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Conditions and problems in pregnancy

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Your body goes through a lot of changes during pregnancy. Sometimes these changes can cause you discomfort or irritation, and you may be worried about what is happening to you. There is usually nothing to worry about, but you should mention anything that concerns you to your midwife or doctor. If you have concerns or questions in between appointments write them down in the “what matters to me” section of your maternity hand-held record (MHHR) and discuss with your midwife or doctor at your next appointment. If you think that something may be seriously wrong, trust your own judgement and get in touch with your midwife or doctor straight away.



This chapter describes some of the minor and more serious health problems and gives advice on how to deal with them and when you should get help - also see the table on page 43.

Problems in early pregnancy

Most women feel well in early pregnancy but can feel uncomfortable. Some women describe a pain low down in the abdomen similar to a period pain. This does not necessarily mean that something is wrong, but if the pain is more than discomfort or if there is any bleeding, your midwife or GP should refer you for a scan in the early pregnancy assessment unit. This scan will show whether the pregnancy is growing in the uterus. Sometimes you

need a second scan to check that all is well.

Common minor problems

Backache

As your baby grows, the hollow in your lower back may become more pronounced, and this can also cause backache. During pregnancy, your ligaments become softer and stretch to prepare you for labour. This can put a strain on the joints of your lower back and pelvis, which can cause backache.

How to avoid backache

- Avoid lifting heavy objects.
- Bend your knees and keep your back straight when lifting or picking something up from the floor.





- Move your feet when turning round to avoid twisting your spine.
- Wear flat shoes that allow your weight to be evenly distributed.
- Work at a surface that is high enough so that you don't stoop.
- Try to balance the weight between two bags when carrying shopping.
- Sit with your back straight and well supported.
- Make sure you get enough rest - particularly later in pregnancy.

When to get help

If your backache is very painful, ask your doctor to refer you to a maternity physiotherapist at your hospital. They will be able to give you some advice and may suggest some helpful exercises.

Constipation

You may become constipated very early in pregnancy because of the hormonal changes taking place in your body.

How to avoid constipation

- Eat foods that are high in fibre, like wholemeal breads, wholegrain cereals, fruit and vegetables, and pulses such as beans and lentils.
- Exercise regularly to keep your muscles toned.
- Drink plenty of water.
- Avoid iron supplements. Ask your doctor whether you can manage without them or change to a different type.

Cramp

Cramp is a sudden, sharp pain, usually in your calf muscles or feet. It is most common at night, but nobody really knows what causes it.

How to avoid cramp

Regular, gentle exercise in pregnancy, particularly ankle and leg movements, will improve your circulation and may help to prevent cramp occurring.

Feeling faint

You may often feel faint when you are pregnant. This is because of hormonal changes taking place in your body and happens if your brain is not getting enough blood and therefore enough oxygen. If your oxygen level gets too low, you may actually faint. You are most likely to feel faint if you stand still for too long or get up too quickly from a chair or out of a hot bath. It can also happen when you are lying on your back.

How to avoid feeling faint

- Try to get up slowly after sitting or lying down.
- If you feel faint when standing still, find a seat quickly and the feeling should pass. If it doesn't, lie down on your side.
- If you feel faint while lying on your back, turn on your side. It is advisable not to lie flat on your back at any time in later pregnancy or during labour.
- Ask your doctor or midwife to check your haemoglobin (Hb) level as you may need iron supplements.

Feeling hot

During pregnancy you are likely to feel warmer than normal. This is due to hormonal changes and to an increase in the blood supply to your skin. You are also likely to sweat more.

How to avoid feeling hot

- Wear loose clothing made of natural fibres, as these are more absorbent and 'breathe' more than synthetic fibres.
- Keep your room cool. You could use an electric fan to cool it down.
- Wash frequently to help you to feel fresh.

Headaches

Some pregnant women find they get a lot of headaches.

How to ease headaches

- Try and get more regular rest and relaxation.
- Paracetamol in the recommended dose is generally considered safe for pregnant women but there are some painkillers that you should avoid. Speak to your pharmacist, nurse, midwife, health visitor or GP about how much paracetamol you can take and for how long.

When to get help

If the headache is severe or is associated with swelling, blurred vision or heartburn type pain contact your doctor or midwife immediately.

Incontinence

Incontinence is a common problem. It can affect you during



and after pregnancy.

