Minor Symptoms of Pregnancy

Minor symptoms are very common in pregnancy. The symptoms should be properly assessed in case they represent more serious health problems in the pregnancy. Otherwise it is essential to provide reassurance and advice. Medications are not usually required and best avoided if possible.

Nausea and vomiting in early pregnancy Nausea occurs in 80-85% of all pregnancies during the first trimester, with vomiting an associated complaint in approximately 50% of women. The severity of nausea and vomiting varies greatly and occurs more commonly in multiple pregnancies and molar pregnancies. Hyperemesis gravidarum only occurs in about 3/1000 pregnancies. Persistence of nausea and vomiting into the second or third semester suggests another possible cause, which include urinary tract infections, gastritis, biliary tract disease or hepatitis. In later pregnancy, other possibilities include hydramnios or pre-eclampsia. Advice includes eating crackers or dry toast when wake up and before get out of bed, eat smaller meals more often, drink fluids between rather than with meals, avoid spicy and greasy foods and avoid lying down immediately after eating. Ginger, P6 acupressure, pyridoxine (B_6) and cyanocobalamin (B_{12}) are effective in reducing nausea and vomiting. Prescribed treatment in the first trimester is usually not indicated unless the symptoms are severe and debilitating. Promethazine, prochlorperazine and metoclopramide have been found to be effective.

Heartburn Heartburn is a frequent complaint during pregnancy. Information on lifestyle modification includes awareness of posture, maintaining upright positions (especially after meals), sleeping in a propped up position and dietary modifications (e.g. small frequent meals, eat slowly, reduction of high-fat foods and caffeine). Alginate preparations reduce reflux symptoms but magnesium trisilicate has been shown to be equally effective. Both H_2 receptor antagonists and proton pump inhibitors have been shown to be effective and safe in pregnancy but the manufacturers of both drug groups advise avoidance unless essential.

Constipation Constipation is a commonly reported and tends to decrease with gestation. Advice includes drinking plenty of fluids, high fibre foods and get plenty of exercise. When fibre supplementation is not effective, stimulant laxatives have been shown to be more effective but cause more abdominal pain than bulk-forming laxatives. No evidence currently exists for the effectiveness or safety of osmotic laxatives (e.g. lactulose) or faecal softeners in pregnancy.

Respiratory distress In many women respiratory distress occurs because of the growing uterus as the pregnancy advances. The woman may be significantly breathless and other possible causes need to be considered.

Fatigue and insomnia Fatigue is very common in early pregnancy and reaches a peak at the end of the first trimester. Rest, lifestyle adjustment and reassurance are usually all that is required. Fatigue also occurs in late pregnancy, when anaemia should be excluded. Insomnia is also very common and due to a combination of anxiety, hormonal changes and physical discomfort. Mild physical exercise before sleep may help but drug treatment should be avoided.

Pruritus Local causes are usually due to infections, e.g. scabies, thrush. Generalised itching is common in the third trimester and disappears after delivery. Treatment is with simple emollients but cholestasis of pregnancy needs to be excluded by checking liver function tests (raised AST/ALT; alkaline phosphatase is increased in normal pregnancy and so an unreliable marker of cholestasis in pregnancy).

Haemorrhoids Treatment for haemorrhoids includes diet modification, topical soothing preparations and surgery. Surgery is rarely considered an appropriate intervention for the pregnant woman since haemorrhoids may resolve after delivery.

Varicose veins Feet and ankles can also become swollen in which case deep vein thrombosis and pre-eclampsia need to be excluded. Treatment is by elevation of legs when sitting, support, encourage walking and avoid standing still.

Vaginal discharge Women usually produce more vaginal discharge during pregnancy. If the discharge has a strong or unpleasant odour, is associated with itch or soreness or associated with dysuria, then infection needs to be excluded. Trichomoniasis is associated with adverse pregnancy outcomes, but the effect of metronidazole for its treatment in pregnancy is unclear. A topical imidazole is an effective treatment for thrush but the effectiveness and safety of oral treatments for thrush in pregnancy is uncertain and these should be avoided.

Pelvic pain As the uterus grows, pulling and stretching of pelvic structures causes ligament pain which usually resolves by 22 weeks.

Backache Many women develop backache during pregnancy and it often first develops during the 5th to 7th months of pregnancy. Encourage light exercise and simple analgesia, and consider physiotherapy referral. Exercising in water, massage therapy and group or individual back care classes have been shown to be effective interventions.

Symphysis pubis dysfunction This is a collection of symptoms of discomfort and pain in the pelvic area, including pelvic pain radiating to the upper thighs and perineum. Discomfort can vary from mild to severe pain. There is no evidence for any specific treatment but elbow crutches, pelvic support and prescribed pain relief may help.

Peripheral paraesthesia Fluid retention leads to compression of peripheral nerves. This often leads to carpal tunnel syndrome, which can affect up to one half of all pregnancies. Often no specific treatment is required. Interventions include wrist splints, steroid injections and analgesia, but there is a lack of research evaluating effective interventions. Other nerves can be affected, e.g. lateral cutaneous nerve of the thigh.

Leg cramps Leg cramps occur in 1 in 3 pregnancies. They occur in late pregnancy and are usually worse at night. Massaging the affected leg and elevation of the foot of the bed may help.

References Used

1. NICE; Antenatal care; October 2003
2. eMedicine; Gastrointestinal Disease and Pregnancy: Roy Praveen; June 4, 2004