

Chapter Five: Common Concerns and Discomforts of Pregnancy

Abdominal Pain

There are numerous causes for abdominal pain in pregnancy. In general, isolated abdominal pain that does not persist or worsen is not of concern. Remember there is a baby in there and a rapidly growing uterus that is moving other organs into new positions. Normal causes of abdominal pain that usually do not need to be reported include:

- Round ligament pain: Sharp, pulling pains low on either side down toward the groin. They usually increase with movement such as when you move quickly or turn over.
- Braxton-Hicks contractions: Mild, irregular tightening of your uterus that does not increase in intensity or frequency, and disappears spontaneously. It may be more intense after intercourse or when you are dehydrated.
- Constipation: See bowel problems.

Prevention and treatment

- Round ligament pain: Change positions slowly, especially from lying to sitting to standing. Prop a pillow under your belly when you lie on your side. Take a warm (*not hot*) bath. Keep yourself well-hydrated (8-10 glasses of water a day). If needed, you may take Tylenol. Wear a pregnancy abdominal support belt.
- Braxton-Hicks contractions: Accept them as normal. Keep yourself hydrated, with 8-10 glasses of water a day. Take calcium supplements to decrease uterine irritability. Take rest breaks during the day.

The following conditions may also cause abdominal pain in pregnancy, and do need to be reported to the CNM:

- Urinary tract infection: See bladder problems.
- Preterm labor: See preterm labor section in book (chapter 6)
- Appendicitis: Severe usually right sided abdominal pain which may be accompanied by nausea, vomiting and/or fever.
- Gallbladder or liver problems: Severe colicky right upper abdominal pain. Gallbladder disease may also be accompanied by nausea, vomiting and/or fever.
- Abruptio of the placenta: Very intense, constant pain. Unrelated to movement. Feels like a contraction that will not go away. The abdomen is usually very rigid. Bleeding may or may not occur.

Back Pain

This can arise from stress on back muscles from the extra weight in the abdomen. More worrisome causes are kidney infection (pain above the waist and toward the sides) and labor if before 37 weeks (pain comes and goes and accompanies tightening of the uterus). Call if you suspect either of these problems.

Prevention and treatment

- Good posture
- Proper body mechanics when changing position or lifting
- Pelvic rock exercises
- Firm mattress
- Extra rest
- Extra-strength Tylenol 1-2 tabs every 4-6 hours as needed
- Warm (*not hot*) bath or heating pad on low setting (careful of burns!)

Bladder Problems (infection & leaking)

Pregnant women often need to urinate more frequently due to pressure on the bladder from the growing uterus. This is worse in the beginning and end of the pregnancy. The more babies you have had, and the older you get, the more problems you may have with incontinence (leaking of urine). Urinary frequency may also be caused by bladder infections. Pregnant women are at an increased risk for urinary tract infections (UTI). UTIs can progress into kidney infections, and can cause preterm labor. Therefore, you should be aware of the signs and symptoms of UTIs and report them immediately to the CNM.

UTI signs and symptoms (you may experience one or more):

- Frequency, having to urinate more often than usual.
- Burning when you urinate.
- Not able to urinate when you try.
- Lower abdominal pressure and/or tenderness that is unrelieved by urinating.
- Blood in your urine.
- Fever
- Back pain, over your kidneys.

Prevention and treatment

- Drink lots and lots of water, and water half and half with cranberry juice. You will spend a lot of time in the bathroom.
- Urinate frequently do not hold it.
- Wear loose, cotton clothes.
- Use white, non-perfumed toilet paper.
- Wash before and after sex, a good idea for your partner too.
- Be sure to wipe from front to back after urinating or having a bowel movement.
- Urinate soon after intercourse.

What if I develop a UTI?

- Contact the CNM as soon as possible.
- Come in for a urine culture.
- Take your entire antibiotic, even if you no longer have signs and symptoms.
- After your medication is finished, you should have another urine culture done to be sure the infection is gone.