Sometimes pregnant women are unable to prevent a sudden spurt of urine or a small leak when they cough, sneeze or laugh, or when moving suddenly or just getting up from a sitting position. This may be temporary, because the pelvic floor muscles relax slightly to prepare for the baby's delivery.

Some women have more severe incontinence and find that they cannot help wetting themselves.

When to get help

In many cases incontinence is curable, so if you have a problem talk to your midwife, doctor or health visitor.

You can also get help and support from the Bladder and Bowel Community at www.bladderandbowel.org

Indigestion and heartburn

Indigestion is partly caused by hormonal changes and in later pregnancy by your growing uterus pressing on your stomach. Heartburn is more than just indigestion. It is a

strong, burning pain in the chest caused by stomach acid passing from your stomach into the tube leading to your stomach. This is because the valve between your stomach and this tube relaxes during pregnancy.

How to avoid indigestion

- Try eating smaller meals more often.
- Sit up straight when you are eating, as this takes the pressure off your stomach.
- Avoid the foods which affect you, like fried or highly spiced food, but make sure you are still eating well (see pages 31 for information on healthy eating).



How to avoid heartburn

- Heartburn is often brought on by lying flat. Sleep well propped up with plenty of pillows.
- Avoid eating and drinking for a few hours before you go to bed.
- Your GP may prescribe an antacid if the problem is persistent.

How to ease heartburn

- Drink a glass of milk. Have one by your bed in case you wake with heartburn in the night.
- Note that you should not take antacid tablets before checking with your midwife, doctor or pharmacist that they are safe for you to take during pregnancy.

Leaking nipples

Leaking nipples are normal and usually nothing to worry about. The leaking milk is colostrum, which is the first milk your breasts make to feed your baby.

When to get help

See your midwife or doctor if the milk becomes bloodstained, or if you notice unusual lumps on your breasts.

Anaemia

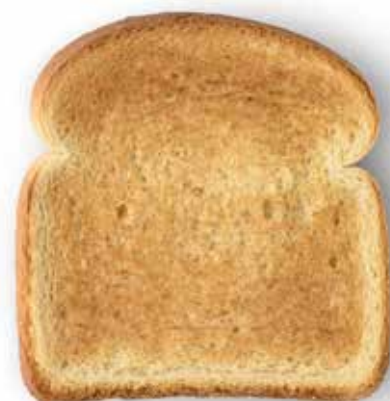
Anaemia (a low blood count) in



pregnancy is common with as many as 1 in 4 women being anaemic before pregnancy and 1 in 3 after delivering their baby. You might not be aware that you are anaemic but if you experience tiredness, paleness, shortness of breath or dizziness these could all be warning signs. Women with anaemia in pregnancy have been shown to have a higher risk of low birth weight babies and of needing a blood transfusion. There will be huge demands on you after birth and being anaemic will make caring for you and your baby much more difficult.

You will be offered a blood test to check for anaemia at your booking appointment. For most women the cause is a lack of iron. Good sources of easily absorbed iron include red meat, chicken and fish. If you are vegetarian ensure you are getting enough iron from other foods such as tofu, beans, lentils, peas and dried fruits. Your doctor may also give you a prescription for iron tablets. If they do it is important that you begin taking them once a day to ensure that you and your baby have

enough iron reserves for a healthy pregnancy. There is no benefit in taking more than one iron tablet a day as your body can only absorb a certain amount each day and it will make side effects more likely. The best improvement in your blood count is seen if you take one tablet daily consistently. Taking your tablets on an empty stomach with vitamin C rich foods (such as fruit and vegetables) will ensure your body can absorb as much iron as possible. Tea, coffee, dairy products and antacids can all reduce the amount of iron you absorb so avoid these for about two hours before taking your iron tablets. Some people find that iron tablets can make them constipated but this is a common problem in pregnancy and can be avoided by drinking plenty of fluids and including lots of fibre in



your diet. It is important to know that regular over the counter pregnancy supplements do not contain enough iron to fix your anaemia.

Nausea and morning sickness

Nausea is very common in the early weeks of pregnancy. Some women feel sick, and some are sick. It can happen at any time of day – or even all day long.

Hormonal changes in the first three months are probably one cause. Nausea usually disappears around the 12th to 14th week.

This can be one of the most trying problems in early pregnancy. It comes at a time when you may be feeling tired and emotional, and when many people around you may not realise that you are pregnant.

