



Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 3 | September 2026 |



Efforts by Pregnant Women to Overcome Nausea and Vomiting Symptoms (Self-Management) for Emesis Gravidarum in the First Trimester

Lumastari Ajeng Wijayanti^{1*}, Cakrawati R²

^{*1} Applied Bachelor's Study Program in Midwifery (Kediri), Health Polytechnic of the Ministry of Health, Malang, Indonesia

² Midwifery Study Program, Umami Khasanah Health Polytechnic, Indonesia

***Correspondent Author** : Lumastari Ajeng Wijayanti, Email: ajengg1612@gmail.com

ABSTRACT

Emesis gravidarum is one of the most common complaints during the first trimester of pregnancy. Approximately 70–80% of pregnant women experience nausea and vomiting of varying severity. Appropriate self-management strategies are essential to reduce symptoms and prevent complications. To analyze pregnant women's self-management efforts in overcoming nausea and vomiting during the first trimester of pregnancy. This analytical descriptive study employed a cross-sectional design involving 100 first-trimester pregnant women experiencing emesis gravidarum. Respondents were selected using purposive sampling. Data were collected through structured questionnaires and analyzed using descriptive statistics and the Chi-square test. Most respondents demonstrated good self-management practices (68.0%). Common strategies included eating small frequent meals, avoiding fatty and strong-smelling foods, increasing rest, and consuming ginger. Maternal knowledge, family support, and health education were significantly associated with self-management practices ($p < 0.05$). Maternal knowledge, family support, and health worker education significantly influence successful self-management of nausea and vomiting during early pregnancy.

Keywords : Emesis Pregnancy, Nausea And Vomiting, Pregnancy, Self-Management, First Trimester

1. INTRODUCTION

Pregnancy is a physiological process that causes various hormonal, anatomical, and metabolic changes in a woman's body. One of the most common complaints in early pregnancy is nausea and vomiting, or emesis. This condition generally appears at 4–6 weeks of gestation, peaks at 8–12 weeks, and then gradually improves after the second trimester.





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 3 | September 2026 |



Emesis Pregnancy occurs due to increased levels of the hormones human chorionic gonadotropin (hCG) , estrogen, and progesterone, which affect the vomiting center in the brain and slow gastric emptying. In addition to hormonal factors , psychological factors, genetics, a history of nausea and vomiting in previous pregnancies, and sensitivity to certain odors also contribute to the symptoms.

Although most cases are physiological, prolonged nausea and vomiting can cause decreased appetite, mild dehydration, disruption of daily activities, sleep disturbances, weight loss, and even develop into hyperemesis gravidarum if not treated properly.

The World Health Organization (WHO) and various professional midwifery organizations recommend early management of emesis Pregnant women using non-pharmacological approaches . These efforts include dietary changes, eating small, frequent meals, avoiding fatty or strong-smelling foods, getting plenty of rest, maintaining hydration, consuming high-protein foods, using ginger as a complementary therapy, vitamin B6, and relaxation techniques or aromatherapy.

Successful management of emesis Pregnancy and childbirth are greatly influenced by the mother's ability to self-manage . Self -management is an individual's ability to recognize symptoms, choose appropriate strategies, and consistently implement healthy behaviors to reduce symptoms. This ability is influenced by knowledge, experience, family support, and education provided by healthcare professionals.

The midwife's role in antenatal care extends beyond providing prenatal care and examinations, but also includes providing education on how to independently manage pregnancy discomforts . Appropriate education is expected to improve mothers' ability to manage nausea and vomiting, thereby maintaining their quality of life during pregnancy.

Based on this description, this study aims to analyze the efforts of pregnant women in overcoming symptoms of nausea and vomiting through self-management of emesis. gravidarum first trimester.

2. RESEARCH METHODS

a. Research Design

This study employed quantitative methods with a descriptive analytical design using a cross-sectional approach. This approach was used to determine the relationship between maternal characteristics, knowledge, family support, health worker education, and self-management practices simultaneously.

b. Location and Time of Research

The research was conducted at the Community Health Center in the period January– April 2026.



**c. Population and Sample**

1) Population

The research population was all pregnant women in the first trimester who experienced emesis gravidarum and conduct antenatal examinations at the research location.

