COMMON CONDITIONS DURING PREGNANCY

A number of conditions are common during pregnancy. While these conditions are not harmful to the women’s pregnancy, they can be distressing or debilitating and women may seek advice about managing symptoms. Recommendations are based on the effectiveness of interventions in reducing symptoms.

Summary of advice for women about common conditions during pregnancy

<table>
<thead>
<tr>
<th>Common condition</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea and vomiting</td>
<td>Although distressing and debilitating for some women, nausea and vomiting usually resolves spontaneously by 16 to 20 weeks’ pregnancy and is not generally associated with pregnancy complications. Discontinuing iron-containing multivitamins may be advisable while symptoms are present.</td>
</tr>
<tr>
<td>Constipation</td>
<td>Increasing dietary fibre intake and taking bran or wheat fibre supplements may relieve constipation. Stimulating laxatives are more effective than preparations that add bulk but are more likely to cause diarrhoea or abdominal pain.</td>
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<tr>
<td>Reflux (heartburn)</td>
<td>Heartburn may be improved by having small frequent meals and reducing foods that cause symptoms on repeated occasions. Medications may also be considered for relieving heartburn.</td>
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<tr>
<td>Haemorrhoids</td>
<td>Haemorrhoids may be improved by increasing fibre in the diet and drinking plenty of water; standard haemorrhoid creams can be considered if symptoms continue.</td>
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<tr>
<td>Varicose veins</td>
<td>Varicose veins will not generally cause harm to the woman or baby and usually improve after the birth.</td>
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<tr>
<td>Pelvic girdle pain</td>
<td>Pregnancy-specific exercises, physiotherapy, acupuncture or use of a support garment may provide some relief from pelvic girdle pain.</td>
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<tr>
<td>Carpal tunnel syndrome</td>
<td>There is little evidence on the effectiveness of treatments for carpal tunnel syndrome.</td>
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</table>

Nausea and vomiting (see Guideline Chapter 54)

What advice can be given to women experiencing nausea and vomiting?

Women who experience nausea and vomiting in pregnancy can be advised that, while it may be distressing, it usually resolves spontaneously by 16 to 20 weeks pregnancy and is not generally associated with a poor pregnancy outcome.

Practice summary

When: At the first contact with all women and at subsequent contacts for women who report nausea and vomiting.

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander health worker; multicultural health worker; accredited dietitian; pharmacist.

- Inform women that nausea and vomiting is not associated with medium or long term adverse effects: Explain that nausea and vomiting is common in pregnancy, is not necessarily confined to the morning and is likely to lessen by week 16.
- Provide lifestyle/diet advice: Acknowledge that nausea and vomiting affects quality of life and suggest tips on managing nausea and vomiting, including drinking plenty of fluids, eating little and often during the day, getting plenty of rest and avoiding fatty or spicy food.
- Discuss non-pharmacological and pharmacological treatments: If the woman asks about treatments for nausea and vomiting, suggest interventions that may help and are thought to be safe, beginning with non-pharmacological approaches (e.g., ginger products). The safety and effectiveness of antiemetics should be discussed with women with more severe symptoms who choose to consider medication.
**Constipation** (see Guideline Chapter 55)

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Grade C</th>
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<tbody>
<tr>
<td>Offer women who are experiencing constipation information about increasing dietary fibre intake and taking bran or wheat fibre supplementation.</td>
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<tr>
<td>Advise women who choose to take laxatives that preparations that stimulate the bowel are more effective than those that add bulk but may cause more adverse effects such as diarrhoea and abdominal pain.</td>
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</tbody>
</table>

**Practice summary**

**When:** At the first contact with all women and at subsequent contacts for women who report symptoms of constipation

**Who:** Midwife; maternal and child health nurse; GP; obstetrician; Aboriginal and Torres Strait Islander health worker; multicultural health worker; practice nurse; allied health professional; pharmacist

- **Advise about fluid intake:** Drinking more fluids has a range of benefits and may assist in easing constipation. Water is a good source of fluids as it hydrates without adding additional energy to the diet. Intake of fluids containing added sugars should be moderated.

- **Talk about dietary fibre:** Advise all women to eat a wide variety of nutritious foods, including plenty of vegetables, fruit, wholegrain cereals and breads, nuts, seeds and legumes. Bran or wheat fibre supplementation is safe and effective during pregnancy and may relieve symptoms. Fibre supplements should be introduced slowly and plenty of water consumed while they are being taken.

- **Discuss laxative use:** Laxatives can be used to relieve symptoms but should not be used long-term. Bulk-forming laxatives may cause fewer side effects than stimulant laxatives.