How to avoid nausea and morning sickness

- If you feel sick first thing in the morning, give yourself time to get up slowly. If possible, eat something like dry toast or a plain biscuit before you get up.
- Get plenty of rest and sleep whenever you can. Feeling tired can make the sickness worse.
- Eat small amounts of food often rather than several large meals, but don't stop eating.

- Drink plenty of fluids.
- Ask those close to you for extra help and support.
- Distract yourself as much as you can. Often the nausea gets worse the more you think about it.
- Avoid foods and smells that make you feel worse. It helps if someone else can cook. Eat bland, non-greasy foods, such as baked potatoes, pasta and milk puddings, which are simple to prepare.
- Wear comfortable clothes. Tight waistbands can make you feel worse.

When to get help

If you are being sick all the time and cannot keep anything down, tell your midwife or doctor. Some pregnant women experience severe nausea and vomiting. This condition is known as hyperemesis gravidarum and needs specialist treatment.

Nose bleeds

Nose bleeds are quite common in pregnancy because of hormonal changes. They don't



usually last long but can be quite heavy. As long as you don't lose a lot of blood, there is nothing to worry about. You may also find that your nose gets more blocked up than usual.

How to stop nose bleeds

- Sit with your head forward.
- Press the sides of your nose together between your thumb and forefinger, just below the bony part, for 10 minutes and try not to swallow the blood.
- Repeat for a further 10 minutes if this is unsuccessful.
- If the bleeding continues, seek medical advice.

Passing urine often

Needing to pass urine often may start in early pregnancy. Sometimes it continues right through pregnancy. In later pregnancy it's the result of the baby's head pressing on the bladder.

How to reduce the need to pass urine

- If you find that you have to get up in the night try cutting out drinks in the late evening, but make sure you keep drinking plenty during the day.
- Later in pregnancy, some women find it helps to rock

backwards and forwards while they are on the toilet. This lessens the pressure of the uterus on the bladder so that you can empty it properly. Then you may not need to pass water again quite so soon.



When to get help

If you have any pain while passing water or you pass any blood, you may have a urine infection, which will need treatment. Drink plenty of water to dilute your urine and reduce pain. You should contact your GP within 24 hours.

The growing baby will increase pressure on your bladder. If you find this a problem, you can improve the situation by doing exercises to tone up your pelvic floor muscles (see page 45).

Ask a midwife or maternity physiotherapist for advice.

Pelvic joint pain

If during or after your pregnancy you have pain in your pelvic joints when walking, climbing stairs or turning in bed, you could have pelvic girdle pain (PGP) or symphysis pubis dysfunction (SPD). This is a slight misalignment or stiffness of your pelvic joints, at either the back or front. It affects up to one in four pregnant women to a lesser or greater extent. Some women have minor discomfort, others may have much greater immobility.

When to get help

Getting diagnosed as early as possible can help to minimise the pain and avoid long-term discomfort. Treatment usually involves gently pressing on or moving the affected joint so that it works normally again.

Ask a member of your maternity team for a referral to a manual physiotherapist, osteopath or chiropractor who is experienced in treating pelvic joint problems.

They tend not to get better completely without treatment from an experienced practitioner.

Visit the Pelvic Partnership for support and information at www.pelvicpartnership.org.uk

Piles

Piles, also known as haemorrhoids, are swollen veins around your anus (back passage) which may itch, ache or feel sore. You can usually feel the lumpiness of the piles around your anus. Piles may also bleed a little and they



can make going to the toilet uncomfortable or even painful. They occur in pregnancy because certain hormones make your veins relax. Piles usually resolve within weeks after birth.

How to ease piles

- Eat plenty of food that is high in fibre, like wholemeal bread, fruit and vegetables, and drink plenty of water. This will prevent constipation, which can make piles worse.
- Avoid standing for long periods.
- Take regular exercise to improve your circulation.
- A cloth wrung out in ice cold water held against the affected area may help reduce the irritation.
- Push any piles that stick out gently back inside using a lubricating jelly.
- Ask your midwife, doctor or pharmacist if they can suggest a suitable ointment.



Skin and hair changes

Hormonal changes taking place in pregnancy will make your nipples and the area around them go darker. Your skin colour may also darken a little, either in patches or all over. Birthmarks, moles and freckles may also darken. Some women develop a dark line from their belly buttons down to the top of their pubic hair. These changes will gradually fade after the baby has been born, although your nipples may remain a little darker.

