Problem
The experience of gastrointestinal (GI) discomforts of pregnancy is almost universal. Heartburn, constipation, nausea and/or vomiting are the most common, with variation in frequency and intensity by trimester. GI discomforts of pregnancy are understudied. Most research on GI discomforts of pregnancy has employed quantitative instruments, before and after specific therapeutic approaches. Little research has focused on women's experiences of GI discomforts of pregnancy and self-management strategies. Women are experts in their experience of their own pregnancies and their voices are rich sources of data, but have been largely ignored in the study of GI discomforts of pregnancy.

Methodology
The purpose of this qualitative exploratory-descriptive, narrative study was to explore women's experiences with GI discomforts of pregnancy and strategies they use to cope with them. A convenience sample of 22 pregnant women were interviewed virtually. The interviews were transcribed verbatim and analyzed by themes.

Findings
Participants average 31.9 years of age, were white (100%), had at least two years of college education, were either married or partnered, and in the third trimester of pregnancy. Three major themes were identified: heartburn, constipation, and nausea and/or vomiting. Two subthemes: descriptions of GI discomforts and self-management strategies for each of the themes. Heartburn was the most frequently reported GI discomfort. Participants described heartburn as pervasive and disruptive to food choices and sleep. Self-management strategies were subdivided into five categories; food-related, beverage-related, activity related, over-the-counter remedies and prescription medications (only related to nausea and vomiting). Participants limited their use of over the counter or prescription medications in favor of non-pharmacologic strategies. For example, most participants reported relief from nausea and heartburn by using frequent, small meals. Standing activities or upright postures were described as providing relief for both heartburn and nausea. None of the participants reported using acupuncture. Although some discussed GI discomforts with their providers, many participants used their own trial and error approach to find symptom relief.

Conclusion
Although the sample lacked diversity, participants provided important insights into the experience of GI discomforts of pregnancy and their self-management. More research is needed on non-pharmacologic strategies favored by participants.