

Changes and how you may feel

Introduction

While pregnancy is a state of health, not an illness, it may be accompanied by symptoms that cause discomfort. This section describes a range of symptoms for which there is high level evidence on how to assist your treatment of these symptoms. Because this list provides only a selection of possible symptoms, you are encouraged to seek out further information through your doctor/midwife or services including [Women's Health Victoria](#) or the [Women's Health Information Centre \(WHIC\)](#).

Your developing baby

The duration of an average, uncomplicated pregnancy is between 37 and 42 weeks. During this time your baby will grow and develop week by week.

Backache/Sciatica

Back pain during pregnancy can affect more than one in three women. This is usually due to loosening of ligaments and change in posture due to the growing pregnancy. It can interfere with work, daily activities and sleep. You can help reduce back pain during pregnancy by wearing flat heeled shoes, using chairs with good back support, avoid lifting heavy objects and gentle exercise. Exercising in water appears to reduce back pain in pregnancy, and physiotherapy and acupuncture may also help.¹

Breathlessness

At the onset of pregnancy one of the changes in your body is a reduction in the level of carbon dioxide in your blood. To achieve this, your body increases the rate of breathing. In addition, as pregnancy approaches term, the pressure of the enlarging uterus and baby can cause you to feel more aware of your breathing.

However, you are advised to contact your doctor/midwife if you experience sudden onset of

breathlessness associated with any of the following:

- pain
- palpitations (heart pounding)
- extreme tiredness
- exercise.

Constipation

Constipation refers to infrequent, hard bowel movements that are difficult to pass. Constipation is a common problem in late pregnancy that may be caused by a pregnancy hormone that slows gastrointestinal movement.

If you experience constipation during pregnancy, you are advised to:

- drink plenty of water every day
- increase your dietary fibre (such as bran or wheat)¹
- consider gentle, low impact exercise e.g. swimming or walking, and
- if the problem persists, use a gentle laxative.²

Haemorrhoids (Piles)

You may develop haemorrhoids (also known as piles) as a result of straining from constipation and/or the pressure of baby's head. Be reassured, symptoms usually resolve on their own soon after birth.

If you have bleeding from haemorrhoids, itching, discomfort and/or pain which may cause difficulty in dealing with activities of everyday life (e.g. walking, sitting down, emptying bowels, sleeping, caring for your new baby), to relieve symptoms, it is recommended you:

- avoid constipation
- sit in warm salty water for about 15 minutes, especially after bowel motion
- apply haemorrhoid cream.¹

If the bleeding or pain continues, talk with your doctor/midwife.

Headaches – when to tell your doctor/midwife

You are advised to contact your doctor/midwife if you have a headache during pregnancy that is not relieved by paracetamol (e.g. panadol), especially in the second half of pregnancy. A persistent headache can be associated with pre-eclampsia, a condition that can affect your kidneys and thus increase blood pressure and decrease blood flow to your baby).¹

Heartburn and indigestion

Heartburn, reflux or indigestion is the pain and discomfort associated with acid from the stomach entering and 'burning' the oesophagus.

Indigestion is more common during pregnancy due to the pressure of the enlarging uterus on the organs of the abdomen and the action of the hormone progesterone that relaxes the muscle between the oesophagus and stomach.

If you are experiencing heartburn, reflux or indigestion, it is recommended that you:

- eat small and more frequent meals
- do not eat just before going to bed
- sleep with extra pillows so your head is raised
- wear loose fitting clothing
- consider taking antacids as they are of proven efficacy.¹

Avoid any food or fluid that aggravates symptoms. For example, fatty foods (including fried foods, fatty meats and pastry), spicy foods (including curry and chilli), alcohol and caffeine (including tea, coffee, chocolate and coca cola).³

If these strategies do not relieve your symptoms, please consult your doctor who may prescribe a medication that will safely reduce the secretion of acid.¹

Itchy skin – when to tell your doctor/midwife

Widespread itching over the body is not common in pregnancy, however when present, it can be very distressing, interfering with sleep and enjoyment of pregnancy. There may be no apparent cause for the itching, however, in rare cases it may be due to serious liver disease. A blood test can be performed to exclude this possibility.^{4, 5}

If you are experiencing itchy skin that is widespread over the body, it is important that you inform your doctor/midwife and have a liver function (blood) test to exclude liver disease.

Leg cramps

Leg cramps occur due to a build up of acids that cause involuntary contractions of the affected muscles. This complaint is common during pregnancy (experienced by up to half of pregnant women), usually occurs at night and is more likely in the second and third trimesters.⁶

If you experience leg cramps, it is recommended that during an episode, you:

- walk around
- stretch and massage the affected muscle(s) to disperse the build up of acids⁶
- apply a warm pack to the affected muscle(s).

