

## Women's Health

### Pregnancy Symptoms

#### Morning sickness

Nausea and/or vomiting usually develop by five to six weeks of pregnancy. The symptoms are worst around nine weeks, and typically improve by 16 to 18 weeks of pregnancy. However, symptoms continue until late in pregnancy in 15 to 20 percent of women and until delivery in 5 percent. Although the term for mild pregnancy-related nausea and vomiting is "morning sickness," the symptoms may occur at any time of day and in most cases, persist throughout the day.

Hyperemesis gravidarum is the term usually used to describe severe nausea and vomiting during pregnancy. In most cases, women with hyperemesis gravidarum will have blood and urine tests that show evidence of dehydration. The cause of pregnancy-related nausea and vomiting is uncertain. Psychologic factors, increased hormone levels, and slowed movement of the stomach contents are among the more predominant theories.

One of the most important treatments for pregnancy-related nausea and vomiting is to avoid odors, tastes, and other activities that trigger nausea. Women are advised to eat snacks frequently and have small meals that are high in carbohydrates and low in fat. Eliminating spicy foods and eating salty or high protein snacks/meals appears to help some women. Fluids are better tolerated if cold, clear, and carbonated or sour (eg, ginger ale, lemonade) and if taken in small amounts between meals. Medications that reduce nausea and vomiting have been proven to be effective in some women and are safe to take during pregnancy.

#### When to seek help

- Signs or symptoms of dehydration, including infrequent urination, dark-colored urine, or dizziness upon standing
- Vomiting repeatedly, especially if blood is seen in the vomit
- Abdominal or pelvic pain or cramping
- Inability to keep down any food or drinks for more than 12 hours

#### Heart burn

Heart burn affects about two thirds of all pregnant women at some time during their pregnancy. This is attributed to the relaxation of the sphincter between the esophagus (food pipe) and the stomach under the influence of pregnancy hormones. As a result, the acid from the stomach is allowed to flow back in the food pipe causing the symptoms of heart burn. Elevating the head end of the bed, eating small frequent meals, and avoiding eating at least three hours prior to bedtime help to improve the symptoms. When the woman does not respond to lifestyle modifications, the obstetrician may prescribe some antacid medication.

#### Constipation

Decreased motility of small and large bowel during pregnancy leads to constipation. Increasing dietary fiber by consuming more fruit and vegetable may help. If this dose alone does not provide relief, certain laxatives like lactulose or fybogel may be prescribed.

## Women's Health

Hemorrhoidal disease or piles is particularly frequent in the last trimester of pregnancy and immediately after delivery. Symptoms include itching, discomfort, and/or bleeding from the back passage. Prevention and treatment of constipation will help to reduce the severity of piles.

### Bleeding gums and nosebleeds

Many gravid women experience congestion of the mucous membranes of the nasal mucosa and sinuses, thought to be related to the hormonal changes of pregnancy. This can cause significant, and sometimes uncomfortable, nasal and sinus congestion, but its presence does not necessarily represent pathology. Nose bleeds are not common during pregnancy but bleeding gums are common due to gingival changes.

### Edema

Swollen feet are common during pregnancy, especially in the second half. As the size of uterus increases, it presses on the inferior vena cava, the big vessel that runs along the back and carries the blood from the lower body, back to the heart. As a result, the blood tends to stagnate in the legs pushing the fluid out of the vessel and in to the subcutaneous tissue causing edema. Lying on one side and elevating the legs while sitting down helps to improve the blood flow back to the heart and thus reduce the swelling.

### Shortness of breath

There is significant increase in the oxygen demand during pregnancy. This is due to increase metabolic rate and increased oxygen consumption. Body reacts by increasing the depth of breathing rather than increase in the rate of breathing. Increased awareness of this physiological hyperventilation of pregnancy leads to a subjective feeling of breathlessness in up to three quarters of women at some time during the pregnancy. This usually does not need any medical intervention. Slowing the pace is all that is needed.

### Backache

On an average, during pregnancy, women gain 9 -11 kg in weight. The posture changes to compensate for the enlarged uterus and change in center of gravity. Stretching, weakness, and separation of abdominal muscles further impede neutral posture and place even more strain on back muscles. Laxity in the ligaments of the lumbar spine put strain on the lumbar spine. Back pain may occur at any time during the pregnancy, but is most common in the second half of pregnancy. It is usually worse while standing or walking and relieved on rest. The pain is often worse at night, especially with turning, and may interfere with sleep. Lying in the lateral recumbent position, with the knees and hips bent provides some relief. A pillow can be used to support the weight of the uterus or placed between the knees to reduce the mechanical burden on the back.

## Women's Health

Exercise or support belts may be helpful. In cases of incapacitating pain, help may be sought from physiotherapist. Some points worth remembering are:

- Wear low-heeled (but not flat) shoes with good arch support.
- Get help when lifting heavy objects.
- Place a board between the mattress and box spring if your bed is too soft.
- Squat down, bend knees and keep the back straight when lifting.
- Sit in chairs with good back support, or use a small pillow to provide support.
- Sleep on the side with pillows between the knees for support.
- Apply heat, cold, or massage to the painful area

### Breast changes

In the early weeks, a pregnant woman often experiences tenderness and tingling of breasts due to the hormonal changes. As the breasts increase in size, delicate blood vessels become visible just underneath the skin and the skin overlying the breasts may show stretch marks. The nipples become larger, more erectile and more deeply pigmented.

Submucosal (pronounced sub-myoo-co-sul) fibroids grow inside the cavity of the womb.  
Intramural (pronounced in-tra-myur-ul) fibroids grow within the wall of the womb.  
Subserosal (pronounced sub-sir-oh-sul) fibroids grow on the outside of the uterus.