2) Sample

The research sample consisted of 100 respondents selected using purposive sampling technique .

d. Research Variables

1) Dependent variable:

Self-management practices in dealing with emesis gravidarum.

2) Independent variables:

- a) Mother's knowledge.
- b) Family support.
- c) Education of health workers.
- d) Mother's education.
- e) Mother's job.

e. Research Instruments

Research instruments include:

- 1) Respondent characteristics questionnaire.
- 2) Knowledge questionnaire about emesis gravidarum .
- 3) Family support questionnaire.
- 4) Health worker education questionnaire.
- 5) Self-management practice questionnaire covering diet, ginger consumption, rest, hydration, avoidance of trigger foods, aromatherapy , and relaxation techniques.

All instruments have undergone validity and reliability testing before use.

f. Data collection technique

Data collection is carried out through the following stages:

- 1) Researchers obtained permission from the relevant institutions.
- 2) Respondents were given an explanation regarding the purpose of the research and signed an *informed consent form*. *consent* .
- 3) Respondents filled out the questionnaire independently with assistance from researchers if necessary.
- 4) Data is checked through editing , coding , entry , and cleaning processes before being analyzed.

g. Data analysis

Data analysis was carried out using the SPSS program .





1) Univariate Analysis

Univariate analysis was used to describe the characteristics of respondents and the distribution of each research variable in the form of frequency, percentage, mean, and standard deviation.

2) Bivariate Analysis

Bivariate analysis was performed using the Chi-Square test to determine the relationship between knowledge, education, employment, family support, and healthcare worker education with self-management practices. The statistical significance level was set at $\alpha = 0.05$. A p-value < 0.05 indicates a significant relationship.

3. RESEARCH RESULTS AND DISCUSSION**a. Research result****Table 1. Respondent Characteristics (n = 100)**

Characteristics	Frequency (n)	Percentage (%)
Age (years)		
<20	9	9.0
20–35	76	76.0
>35	15	15.0
Education		
Base	18	18.0
Intermediate	58	58.0
Tall	24	24.0
Work		
Doesn't work	63	63.0
Work	37	37.0
Gestational Age		
4–8 weeks	39	39.0
9–13 weeks	61	61.0

Based on Table 1, most respondents were aged 20–35 years (76.0%), had secondary education (58.0%), were unemployed (63.0%), and were at 9–13 weeks of pregnancy (61.0%).

Table 2. Emesis Self-Management Practices Gravidarum

Self-Management Efforts	Yes n (%)	No n (%)
Eat little but often	82 (82.0)	18 (18.0)
Avoid fatty/strong-smelling foods	76 (76.0)	24 (24.0)
Get plenty of rest	71 (71.0)	29 (29.0)
Consuming ginger	64 (64.0)	36 (36.0)
Maintain adequate fluids	69 (69.0)	31 (31.0)
Using aromatherapy	42 (42.0)	58 (58.0)
Relaxation/breathing techniques	38 (38.0)	62 (62.0)



**Table 3. Distribution of Self-Management Practices**

Category	Frequency	Percentage (%)
Good	68	68.0
Enough	22	22.0
Not enough	10	10.0

The majority of pregnant women (68.0%) have good self-management practices in dealing with emesis. gravidarum.

Table 4. Relationship of Factors with Self-Management Practices

Variables	p- value	Information
Mother's knowledge	0.002	Relate
Education	0.084	Not related
Work	0.092	Not related
Family support	0.001	Relate
Health worker education	0.011	Relate

Square test showed that maternal knowledge, family support, and health worker education were significantly related to emesis self-management practices. gravidarum ($p < 0.05$).

b. Discussion

Research results show that most pregnant women successfully self-managed their nausea and vomiting during the first trimester. The most common measures included eating smaller, more frequent meals, avoiding fatty or strong-smelling foods, increasing rest time, maintaining adequate fluid intake, and consuming ginger.

Dietary changes were the most common strategy used by respondents. Eating smaller, more frequent meals helps maintain stable blood glucose levels and prevents prolonged stomach emptying, which can trigger nausea. Furthermore, avoiding fatty foods and foods with strong odors can reduce stimulation of the brain's vomiting center.