If you find cramps troublesome, discuss with your doctor/midwife the option of taking magnesium lactate or citrate morning and evening.⁶

Mood changes – during and after pregnancy

Mood changes are common during pregnancy and after childbirth. In the majority of cases they are mild, but for some mothers they are severe.⁷

During pregnancy, one in 10 women experience depression. However, postnatal mood disorders are more common:

- mild 'baby blues' affect about 80 per cent of new mothers
- more serious 'postnatal depression' affects between 10 and 15 per cent of mothers
- severe 'puerperal psychosis' affects one in 500 mothers.

If you are feeling depressed or 'down' during pregnancy or after having a baby, it is extremely important to get help early. Please contact your doctor/midwife or maternal and child health nurse as soon as possible. "Depression is treatable, and with appropriate help and support, you will recover and enjoy your baby and family and feel happy within yourself again".⁸

More information:

The causes, recognition, importance of obtaining appropriate help when experiencing mood changes during pregnancy and after the birth and anecdotes are described in fact sheets written by **PANDA** (Post and Ante Natal Depression Association Inc.) and available on their website.

Morning sickness

Nausea and vomiting, commonly referred to as 'morning sickness', are the most common symptoms experienced in early pregnancy. Up to 85% of women will experience nausea and half will be affected by vomiting. Be reassured, symptoms usually resolve by 16 to 20 weeks' gestation.

If you are experiencing morning sickness, it is recommended that you:

- drink plenty of fluids
- eat small amounts of carbohydrate (e.g. biscuits, bananas, dried fruit or nuts)
- rest whenever possible
- try acupressure on the wrist
- consider acupuncture on the wrist
- try Ginger (does not require a prescription, dose is 250mg four times each day)¹
- Vitamin B6 to a maximum dose of 200mg per day.⁹

Your doctor may prescribe an anti-nausea medication (e.g. an antihistamine) to reduce the frequency of nausea in early pregnancy. Non-medication approaches to relieve the symptoms of morning sickness are recommended before commencing medication.¹

If you have persistent nausea and vomiting that will not stop, contact your doctor/midwife.

Passing urine frequently - when to tell your doctor/midwife

Passing urine frequently is common and normal in the early and late weeks of pregnancy. In the first weeks of pregnancy this is due to the pressure of the growing uterus on the bladder. It is less troublesome when the pregnancy has grown outside the pelvis, but returns in late pregnancy when your baby's head moves into the pelvis, again pressing on the bladder.

Passing urine frequently may also be due to cystitis, which is an inflammation and/or infection of the bladder. If you have cystitis you may have other symptoms including:

- stinging pain when passing urine
- urgent need to pass urine
- backache
- cloudy urine
- sometimes blood in urine.¹⁰

During pregnancy women are more susceptible to cystitis due to the influence of pregnancy hormones and the enlarged uterus. Cystitis due to infection requires antibiotics. An untreated urinary tract infection puts pregnant women at higher risk of developing more serious kidney infections (pyelonephritis).¹¹

If you are passing urine frequently during pregnancy, it is recommended you contact your doctor/midwife.

You can help prevent cystitis and kidney infections by:

- passing urine after sex
- drinking plenty of fluids

- when going to the toilet, wipe from front to back
- wear loose cotton underwear
- not using products that may cause irritation or rash including certain soaps, powders, deodorants and antiseptics.¹⁰

Tingling and numbness in your hands

Carpal tunnel syndrome affects up to 60% of women during pregnancy.¹ Tingling and numbness in your hands during pregnancy is caused by compression of the median nerve due to an increase in the tissue fluids during pregnancy. This 'carpal tunnel syndrome' may be mild, produce intermittent pain, through to severe which may cause partial paralysis of the thumb and/or loss of sensation. Be reassured, symptoms usually resolve on their own soon after birth.¹

If you are experiencing tingling and numbness in your hands, it is recommended:

- you inform your doctor/midwife
- you may consider seeing a physiotherapist to arrange splinting for your wrist, ultrasound treatment and/or carpal tunnel mobilisation¹²
- in very severe cases, your doctor may recommend corticosteroid injections¹³ or surgical treatment.^{1, 14}

Tiredness

During the first and third trimesters of pregnancy, it is very common for women to experience feelings of extreme tiredness. However, there has been minimal research into the causes and treatment. If you are experiencing tiredness, be reassured, this is a common symptom that will lessen during the second trimester. Consider the following strategies:

- rest whenever you can
- get help with home duties
- reduce your workload or hours of work.