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**Reflux (heartburn)** (see Guideline Chapter 56)

<table>
<thead>
<tr>
<th>Consensus-based recommendation</th>
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<tbody>
<tr>
<td>Offer women experiencing mild symptoms of heartburn advice on lifestyle modifications and avoiding foods that cause symptoms on repeated occasions.</td>
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</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Grade C</th>
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<tbody>
<tr>
<td>Give women who have persistent reflux information about treatments.</td>
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</table>

**Practice summary**

**When:** A woman is experiencing reflux

**Who:** Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander Health Practitioner; Aboriginal and Torres Strait Islander Health Worker; multicultural health worker; accredited dietitian

- **Provide advice:** Advise women that avoiding the food and drinks that cause them reflux may reduce symptoms. Eating smaller more frequent meals, sleeping on the left side, raising the head of the bed, and not lying down after eating may also help. Symptoms usually subside after pregnancy but may recur in a subsequent pregnancy.

- **Discuss treatments:** Discuss any remedies the woman may be using to treat reflux. Advise women that if symptoms persist or become more severe, medication can be considered.

- **Take a holistic approach:** Assist women to identify food and drinks that may cause reflux and to find culturally appropriate alternatives. Consider costs if prescribing medication to treat reflux.
Haemorrhoids (see Guideline Chapter 57)

Consensus-based recommendation
Offer women who have haemorrhoids information about increasing dietary fibre and fluid intake. If clinical symptoms remain, advise women that they can consider using standard haemorrhoid creams.

Practice summary

When: A woman had haemorrhoids before pregnancy or has symptoms of haemorrhoids

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander Health Practitioner; Aboriginal and Torres Strait Islander Health Worker; multicultural health worker; accredited dietitian

☐ Provide advice: Advise women that avoiding constipation is the best way to prevent and manage haemorrhoids during pregnancy and they should also try to avoid straining with bowel motions. Explain that haemorrhoids often resolve spontaneously after the birth.

☐ Discuss treatments: Advise women that haemorrhoid creams can be used to further ease their symptoms.

☐ Take a holistic approach: Explore culturally appropriate, low-cost ways for women to increase their fibre intake. Advise women who are increasing their fibre intake to make sure they drink adequate fluids.

Varicose veins in the legs (see Guideline Chapter 58)

Consensus-based recommendation
Advise women that varicose veins are common during pregnancy, vary in severity, will not generally cause harm and usually improve after the birth. Correctly fitted compression stockings may be helpful.

Practice summary

When: A woman had varicose veins before pregnancy or has symptoms of varicose veins

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander Health Practitioner; Aboriginal and Torres Strait Islander Health Worker; multicultural health worker

☐ Provide advice: Explain that varicose veins are common in pregnancy, especially in second and subsequent pregnancies and multiple pregnancies.

☐ Discuss treatments: Advise women that symptoms can be relieved by elevating the feet while resting and avoiding long periods of standing.

☐ Take a holistic approach: Asking about itching or discomfort in the legs can assist in identifying varicose veins.

Pelvic girdle pain (see Guideline Chapter 59)

Recommendation Grade C
Advise women experiencing pelvic girdle pain that pregnancy-specific exercises, physiotherapy, acupuncture or using a support garment may provide some pain relief.

Practice summary

When: A woman has pelvic girdle pain

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander Health Practitioner; Aboriginal and Torres Strait Islander Health Worker; multicultural health worker; physiotherapist
Exclude other causes of pain in the pelvic area: These include urinary tract infection and preterm labour.

Provide advice: Reassure the woman that pelvic girdle pain will not harm her or her unborn child, and is likely to resolve after the birth. Advise the woman about ways to minimise pain, including wearing low-heeled shoes; seeking advice from a physiotherapist about exercise and posture; reducing non-essential weight-bearing activities (eg climbing stairs, standing/walking for long periods of time); avoiding standing on one leg (eg by sitting down to get dressed); avoiding movements involving hip abduction (eg taking care when getting in/out of cars, baths or squatting); and applying heat to painful areas.

Take a holistic approach: Consider possible barriers to women being able to make changes to minimise their pain (eg work requirements, cultural attitudes to exercise, costs of allied health services).

Carpal tunnel syndrome  (see Guideline Chapter 60)

Consensus-based recommendation

Advise women who are experiencing symptoms of carpal tunnel syndrome that the evidence to support either splinting or steroid injections is limited and symptoms may resolve after the birth.

Practice summary

When: A woman has symptoms of carpal tunnel syndrome

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander Health Practitioner; Aboriginal and Torres Strait Islander Health Worker; multicultural health worker; physiotherapist; occupational therapist

Provide advice: Explain that carpal tunnel syndrome is common due to increased fluid retention during pregnancy and may resolve after the birth.

Discuss treatments: Explain that there is a lack of evidence about treatments for carpal syndrome during pregnancy and give advice on avoiding movements that may exacerbate symptoms (eg using a splint to keep the joint straight overnight).

Consider referral: Women with persistent and severe symptoms of nerve compression should be referred for specialist evaluation.

Take a holistic approach: For women whose occupations involve repetitive activity or vibration, advise frequent breaks or a temporary change in role where possible.