If you sunbathe while you are pregnant, you may find that you tan more easily. Protect your skin with a good, high-factor sunscreen. Don't stay in the sun for very long.

Hair growth is also likely to increase in pregnancy. Your hair may also be greasier. After the baby is born, it may seem as if you are losing a lot of hair. In fact, you are simply losing the extra hair that you grew during pregnancy.

Sleep

Late in pregnancy it can be very

difficult to get a good night's sleep. It can be uncomfortable lying down or, just when you get comfortable, you find that you have to get up to go to the toilet.

Some women have strange dreams or nightmares about the baby and about the birth. Talking about them can help you.

It might be more comfortable to lie on one side with a pillow under your tummy and another between your knees.

Stretch marks

These are pink or purplish lines which usually occur on your abdomen or sometimes on your upper thighs or breasts. Some women get them, some don't. It depends on your skin type. Some people's skin is more elastic. You are more likely to get stretch marks if your weight





gain is more than average. It is very doubtful whether oils or creams help to prevent stretch marks. After your baby is born, the marks should gradually pale and become less noticeable.

Swollen ankles, feet and fingers

Ankles, feet and fingers often swell a little in pregnancy because your body is holding more water than usual. Towards the end of the day, especially if the weather is hot or if you have been standing a lot, the extra water tends to gather in the lowest parts of your body.

Suggestions for swollen ankles, feet and fingers

- Avoid standing for long periods.
- Wear comfortable shoes.
- Put your feet up as much as you can. Try to rest for an hour a day with your feet higher than your heart.
- Do foot exercises (see page 46).
- If the swelling does not

reduce ask your doctor or midwife to check your blood pressure.

Teeth and gums

Always tell your dentist that you are pregnant as this may affect your treatment. Bleeding gums are caused by a build-up of plaque (bacteria) on your teeth. During pregnancy, hormonal changes in your body can cause plaque to make your gums more inflamed. They may become swollen and bleed more easily.

When your baby is born your gums should return to normal.

How to keep teeth and gums healthy

- Clean your teeth and gums carefully. Ask your dentist to show you a good brushing method to remove all the plaque.
- Avoid having sugary drinks and foods too often. Try to eat them at mealtimes only.
- Go to the dentist for a check-up. HSC dental treatment is free while you are pregnant and for a year after your baby's birth.
- Ask your dentist if any new or replacement fillings should be delayed until after your baby is born.



Tiredness

In the early months of pregnancy you may feel tired or even desperately exhausted. The only answer is to try to rest as much as possible. Make time to sit with your feet up during the day and accept any offers of help from colleagues and family.

Towards the end of pregnancy you may feel tired because of the extra weight you are carrying. Make sure that you get plenty of rest.

Vaginal discharge

Almost all women have more vaginal discharge in pregnancy. It should be clear or white and should not smell unpleasant. If the discharge is coloured or smells strange, or if you feel itchy or sore, you may have a vaginal infection. The most common infection is thrush, which your doctor can treat easily. You can help to prevent thrush by wearing loose cotton underwear.

When to get help

Tell your midwife or doctor if the discharge is coloured, smells strange, or if you feel itchy or sore.

Tell your midwife or doctor if vaginal discharge, of any colour, increases a lot in later pregnancy.

Varicose veins

Varicose veins are veins which have become swollen. The

veins in the legs are most commonly affected. You can also get varicose veins in the vulva (vaginal opening). They usually get better after delivery. Tell your doctor or midwife if you have varicose veins or if a close relative has ever had a clot or blood clotting disorder as you will need assessments as pregnancy progresses.

If you have varicose veins:

- Try to avoid standing for long periods of time.
- Try not to sit with your legs crossed.
- Try not to put on too much weight, as this increases the pressure.
- Sit with your legs up as often as you can to ease the discomfort.
- Try support tights, which may also help to support the muscles of your legs.
- Try sleeping with your legs higher than the rest of your body – use pillows under your ankles or put books under the foot of your bed.
- Do foot exercises (see page 46) and other antenatal exercises such as walking and swimming, which will help your circulation.



More serious problems

High blood pressure and pre-eclampsia

During pregnancy your blood pressure will be checked at every antenatal appointment. This is because a rise in blood pressure can be the first sign of a condition known as pre-eclampsia – also called pregnancy-induced hypertension (PIH) or pre-eclamptic toxæmia (PET). It can run in families and affects 10% of pregnancies. Your urine is checked for protein at every visit, as this is a sign of pre-eclampsia.