What can I do for incontinence? (bladder leaking):

- Kegels, kegels and more kegels. Do them at least 10 times, and hold them to the count of twenty. Spread them out over the day.
- Wear a pad, and change it frequently.
- Try to keep your bladder empty, or cross your legs or do Kegel before coughing or sneezing.
- Remember that you are not alone; many pregnant women have this problem.

Bleeding (Vaginal)

Small amounts of spotting may be normal in pregnancy. This may occur after a pap smear, vaginal exam, intercourse, or when the embryo implants into your uterine wall (about the time you miss your first period). Light spotting that is not associated with cramping or abdominal pain does not increase and resolves spontaneously is often not a cause for concern. However, any spotting in pregnancy should be reported to the CNM. More serious causes may be threatened miscarriage, ectopic pregnancy, placenta previa, or placental separation.

Bowel Problems: Constipation and Hemorrhoids

Constipation: May be caused by dietary deficiencies (not enough fiber or water). Iron or calcium supplements may contribute to the problem for some women.

Hemorrhoids: Caused by constipation and impaired circulation due to weight of uterus on major veins. These are really varicose veins of the rectum.

Prevention and treatment

- Eat high fiber diet (fruits, vegetables, whole grains)
- Drink lots of water
- Try prune juice or hot tea
- Have regular bowel habits
- Exercise daily
- Avoid sitting on the toilet for long periods of time
- Use stool softeners such as Colace, Surfak, or their generic equivalents. Fiber supplements, such as Metamucil, are also helpful but fluid intake must be increased with them.
- Rectal medications, (Preparation H, Anusol) to help hemorrhoid symptoms may be used during pregnancy but usually are not needed until after delivery.

Talk with CNM if these remedies are not satisfactory.

Colds/Upper Respiratory Infection

Some nasal congestion may be normal in pregnancy due to the increase in blood volume and swelling of nasal blood vessels. You also may be more likely to get colds during pregnancy, especially if you have small children at home. Colds are caused by viruses and cannot be treated with antibiotics. If a cold lingers longer than 10 days or you develop a fever over 100.4 (38 degrees C), you may be developing a secondary bacterial infection that may need to be treated with an antibiotic.

Prevention and treatment - In general, any cold medicine preparation should contain a single ingredient and no alcohol. Read the labels. Take the lowest dose possible and only when needed. Vitamin C, 500mgs 2-3 times per day, or zinc lozenges may help to shorten the symptoms. Also remember to rest, eat well, and drink lots of fluids.

- **Fever:** Fevers are not good for babies, especially in early pregnancy, therefore, they should be treated. You can take up to 2 extra strength Tylenol (acetaminophen) every 4 hours, but call the midwife to let her know you have a fever. Do not take aspirin, ibuprofen (Motrin, etc.) or naproxen (Aleve).
- **Cough/sore throat:** Cough drops are safe, but do not eat them like candy, since they have lots of empty calories. Robitussin (plain) is an expectorant cough syrup that can help to loosen congestion. Drinking more fluids can do the same thing.
- **Nasal congestion:** Sudafed (decongestant) may be the best choice for cold symptoms.
- Chlortrimeton or Benadryl (antihistamines) may be better for seasonal allergies.
- Saline nasal spray or drops, a cool mist humidifier, and lots of oral fluids will also help to loosen congestion.
- Try sleeping with your head elevated on several pillows.
- Mentholatum or Vicks vapor rub placed on the outside of your nose may also help you to feel the air moving through your nasal passages, and reduce your subjective sensation of stuffiness.
- Afrin nasal spray may be used at night to sleep but not for more than 2 days. The 12-hour variety is best. Afrin or Neosynepherine may be habit-forming. Remember, it is best to avoid all medications in the first trimester.

Dizziness/Faintness

You may experience a sudden drop in blood pressure when changing position from lying down to sitting or sitting to standing. Pregnancy hormones cause blood vessel walls to relax, which contribute to this phenomenon. Low blood sugar may be another cause. Let the CNM know if you actually lose consciousness or fall when light-headed.

