Pregnancy

Pregnancy SA Infoline 1300 368 820

Common health problems in pregnancy

During your pregnancy you may have a number of annoying problems that are not dangerous but may need some attention. These problems include cramps, urinary frequency and incontinence, heartburn and indigestion, varicose veins, backache, constipation, haemorrhoids and thrush.

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During your pregnancy you may have a number of annoying problems that are not dangerous but may need some attention. These problems include cramps, urinary frequency and incontinence, heartburn and indigestion, varicose veins, backache, constipation, haemorrhoids and thrush.

Fortunately some simple changes can often relieve your symptoms. Always contact your doctor or midwife if you have any concerns about these or any other health problems during your pregnancy.

Cramps

Leg and foot cramps are most common during the second half of your pregnancy and usually happen at night.

- If you get a cramp, keep your leg straight on the mattress and pull your toes back towards your knee. This will stretch your calf muscle and should help the pain. If this doesn't work try standing up and stepping forward with the other foot to stretch the cramped muscle. Keeping the foot flat on the floor will increase the stretch.
- When the pain eases, you can massage the area or place a hot water bottle or heat pack on the area.

You may be able to prevent calf muscle cramp at night by stretching your calf muscles before you go to bed. You can get more information about these stretching exercises at your antenatal classes or from your doctor or midwife.

Urinary frequency - needing to pass urine often

Urinary frequency is when you need to urinate (pass urine) more often than usual. This can be a problem in the first 12–14 weeks of pregnancy. After this, urinary frequency is not usually a problem until the last weeks of your pregnancy, when the baby's head sinks lower into the pelvis ready for delivery.

- Urinary frequency is normal during pregnancy, and you can't really do anything to relieve it.
- It's really important not to limit the amount of water and other fluids you drink you and your baby still need plenty of water.

Talk to your doctor or midwife if you have any feelings of burning, stinging or back pain when you pass urine. These could be signs of a urinary tract infection, which should be treated quickly to avoid any complications.

Urinary stress incontinence - leaking urine

When you are pregnant, you may leak a little bit of urine when you cough or laugh. This problem is called urinary stress incontinence, and it tends to become more of a problem later in pregnancy.

- Strengthening your pelvic floor muscles will help to prevent this problem now and after your baby is born.
- A physiotherapist usually teaches pelvic floor exercises during antenatal classes.
- Speak to your doctor if you have a continuing problem with urinary stress incontinence.
- See the topic Pelvic floor exercises.

Heartburn and indigestion

Heartburn is a very common and uncomfortable problem during pregnancy.

- You can relieve heartburn with an antacid solution or tablets. Ask your pharmacist, doctor or midwife to recommend a product that is suitable to use in pregnancy.
- You can also try to avoid heartburn by eating small meals, and avoiding fatty and spicy foods.
- Heartburn can be worse if you lie down after a big meal.
- Raising the head of your bed by about 15 cm may help with heartburn at night.
- Sometimes, drinking a glass of milk or eating some yoghurt may help prevent and relieve heartburn.
- Talk to your doctor or midwife if heartburn becomes a continuing problem for you.

Blocked nose

Many women find their nose becomes blocked up and runny, and sometimes bleeds for no obvious reason. This is probably because of pregnancy hormones, which cause the delicate lining of the nose to soften and swell. It can start in the first few months, and last until your baby is born.

If your nose does become blocked, try not to blow it too hard, as this can cause nosebleeds. Many over the counter cold medicines are not suitable to use during pregnancy but some nasal spray products may be useful (check with your pharmacist to see which are best during pregnancy). Saline drops or sprays which do not have any other chemicals in them are usually fine. Steam inhalations may help.

Varicose veins - swollen leg veins

Varicose veins usually appear as swollen, knotty, bluish veins that may develop on your legs during pregnancy. Pregnancy hormones are thought to make you more likely to develop these veins.

These steps may help to prevent varicose veins from developing (or at least not as badly) and will help to relieve the aching that often happens:

- Avoid standing for long periods
- Avoid crossing your legs
- Rest with your feet and legs higher than the rest of your body
- Do gentle, regular exercise such as walking or swimming
- Wear supportive stockings or pantyhose
- Tell your doctor or midwife if you develop any reddened, swollen or painful areas on your legs.