The symptoms

Some of the symptoms of pre-eclampsia are:

- bad headaches;
- problems with vision, such as blurred vision or lights flashing before the eyes;



- bad pain just below the ribs;
- vomiting;
- sudden swelling of the face, hands or feet.

However, you can have severe pre-eclampsia without any symptoms at all.

This can be a serious condition for both mother and baby. It

can cause fits in the mother (called eclampsia) and affects the baby's growth. It is life-threatening if left untreated. That is why routine antenatal checks are so important.

Pre-eclampsia usually happens towards the end of pregnancy, but it may happen earlier. It can also happen after the birth. It is likely to be more severe if it starts earlier in pregnancy. Treatment may start with rest at home, but some women need admission to hospital and medicines that lower high blood pressure. Pre-eclampsia can be a reason to deliver the baby early – this may be either by induction of labour or by caesarean section.

When to get help

If you get any of the symptoms described here, or have any reason to think that you have pre-eclampsia, contact your midwife, doctor or the hospital immediately.



Placenta praevia

Placenta praevia (or a low-lying placenta) is when the placenta is attached in the lower part of the uterus, near to or covering the cervix.

The position of your placenta is recorded at your 18 to 21-week ultrasound scan. If it is significantly low you will be offered an extra ultrasound scan later in your pregnancy (usually at around 34 weeks) to recheck its position.

For 9 out of 10 women the placenta has moved into the upper part of the uterus by this time.

If the placenta is still low in the uterus, there is a higher chance that you could bleed during your pregnancy or at the time of birth. This bleeding can be very heavy and put you and your baby at risk. You may be advised to come into hospital at the end of your pregnancy so that emergency treatment can be given very quickly if you do bleed. If the placenta is near or covering the cervix, the baby cannot get past it to be born vaginally and a caesarean section will be necessary.

Itching

Mild itching is common in pregnancy because of the increased blood supply to the skin. In late pregnancy the skin



of the abdomen is stretched and this may also cause itchiness.

How to avoid itching

- Wearing loose clothing may help.
- You may also want to avoid synthetic materials.

Severe itching and obstetric cholestasis

Severe itching can be a sign of a condition called obstetric cholestasis. This is a potentially dangerous liver disorder that seems to run in families, although it can occur even if there is no family history. The main symptom is severe generalised itching without a

rash, most commonly in the last four months of pregnancy. Obstetric cholestasis can lead to premature birth, stillbirth or serious health problems for your baby. It can also increase the risk of maternal haemorrhage after the delivery.

When to get help

You should see your doctor if:

- the itching becomes severe – particularly if it affects your hands and feet;
- you develop jaundice (yellowing of the whites of the eyes and skin);
- you get itching and a severe rash.



Small babies

Many of the tests in pregnancy check that your baby is growing. If you have previously had a very small baby, or if you smoke, the midwives and doctors will already be monitoring your pregnancy closely. Blood pressure checks may also pick up signs that there are complications. If there is concern about your baby's health, further tests might be carried out and your baby will be monitored more frequently.

What should I do if I feel my baby's movements are reduced or changed?

Always seek professional help immediately. **Never go to sleep ignoring a change in**

your baby's movements. Do not rely on any home kits you may have for listening to your baby's heartbeat.

You must contact your local maternity unit immediately. You must not wait until the next day to seek help.

You will be asked about your baby's movements. You will have a full antenatal check-up, including checking your baby's heartbeat.

Your baby's heart rate will be monitored, usually for at least 20 minutes. This should give you reassurance about your baby's wellbeing. You should be able to see your baby's heart rate

increase as he or she moves. You will usually be able to go home once you are reassured.

An ultrasound scan to check on the growth of your baby, as well as the amount of amniotic fluid around your baby, may be arranged if:

- your uterus measures smaller than expected;
- your pregnancy has risk factors associated with stillbirth;
- the heart-rate monitoring is normal but you still feel that your baby's movements are less than usual.

The scan is normally performed



within 24 hours of being requested.

These investigations usually provide reassurance that all is well but if there are any concerns about your baby, your doctor and midwife will discuss this with you. Follow-up scans may be arranged. In some circumstances, you may be advised that it would be safer for your baby to be born as soon as possible.

Seek medical help

You should contact your GP if you have a sudden 'acute' illness like diarrhoea, vomiting, abdominal pain, high fever or severe itch.