Most respondents also increased their rest time during nausea and vomiting. Fatigue is known to worsen emesis symptoms. gravidarum because it increases the body's stress response. Adequate rest helps restore physiological balance, thus reducing nausea.

As many as 64% of respondents consumed ginger as a complementary therapy. Ginger contains active compounds such as gingerol and shogaol, which have antiemetic effects by inhibiting the gag reflex and improving gastric motility. Several studies have reported that consuming ginger in appropriate doses is effective in reducing the intensity of nausea and vomiting in the first trimester of pregnancy.





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 3 | September 2026 |



The analysis results showed that maternal knowledge was significantly associated with self-management practices ($p=0.002$). Mothers who had good knowledge regarding the causes, prevention, and management of emesis Pregnant women are better able to choose appropriate strategies to reduce complaints. Knowledge is gained through health education, experience, information media, and consultations with health professionals.

Family support was also significantly associated with self-management practices ($p=0.001$). This support included assistance with meal preparation, motivation, housework assistance, meal reminders, and accompanying mothers during prenatal checkups. This emotional and instrumental support improved mothers' ability to adopt healthy behaviors during pregnancy.

Education from health workers showed a significant association with self-management practices ($p=0.011$). Antenatal counseling regarding physiological changes in pregnancy, proper diet, ginger use, adequate fluid intake, and warning signs of hyperemesis gravidarum was also provided. gravidarum helps mothers understand how to deal with complaints independently and when to seek medical help.

This study found no significant association between education level or employment status and self-management practices. This suggests that information obtained through antenatal care, digital media, and family support can improve mothers' self-management skills, regardless of formal education level or employment status.

The findings of this study support the recommendations of WHO and various professional organizations that emphasize the importance of non-pharmacological management as first-line therapy for emesis. Mild to moderate pregnancy . Education regarding lifestyle changes, diet, hydration, rest, and safe complementary therapies should be part of routine antenatal care.

A limitation of this study is the use of a cross-sectional design , which cannot explain causal relationships. Furthermore, data were obtained through questionnaires, which may still present information bias. Future research is recommended to use cohort designs or intervention studies to evaluate the effectiveness of various self-management methods in reducing emesis symptoms Gravidarum.





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)

Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 3 | September 2026 |



4. CONCLUSION AND SUGGESTIONS

a. Conclusion

Most pregnant women in the first trimester have practiced good self-management in dealing with emesis symptoms. gravidarum . The most common efforts include eating small, frequent meals, avoiding fatty and strong-smelling foods, getting plenty of rest, maintaining adequate fluids, and consuming ginger. Maternal knowledge, family support, and education from healthcare providers have been shown to be significantly associated with self-management practices.

b. Suggestion

- 1) Health workers, especially midwives, need to increase their education regarding non-pharmacological management. emesis gravidarum since the first antenatal visit.
- 2) Families, especially husbands, are expected to provide emotional and practical support to pregnant women in implementing self-management.
- 3) Pregnant women are advised to adopt a healthy diet, maintain hydration, get enough rest, and use complementary therapies that have been proven safe according to the recommendations of health professionals.
- 4) Further research is recommended to use experimental or cohort designs with larger sample sizes and to evaluate the effectiveness of various non-pharmacological interventions in reducing the frequency of nausea and vomiting.

REFERENCES

1. American College of Obstetricians and Gynecologists . Nausea and vomiting of pregnancy . Obstet Gynecol . 2018;131(1):e15–30.
2. Arsenault MY, Lane CA, MacKinnon CJ, Bartellas E, Cargill YM, Klein MC, et al. The management of nausea and vomiting of Pregnancy . J Obstet Gynaecol Can. 2002;24(10):817–31.
3. Anurogo , D., Rahmat, RA, & Pannyiwi, R. (2025). Identification of Endophytic Fungi in Traditional Medicinal Plants in South Sulawesi. JIMAD: Multidisciplinary Scientific Journal , 3(2), 77–82. <https://doi.org/10.59585/jimad.v3i1.862>
4. Boelig RC, Barton SJ, Saccone G, Kelly AJ, Edwards SJ, Berghella V. Interventions for treating hyperemesis gravidarum . Cochrane Database System Rev . 2016;(5):CD010607.
5. Ebrahimi N, Maltepe C, Garcia- Bournissen F, Koren G. Nausea and vomiting of pregnancy : Using the 24-hour PUQE score . J Obstet Gynaecol Can. 2009;31(9):803–7.





