

COMMON COMPLAINTS OF PREGNANCY

Following is a list of some of the most common complaints of pregnancy, when and/or why they usually occur, and suggestions for their relief...

BACK PAIN:

- Caused by enlarging uterus and relaxation of joints
- Avoid excessive weight gain
- Strengthening exercises (physical therapy); maternity belt support
- Good posture (shoulders back, down and relaxed, pelvis tucked under)
- Proper lifting techniques
- Heating pad or ice packs whichever feels better
- Tylenol prn pain

BREAST TENDERNESS:

- Usually first trimester related to hormones
- Wear comfortable, well-fitting, supportive bra
- Tylenol prn pain
- Other noticeable breast changes include darkening of skin of the areola and more prominent veins

CONSTIPATION:

- Caused by decreased bowel transit time secondary to relaxation effect of progesterone
- Increase bulk in diet (fresh fruits & vegetables)
- Increase PO fluids (at least 8 glasses of water/day)
- Prune juice, apple juice
- Exercise
- Stool softener (esp. if on iron)
- Consider dietitian referral

CRAMPING:

- Initiated by hormonal changes in early pregnancy
- Indicates a growing uterus
- If accompanied by bleeding, needs further evaluation

EDEMA (dependent):

- Decreased venous return secondary to enlarging uterus
- Avoid tight clothes
- Elevate feet when able
- Sleep on left side

FATIGUE:

- More common in first trimester
- Need more sleep
- Check for anemia or hypothyroidism if appropriate

HEADACHES:

- Very common during early pregnancy
- Usually disappears midpregnancy
- Encourage increased fluids
- Reassurance
- Tylenol prn
- If severe, accompanied by visual changes or HTN, needs work-up

HEARTBURN / REFLUX:

- Caused by relaxation of the lower esophageal sphincter
- Worse in last months of pregnancy
- Avoid overeating and late night eating, frequent small meals helps
- After eating, wait 2 hours before laying down
- Avoid greasy, spicy, strong-smelling foods
- Antacids (after 1st trimester)..H₂ Blockers, Proton Pump Inhibitors

HEMORRHOIDS:

- Often preceded by constipation
- Caused by relaxation effect of progesterone and pressure from uterus
- Usually regress after delivery
- Avoid constipation (stool softeners, fluids)
- Avoid straining during bowel movements
- Avoid prolonged sitting
- Sitz baths (sit in bath tub with luke warm water)
- Witch Hazel compresses
- Preparation H

LEUKORRHEA:

- Profuse vaginal secretions beginning in 1st trimester; physiologic (normal)
- Good hygiene
- Frequent changes of cotton underwear
- Avoid douches and feminine sprays
- Observe for odor, color changes, burning and itching

NASAL CONGESTION:

- Estrogen-induced hypersecretion of mucus
- Saline nasal spray, nasal steroids after first trimester if saline not helpful
- Can also use pseudoephedrine (not in hypertensive patients)

NAUSEA AND VOMITING (see Nausea and Vomiting section):

- Common in 1st trimester, should resolve by 20 weeks
- Minimal use of medications recommended due to critical time for fetal organ development
- Dietary strategies (dry crackers, lemonade, ginger products)
- Vitamin B6, Unisom, Sea Bands, frequent small meals
- Hyperemesis gravidarum: weight loss, ketones, and metabolic disturbances

ROUND LIGAMENT PAIN:

- Sharp groin pains associated with movement (usually bilateral)
- Reassurance
- Gradual movements, slower position changes
- Bend towards pain to ease stretch on ligament
- Local heat
- Tylenol prn

SKIN PIGMENTATION:

- Hyperpigmentation due to increased estrogen and progesterone
- Increased pigmentation of areola, and a line from pubic symphysis to xiphoid process (linea nigra)
- Melasma: “mask of pregnancy” with centrofacial, malar and mandibular distribution, gradually fades after delivery (may take up to a year)

SKIN RASHES:

- Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPS)
 - Seen in 1:160 pregnancies, usually around 36-39 weeks
 - Can use moderately potent topical steroids with Chlorpheniramine 4 mg PO QHS
 - Severe cases Prednisilone 30 mg PO daily for 7-14 days (consult derm)
- Pruritic Folliculitis
 - Topical steroids and emollients

SYNCOPE:

- Caused by compression of great veins by enlarging uterus, blood pools in legs
- Support hose
- Exercise calves
- Increase PO fluids
- Avoid prolonged standing, rest left lateral decubitus position
- Move slowly especially when going from sitting to standing

URINARY FREQUENCY:

- Increased urine output in pregnancy, as early as 6 weeks
- Can worsen in 1st and 3rd trimester when uterus and later fetal head put pressure on the bladder
- Reassurance
- Caution against decreasing PO fluids (except near bedtime)
- If dysuria, check UA

VARICOSITIES:

- Usually congenital predisposition
- Prominent in pregnancy due to decreased venous return
- Avoid prolonged standing
- Elevate legs
- Elastic stockings/TED hose
- Surgical consult postpartum if needed
- Watch for superficial thrombophlebitis

SHORTNESS OF BREATH:

- Increased minute ventilation and uterine size
- Suggestion changes in sleeping positions
- During day upright position helps
- If acute onset with tachycardia, hemoptysis and pain, consider PE

REFERENCES:

www.imedicine.com: Common pregnancy complaints and questions
Up to Date 2007
OB/GYN Dermatology, 2nd Edition by M Black and M McKay