Vaginal bleeding

Bleeding from the vagina at any time in pregnancy can be a dangerous sign. Some causes of vaginal bleeding are more serious than others, so it's important to find the cause straight away.

Bleeding after sex

The cells on the surface of the cervix often change in pregnancy and make it more likely to bleed – particularly after sex. This is called a cervical erosion. Vaginal infections can also cause a small amount of vaginal bleeding.

Ectopic pregnancy

In early pregnancy, bleeding may be a sign of an ectopic pregnancy or a miscarriage

More information

For more information see the Royal College of Obstetricians and Gynaecologists' guideline Thrombosis and Embolism during Pregnancy and the Puerperium, Reducing the Risk at pha.site/thrombosis-pregnancy

(see page 179), although many women who bleed at this time go on to have normal and successful pregnancies.

Bleeding in late pregnancy

The most common sort of bleeding in late pregnancy is the small amount of blood mixed with mucus that is known as a 'show'. This is a sign that the cervix is changing and becoming ready for labour to start. It may happen a few days before contractions start or during labour itself.

Deep vein thrombosis

Deep vein thrombosis is a serious condition where clots

develop, often in the deep veins of the legs. It can be fatal if the clot travels from the legs to the lungs. The risk may increase if you are on a long-haul flight (over five hours), where you sit still for a long time.

You will have an assessment carried out at booking to see if you have increased risk of developing clots and if so treatment can be given.

When to get help

If you develop swollen and painful legs or have breathing difficulties, go to your GP or your nearest emergency department immediately.



What are blood clots?

Pregnancy increases the risk of having a blood clot during and for about six weeks after pregnancy.

There are two kinds:

1. Deep-vein thrombosis (DVT) is a blood clot that forms in a deep vein, most commonly in the leg or pelvis.

Symptoms (if any):

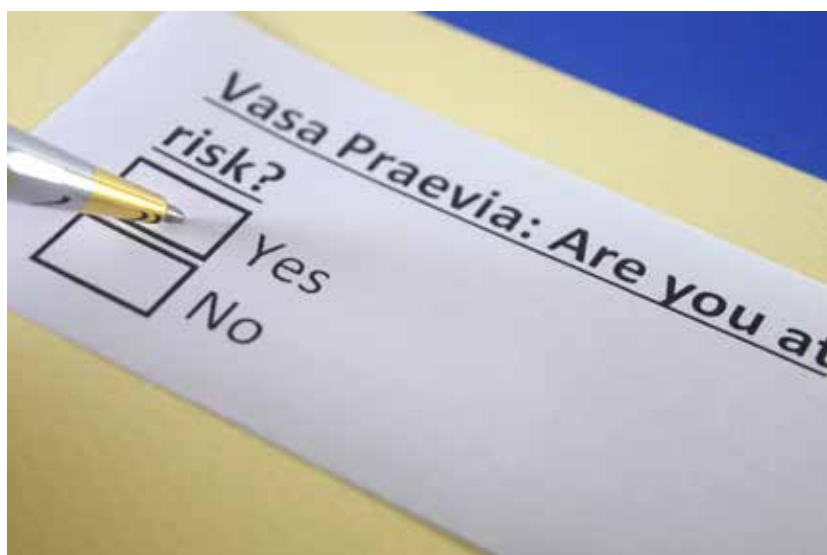
- swelling (most likely to be in the muscles of your legs);
 - red, purple, blue or white discolouration;
 - pain or discomfort.
2. Pulmonary embolism (PE) occurs when part or all of the blood clot breaks free and passes through your blood vessels and reaches your lungs.

Symptoms:

- coughing (with blood-stained spit);
- chest pain;
- breathlessness or collapse.

Health professionals use the term venous thromboembolism (VTE) to cover both types of blood clots.

If you develop any of these symptoms during or after your pregnancy, please get medical advice immediately.



Vasa praevia

Vasa praevia is a rare condition (occurring between 1 in 1,200 to 1 in 5,000 births). It occurs when the blood vessels of the umbilical cord run through the membranes covering the cervix. Normally the blood vessels would be protected within the umbilical cord. When the membranes rupture and the waters break, these vessels may

be torn, causing vaginal bleeding. The baby can lose a life-threatening amount of blood and die. It is very difficult to diagnose but it may occasionally be spotted before birth by an ultrasound scan. Vasa praevia should be suspected if there is bleeding and the baby's heart rate changes suddenly after rupture of the membranes. It is linked with placenta praevia (see page 85).