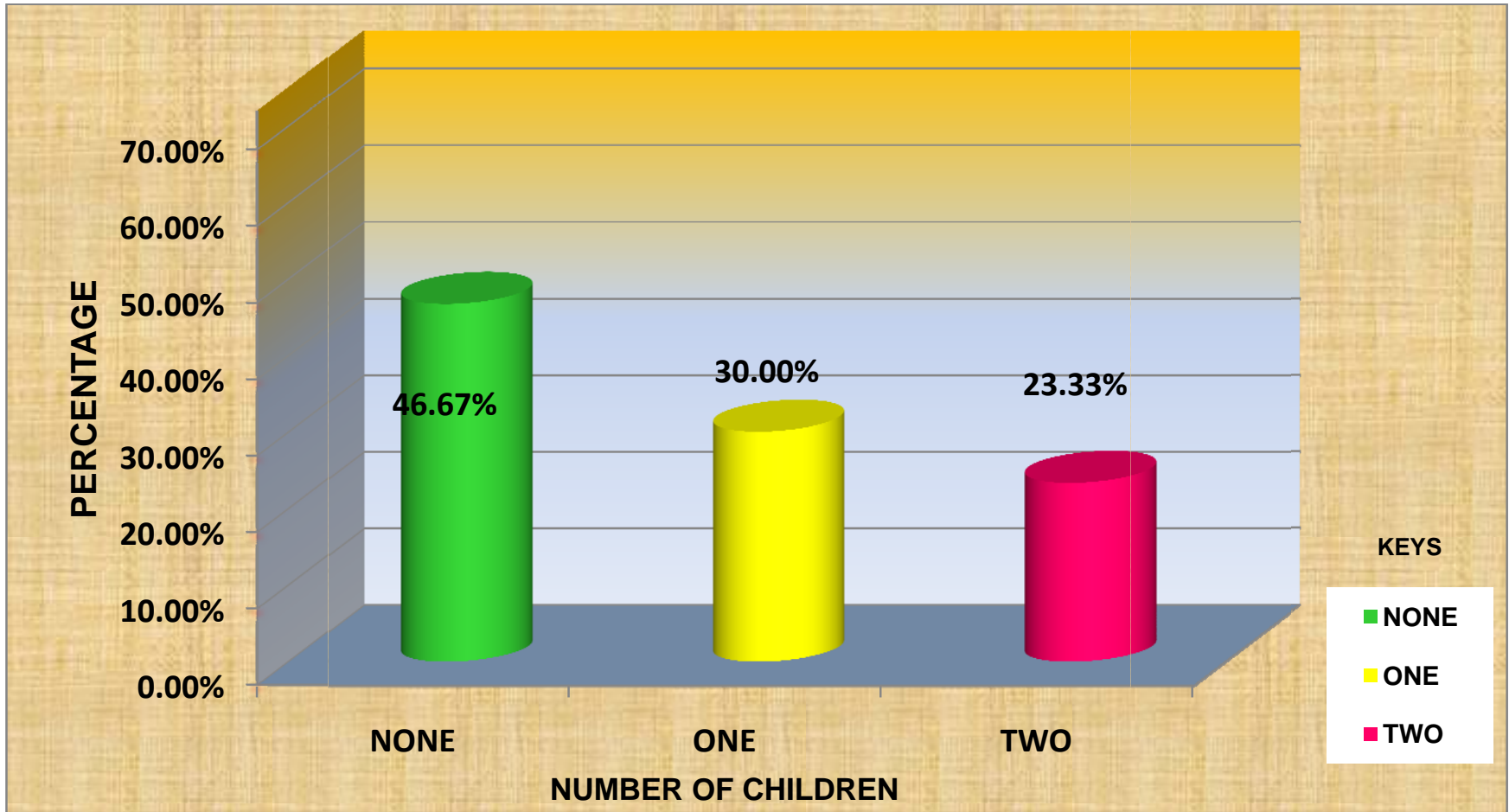
4.1.7. PERCENTAGE DISTIRBUTION OF DEMOGRAPHIC VARIABLES BASED ON WEEKS OF GESTATION