There is more about varicose veins on the **Pregnancy**, **birth and baby** website http://www.pregnancybirthbaby.org.au/

Dealing with cramps, swellings and varicose veins

Varicose veins in the genital area

Some women may also develop varicose veins in the area around the opening to the vagina. These can become quite painful.

- Lying down and resting several times during the day may help to relieve the pressure and swelling of these veins.
- Sometimes pelvic floor exercises can help.
- Talk to your doctor or midwife if it becomes a problem for you.

Constipation and haemorrhoids

When you are pregnant it is quite common to become constipated (this is when your bowel motions are hard and difficult to pass). If not treated, constipation can lead to haemorrhoids (piles), which are swollen veins around your anus (bottom).

Try to prevent or overcome constipation. This way, you will feel more comfortable and should be able to avoid haemorrhoids.

These ideas will help you to prevent and relieve constipation:

- Increase the fibre in your diet by eating plenty of wholegrain bread and cereals, fresh and dried fruit, vegetables, nuts and cooked dried beans and lentils you should be aiming to eat 30 40 grams of fibre every day.
- Drink at least 6 8 glasses of water each day.
- Get plenty of gentle, regular exercise walking is a great choice.
- Bulking-forming laxatives that contain psyllium (such as Metamucil**) can be used when you are pregnant, but if you need anything else, talk with your doctor or pharmacist.

If you do become constipated and develop haemorrhoids, try these ideas to help relieve the discomfort:

- Apply a cold pack or an ice cube wrapped in a tissue on your anus to reduce the swelling and irritation
- Keep your anal area very clean by gently washing with a product like Pinetarsol** (this
 helps to control the itching) after each bowel motion.

There are also haemorrhoid creams and wipes that can help to relieve your discomfort and are suitable to use during pregnancy. Please talk to your pharmacist, doctor or midwife before using any over-the-counter haemorrhoid product.

There is more about these problems on the Pregnancy, birth and baby website http://www.pregnancybirthbaby.org.au/

Bladder and bowel problems during pregnancy

Backache

Many mothers get backache during pregnancy because of the combination of softened ligaments and the increasing weight of a growing baby which alters your posture.

- Maintaining a good posture, practising regular antenatal exercises and wearing comfortable flat-heeled shoes can all help to prevent problems and relieve symptoms.
- If your backache continues or is worrying you, please speak to your doctor or midwife, or make an appointment to see a physiotherapist.

There is more about backache in the **Pregancy**, **birth and baby** website http://www.pregnancybirthbaby.org.au/

Backache in pregnancy

Vaginal thrush

Many women notice that they have an increased vaginal discharge during pregnancy.

This is quite normal, unless the discharge becomes thick, is itchy, uncomfortable or has an unpleasant smell. If you have any of these symptoms, please speak to your doctor or midwife, as this may be a sign of a vaginal infection called thrush.

- Thrush is a yeast infection caused by the fungus Candida albicans. This fungus commonly lives in the vagina, but doesn't cause problems unless it starts growing too fast.
- When you are pregnant, there is lots of glycogen (a type of sugar) in your vagina that encourages thrush to grow. This means that you are 10 times more likely to get thrush when you are pregnant.
- If you think you may have an infection, talk with your doctor or midwife. Depending on your symptoms and the stage of your pregnancy, your doctor may prescribe some pessaries or cream to use. Not all of these products are safe to use at different stages of pregnancy, so it's really important to talk to your doctor before using any products.

These ideas may help to relieve your symptoms:

- apply a cold compress to the itchy, inflamed area
- eat natural yoghurt that contains cultures such as acidophilus and bifidus these cultures help to restore the balance of 'good' bacteria in your vagina and stop the overgrowth of thrush,
- wear cotton underwear.

There is more about vaginal thrush in pregnancy on the **Pregnancy**, **birth and baby** website

http://www.pregnancybirthbaby.org.au/

Vaginal thrush during pregnancy

Infections (influenza, chickenpox, shingles, slapped face, whooping cough)

Influenza

Pregnancy increases the risk of developing serious complications from influenza. Complications of influenza infection in pregnant women are the same for the rest of the population but can also include miscarriage or premature labour. It is safe to have influenza vaccine at any stage of pregnancy.