Prevention and treatment

- Move slowly, especially when rising.

- Drink plenty of fluids.
- Wear support hose to prevent pooling of blood in legs.
- Eat well-balanced meals and nourishing snacks.
- Avoid prolonged standing in one place.

Fatigue

Can be caused by hormones of pregnancy, mostly in the 1st trimester. Later carrying extra weight and loss of sleep due to urinary frequency and/or general discomfort may cause fatigue.

Prevention and treatment

- Extra rest, nap when possible, go to bed earlier.
- Adequate calories and most fluids by 7 P.M.
- Regular exercise, but do not over do it. Stay fit.
- Decrease or avoid caffeine.
- Experiment with extra pillows to sleep more comfortably. For example: Tuck one under your tummy and another between your knees.

Headaches

Could be caused by sinus pressure from increased fluid volume; eye strain from vision changes. Headaches can be a symptom of preeclampsia. Call the CNM if Tylenol and a nap do not relieve a headache or if you have blurred vision. Allergies, colds, or flu are other possible causes.

Prevention and treatment

- Extra rest.
- Extra-strength Tylenol 1-2 tabs every 4-6 hours as needed
- A decongestant, such as Sudafed, for a cold or an antihistamine such as Chlortrimeton or Benadryl, if you have allergies. Avoid medications first trimester.
- Consult your ophthalmologist or optometrist if your vision changes.

Heartburn & Indigestion

Could be caused by increased stomach acid reflux into your esophagus, and slowed digestion in pregnancy.

Prevention and treatment

- Eat small, frequent meals.
- Do not drink fluids with meals; drink them in between meals.
- Minimize acidic or greasy foods.
- Antacids, preferably antacids that have both magnesium and aluminum and are low

in sodium (i.e. Mylanta or Gelusil). Magnesium antacids by themselves can cause diarrhea. Aluminum antacids by themselves can cause constipation. Also, some people are concerned about possible toxic effects of long term magnesium use. Tums contain only calcium, and are good for extra calcium, but don't relieve heartburn for very long, and can cause rebound heartburn. Roloids contain both calcium and magnesium, but not aluminum, are a good choice if you need calcium and have heartburn.

Nausea and Vomiting (Morning Sickness)

Nobody really knows what causes morning sickness. There are a number of different theories. Suffice it to say, it happens. While uncomfortable, a mild to moderate amount is a good sign for your pregnancy. Pregnancies that are accompanied by morning sickness have a lower incidence of miscarriage. It usually peaks around 9 to 10 weeks. Although some women have some queasiness till after delivery, it usually has improved significantly or is gone by 16 to 20 weeks.

Prevention and treatment

- Eat a high protein diet.
- Eat small frequent meals.
- Try to keep something on your stomach at all times. An empty stomach makes you more nauseated.
- Do not drink liquids with meals, drink them in between.
- Have dry crackers before rising in the morning.
- Eat a bedtime snack, preferably of protein, e.g. cheese
- Eat appealing foods that do not have strong odors.
- Structure your life so you can rest at times you usually feel worse, and do more and eat more at times you usually feel better.
- Keep yourself well hydrated.
- Take vitamin B6 up to 200mg per day. Take half in the morning and half in the evening or when you can keep it down.
- Drink herbal teas, such as ginger, mint, or raspberry.
- Wear sea bands, acupressure bracelets that put pressure on the Neiguan point of the wrist (two thumbs up from the hand on the inside of the wrist, and about 1-cm deep).
- Sip on flat classic coke, ***but do not over do the caffeine and sugar***. Apple or grape juice can be substituted.
- Call if you cannot keep any foods and liquids down.

You can also get the regular stomach flu when you are pregnant. If you can't keep anything down, try the following: Do not eat or drink anything for 2-3 hours. Then *slowly* start sipping flat classic coke. If tolerated, slowly increase the amount of liquid you take, and slowly introduce solids.

Good bland solids to start with are bananas, rice, applesauce and toast (the "brat" diet).