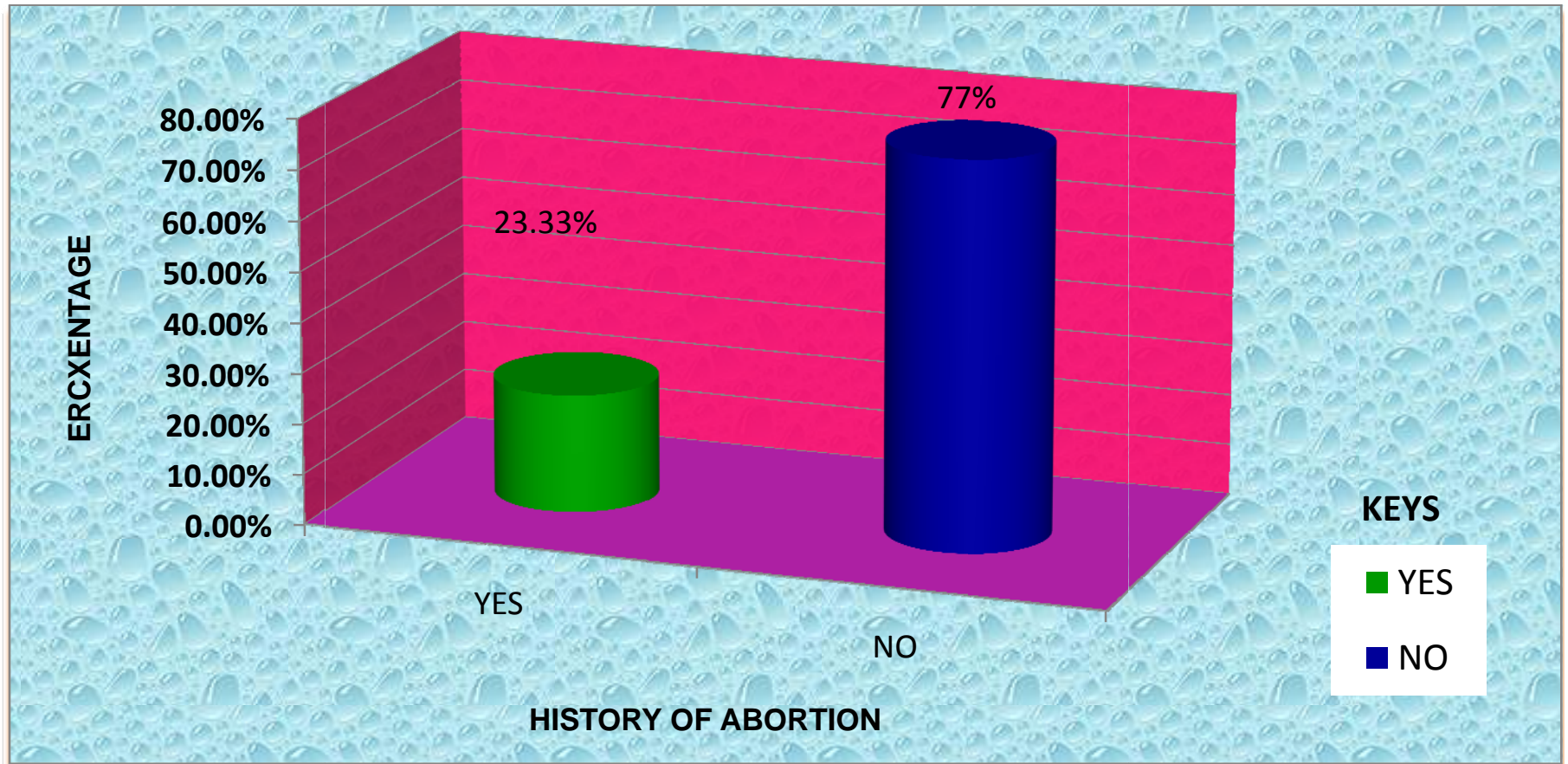
4.1.1 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE BASED ON TYPE OF MARRIAGE



4.1.5. PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON GRAVIDA



4.1.6. PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON NUMBER OF CHILDREN



4.1.7 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON HISTORY OF ABORTION

IDENTIFICATION

MINISTRATION

VALIDATION

IDENTIFICATION
OF PREGNANT
MOTHERS
HAVING NAUSEA,
VOMITING AND
REGURGITATION
PRE ASSESSMENT
OF DEPENDENT
VARIABLES
NAUSEA,
VOMITING AND
REGURGITATION

AGENT :-
INVESTIGATOR
RECIPIENT
PREGNANT MOTHER
GOAL:-
RELIEF OF NAUSEA ,
VOMITING ,
REGURGITATION
MEANS:- GINGER
EXTRACT
FRAME WORK :-
COMMUNITY AREA

ORAL
ADMINISTRATION
OF GINGER
EXTRAT GIVEN
BY RESEARCHER
TO PREGANANT
MOTHERS

POST
ASSESSMENT
OF NAUSEA,
VOMITING AND
REGURGITATIO
N WITH RHODES
INDEX SCALE

RELIEF OF
SYMPTOMS

NO RELIEF OF
SYMPTOMSS

FEED BACK

Fig:1.1 MODIFIED WIEDENBACHS HELPING ART CLINICAL NURSING MODEL (2011)