For more information have a look at the SA Health pamphlet <u>'Seasonal influenza</u> vaccination for pregnant women' and the topic <u>Immunisations for whooping cough and flu during pregnancy</u>.

Chickenpox

Almost all babies who are born to women who get chickenpox during pregnancy are normal, however there is a very small chance of a baby have a birth defect. If you develop chickenpox right at the end of your pregnancy your baby may become very ill.

If you are exposed to chickenpox but have had chickenpox or have been immunised against it you will not get the infection. But if you do not know if you are protected against it you should see your doctor as soon as possible to see if you could develop it. There may be some medicine which could protect you from infection - but it needs to be given within 96 hours of being in contact with someone who has chickenpox.

Reference: 'Chickenpox and pregnancy'. Women's and Children's Hospital, South Australia

Shingles

If you develop shingles during your pregnancy your baby will not be harmed as this is not a new infection. It is possible to catch chickenpox from someone who has shingles, so stay away from someone with shingles unless you are very sure you are protected from chickenpox.

Reference: 'Chickenpox and pregnancy'. Women's and Children's Hospital, South Australia

Slapped face disease (Fifth disease)

Fifth disease is a common viral infection in childhood which is sometimes called 'slapped face disease' or 'slapped cheek disease'. It usually causes a mild illness. The most common sign is a rash on the face, which looks as if the face has been slapped. The rash may be itchy and it may spread to other parts of the body.

Infection generally causes only a mild illness or no symptoms at all. However, if a pregnant woman is infected, the infection may be transmitted to the unborn baby. Most women who are pregnant will have had the infection when they were a child and are not at risk of getting it again, however if a pregnant woman is exposed to Fifth disease she should talk with her doctor. In less than 5% of cases, parvovirus B19 infection may cause the unborn baby to have severe anaemia (low blood count) and the woman may have a miscarriage. This occurs more commonly if infection occurs during the first half of pregnancy. There is no evidence that parvovirus B19 infection causes birth defects or mental retardation.

For information about Fifth disease including signs and symptoms, health problems, and how it is spread have a look at this SA Health web page: <u>'Parvovirus B19 infection'.</u>

Whooping cough (Pertussis)

Whooping cough infections do not cause problems for an unborn baby. However babies under 6 months of age are at risk of serious illness and even death from whooping cough. Therefore it is important for adults (women and men) to be vaccinated against whooping cough when planning a pregnancy or as soon as possible after the birth of their baby. This will reduce the risk of parents contracting the disease and passing the disease

onto their new baby. Immunity does not get transferred from a mother to her baby, so babies need to start their immunisations when they are 2 months old.

Pregnant women can help protect their newborn from this disease by getting immunised in the third trimester (the last 3 months of pregnancy).

The whooping cough vaccine is free in South Australia for pregnant women in their third trimester. Speak to your midwife, doctor* or immunisation provider. *Your doctor may charge a consultation fee.

Anyone who will have close contact with the baby should also be immunised. This includes dads, grandparents, carers and any other adults or children in the household who will have close contact with the baby in the early weeks of life.

Have a look at the topic Immunisations for whooping cough and flu during pregnancy.

For more information, go to the SA Health web site:

- SA Health web site Whooping cough (Pertussis) symptoms, treatment and prevention
- SA Health fact sheet 'Who should be vaccinated? <u>'Whooping cough (pertussis)'</u> (PDF -134kb)

More to read

Pregnancy, Birth and Baby Pregnancy, Birth and Baby is a national Australian Government service providing support and information for expecting parents and parents of children, from birth to 5 years of age. http://www.pregnancybirthbaby.org.au/

 Common discomforts in pregnancy http://www.pregnancybirthbaby.org.au/common-pregnancy-problems

The information on this site should not be used as an alternative to professional care. If you have a particular problem, see your doctor or midwife.

^{**}Any products referred to in our health topics are usually well-known brands readily available in Australia. The brand names are given as examples only, and do not necessarily represent the best products, nor the full range of effective products on the market.