Leg Cramps

Impaired circulation in the legs or electrolyte (mineral) imbalance can cause leg cramps.

Prevention and treatment

- Refer to “swelling and varicose veins”.
- Do not point toes.
- Extra rest.
- Take calcium supplements (1000 - 1500 mg per day).
- Increase potassium in your diet (2 bananas per day).
- Reduce excessive sources of phosphates (soda, calcium phosphate).
- To relieve cramps, stretch leg out and bend ankle with toes toward your head. (Point your heels!).
- Avoid dehydration.

Shortness of Breath

Normal changes in your balance of carbon dioxide make you feel as though you are short of breath. This is often worse in the first two thirds of your pregnancy. Increasing pressure against your diaphragm by your growing uterus may also make you feel short of breath. Actually, you are able to inhale more air than when you were not pregnant because your chest has expanded. This is a subjective feeling of shortness of breath.

Prevention and treatment

- Relax, and consciously slow your breathing.
- Stretch your arms up, to further expand your chest.
- Sleep with your head and chest elevated.
- Listen to your body; rest when needed, do not over exert.
- Be sure to buy larger bras, not just cup size, example: a 38 instead of your old 36.

Skin Changes (stretch marks, excess pigmentation)

Pregnancy hormones cause changes in pigmentation such as darkening of the breast areola and the line down the middle of the abdomen (called linea nigra). Stretch marks, of course, are caused by the rapidly enlarging uterus, sometimes hips and breasts too. Genetics also play a part in stretch marks. Other skin changes such as rashes or severe itching may not be normal. Call the CNM for these.

Prevention and treatment

- Generally stretch marks and pigment changes are not preventable.
- Lotions, creams, or ointments may relieve dryness and discomfort.

- Stretch marks will fade to some extent and increased pigment will resolve after delivery.
- Avoid excess weight gain to keep stretch marks from becoming extreme.

Swelling

Swelling of the feet and ankles is common in late pregnancy due to increased blood volume and increased abdominal pressure that traps fluid in your legs. Other more serious causes are preeclampsia or pregnancy induced hypertension. This usually involves rapid weight gain, rapidly developing swelling of feet, hands and/or face, along with elevated blood pressure and protein in the urine. Persistent headache, upper abdominal pain, and/or visual disturbances may also accompany these symptoms. Any of these symptoms need to be reported immediately to the CNM.

Prevention and treatment

- Elevate feet for a period of time each day, preferably on your left side.
- Do not stand or sit for long periods of time. Get up and walk around or lie down.
- Avoid tight restrictive clothing or knee socks.
- Wear full-length support hose.
- Drink lots of fluid, *at least 8-10 glasses per day*.
- Swimming or water immersion in shoulder deep water.

Vaginal Discharge

Pregnancy hormones cause increased vaginal secretions (leukorrhea). More worrisome causes are infections and leaking of amniotic fluid. Call the CNMs if discharge is itchy, irritating, foul smelling, or very watery.

Prevention and treatment

- Do not douche.
- Wear cotton underwear (not just cotton lined).
- Avoid constrictive clothing.
- Shower more often (a hand held showerhead is helpful).
- Go without underwear while sleeping and at home during the day whenever possible.
- Mini-pads should be used only when absolutely necessary and changed frequently.

Varicose Veins

In pregnancy you have an increased blood volume, increased abdominal pressure that traps fluid in your legs, and a relaxation of blood vessel walls. You are also at an increased risk for developing blood clots when you are pregnant and for 6 weeks postpartum. This risk may be

increased if you also have varicose veins. The following signs and symptoms of deep vein thrombosis or blood clots should be reported immediately to the CNM. Do not massage the leg if you have these symptoms:

- Abrupt onset of severe leg pain.
- Swelling of leg, one side more than the other.
- Localized pain, warmth or redness of leg.

Prevention and treatment: Follow all of the suggestions for swelling in pregnancy. If commercial maternity support hose do not give adequate relief, prescription support hose are available.