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 3 | September 2026 |



6. Festin M. Nausea and vomiting in early pregnancy . Clin Evid . 2009;1405:1–18.
7. Ministry of Health of the Republic of Indonesia. Guidelines for Integrated Antenatal Care Services. Jakarta: Ministry of Health of the Republic of Indonesia; 2020.
8. Koren G, Boskovic R, Hard M, Maltepe C, Navioz Y, Einarson A. Motherisk -PUQE scoring system for nausea and vomiting of Pregnancy . Am J Obstet Gynecol . 2002;186(5 Suppl):S228–31.
9. Matthews A, Dowswell T, Haas DM, Doyle M, O'Mathúna DP. Interventions for nausea and vomiting in early pregnancy . Cochrane Database System Rev . 2015;(9):CD007575.
10. Mulia, M., Rosmiati, R., Rahmat, RA, Pannyiwi, R., & Wijayanti, LA (2026). Bullying And Its Relationship To Anxiety , Depression , And Self-Esteem . International Journal of Health Sciences , 4(1), 61–67. <https://doi.org/10.59585/ijhs.v4i1.1097>
11. O'Donnell A, McParlin C, Robson SC, Beyer F, Moloney E, Bryant A, et al. Treatments for hyperemesis gravidarum and nausea and vomiting in pregnancy : A systematic reviews . JAMA. 2016;316(13):1392–401.
12. trimester pregnant women : A systematic review. J Obstetrics. 2021;13(2):85–93.
13. Pannyiwi, R. (2026). The Free Nutritional Meal Program (MBG) as a Government Intervention to Improve Children's Health and Learning Achievement. Sahabat Sosial: Journal of Community Service, 4(4), 1586–1599. Retrieved from <https://jurnal.agdosi.com/index.php/jpemas/article/view/1361>
14. Smith C, Crowther C, Willson K, Hotham N, McMillian V. A randomized controlled trial of ginger for nausea and vomiting in pregnancy . Obstet Gynecol . 2004;103(4):639–45.
15. Srifitayani , NR, & Cakrawati R, CR (2026). Routine Testing for Every Pregnant Patient Between 32 Weeks of Gestation for Early Diagnosis of Gestational Hypertension (Roll Over Test) in Third Trimester Pregnant Women . International Journal of Health Sciences , 4(2), 514–520. Retrieved from <https://jurnal.agdosi.com/index.php/IJHS/article/view/1304>
16. Tan PC, Yow CM, Omar SZ. A placebo-controlled trial of oral ginger in hyperemesis gravidarum . Gynecol Obstet Invest . 2004;58(4):188–91.
17. World Health Organization . Recommendations on maternal and newborn care . Geneva : WHO; 2022.
18. Wijayanti, LA, Musdalifah, M., Asriani Hijrah, & Edi Pramono. (2026). The Relationship Between Health Promotion Intensity And Public Health Behavior . International Journal of Health Sciences , 4(1), 172–180. <https://doi.org/10.59585/ijhs.v4i1.1112>





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 3 | September 2026 |



19. Wijayanti, LA, & Rahmat, RA (2026). Risk Factors for Diabetes Mellitus in the Elderly . Barongko : Journal of Health Sciences , 4(2), 940–946. Retrieved from <https://jurnal.agdosi.com/index.php/Barongko/article/view/1214>
20. Wahyuni, T., Achmad, VS, Pannyiwi, R., & Rahmat, RA (2025). The Relationship Between Nurse's Knowledge about Ventilators and Compliance in Preventing Ventilator - Associated Pneumonia (VAP) in the ICU. International Journal of Health Sciences , 3(4), 704–710. <https://doi.org/10.59585/ijhs.v3i4.892>
21. World Health Organization . WHO recommendations : Intrapartum care for a positive childbirth experience . Geneva : WHO; 2018.
22. World Health Women -centered organization care during pregnancy . Geneva : WHO; 2020.