Vaginal discharge

An increase in vaginal discharge is a common change during pregnancy. If it is associated with itchiness, pain, an offensive odour or pain on passing urine then it may be due to an infection and you should seek treatment from your doctor.¹

Vaginitis

Inflammation of the vagina is a distressing complaint for many women, and is more frequent during pregnancy. Some causes of vaginitis include:

- Thrush (vaginal candidiasis)
- Bacterial vaginosis
- Trichomoniasis vaginalis
- Chlamydia trachomatis.

Thrush (Vaginal candidiasis or moniliasis)

The organism (*candida albicans*) that causes thrush is found in the mouth, vagina, perineum and groin. Although it often presents no symptoms, it can cause vaginal soreness, itching, white-curd discharge and inflammation of the labia. Thrush is more common in pregnancy and after use of some antibiotics.¹

There is no evidence that thrush harms your unborn child but can be passed on to the baby during birth.

If you are experiencing recurrent thrush during pregnancy, it is recommended you contact your doctor/midwife, who will recommend a one week course of imidazole cream or pessaries.

Recurrent thrush is most likely caused by reinfection from the bowel. Therefore, you can help prevent thrush by:

- wiping from front to back when you go to the toilet
- wear loose cotton underwear
- avoid damaging the normal balance of bacteria in the vagina (e.g. through excessive washing, use of bubble baths, perfumed soaps)¹⁵

- by eating natural yoghurt that contains acidophilus and bifidus in an effort to restore the balance of vaginal bacteria, and/or reduce sugar intake and foods with high yeast content.

However, further research is required to assess the effectiveness of these strategies.

Bacterial vaginosis

A mixed group of organisms cause bacterial vaginosis in up to one in five pregnant women. The infection may present no symptoms or appear as a grey vaginal discharge with a 'fishy' odour. Often the infection will resolve without treatment.

Although bacterial vaginosis is associated with premature birth, routine treatment is not recommended unless it is causing symptoms. If you have had a previous premature birth, your doctor may consider screening and treating bacterial vaginosis early in pregnancy to reduce the risk of another premature birth.¹

If you are experiencing what you believe is abnormal vaginal discharge contact your doctor/midwife.

Trichomoniasis vaginalis

Trichomonas vaginalis is a vaginal infection, transferred between sexual partners. The infection appears as green-yellow frothy vaginal discharge, soreness and itching of the vulva and vagina, painful intercourse and pain on passing urine.

It is not clear whether it causes premature birth and other pregnancy complications.

If you are experiencing symptoms of *trichomonas vaginalis* during pregnancy it is recommended that you see your doctor for diagnosis.

Treatment may be as follows:

- in early pregnancy your doctor may prescribe imidazoles (antibiotics)
- in mid and late pregnancy, your doctor will prescribe metronidazole (antibiotics)
- ensure your partner is treated.¹

Chlamydia (Genital)

The organism that causes chlamydia is *chlamydia trachomatis*. In women it results in an infection of the neck of the uterus (cervix). It is an infection transferred between sexual partners.

If you have this infection it can be transferred to your baby at birth and cause severe conjunctivitis in 15 to 25 per cent of cases and/or pneumonitis (severe lung infection) in 5 to 15 per cent.

It is recommended that you see your doctor if you are experiencing any discharge that you think is abnormal during pregnancy or burning on passing urine after sexual intercourse. Following diagnosis, your doctor will prescribe an appropriate antibiotic. You can help prevent repeated infection by using condoms and ensuring your partner is treated.^{15, 16}

Varicose veins and leg oedema (swelling)

Varicose veins of the legs are very common in pregnancy due to a combination of factors including the:

- increased circulating blood volume during pregnancy, the smooth muscles of the veins
- pressure of the pregnant uterus on the larger veins. This increased pressure on the veins can also result in swelling of the legs (oedema) that can cause pain, feelings of heaviness, cramps (especially at night) and other unusual sensations.

If you have varicose veins, it is recommended that you:

- wear support stockings¹
- avoid standing for long periods
- exercise gently and regularly (walking or swimming)
- lie down to rest with feet elevated when you can
- try massaging your legs
- tell your doctor/midwife at your next pregnancy visit.

Myths

During your pregnancy you may hear about a number of practices and treatments that have little or no reliable evidence to support them. These include the use of enemas in labour and the routine shaving of the pubic area on admission to birthing suite.

When to notify your doctor/midwife/hospital

It is recommended that irrespective of when your baby is due, you contact your hospital or carer if you have any of the following:

- any vaginal bleeding
- less movement of your baby than usual
- any pain that doesn't go away
- waters break (membranes rupture)
- a concern your waters may have broken
- a high temperature
- vomiting that will not stop
- an unrelenting headache
- visibility loss or blurred vision
- widespread itching of the skin
- sudden swelling of face, hands and feet
- any worries.

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