

Common Problems in Pregnancy

Pregnancy is not an illness; it is a normal human condition. However, it also presents the body with a number of challenges, many of which can produce symptoms and cause problems. Most of these conditions are not serious for mother or baby, although they can be very unpleasant.

Morning sickness

Morning sickness is very common in early pregnancy, with about half of all pregnant women experiencing being sick (vomiting) and more than 8 out of 10 women feeling sick (nauseous) at some point.

The symptoms of morning sickness include feeling and being sick, tiredness, and producing lots of saliva. Tastes and smells can seem stronger and usual favourite foods can be disliked intensely. Sometimes one particular food is craved and temporarily eases the sickness. Despite its name, morning sickness is by no means limited to any one time of day and indeed can occur throughout the day and night.

Morning sickness tends to be at its worst at 9-10 weeks of pregnancy. It typically begins at around 6-7 weeks of pregnancy, and then tails off by weeks 13-14. The earlier it begins, the later it is likely to stop - severe cases may last much further into the pregnancy - but the worst time is still usually around 9-10 weeks.

The condition is worse in those expecting twins (or more), and if you have had morning sickness in your previous pregnancies then you are likely to experience the same thing again. Those who are prone to be travel sick (have motion sickness) tend to be among the worst affected.

Morning sickness will come to an end by itself. The trouble is, you don't quite know when that will be, and it can seem like an endless future of feeling sick with nothing much available to help. Doctors try to avoid giving sickness medication in early pregnancy unless symptoms are very bad, but there are a few other things that can help.

How do I deal with morning sickness of pregnancy?

You can try the following simple methods:

- Eat small frequent meals rather than fewer large ones, and aim for carbohydrate-rich foods like bread, rice and pasta.
- Try eating dry crackers and ginger biscuits, particularly on waking and when symptoms are at their worst.
- Try cold drinks rather than warm ones, and cold food rather than hot (it tastes and smells less strong).
- Try to avoid having to do cooking and food shopping.
- Get plenty of rest.
- Try Sea-Bands® - these are acupressure wrist bands that you can buy from the chemist.
- Avoid travel as much as you can.
- Avoid tea and coffee, garlic, alcohol and spicy food.
- Try to keep your mind off it - listen to music, watch TV, carry on working - the more you think about how you are feeling, the worse you will feel.

See separate leaflet called [Sickness and Vomiting in Pregnancy](#).

Hyperemesis gravidarum

This is the term for severe cases of morning sickness where the being sick (vomiting) of pregnancy means repeated hospital admission for replacement of lost water (rehydration) and sickness medication possibly being needed.

Hyperemesis gravidarum is also discussed in the separate leaflet called [Sickness and Vomiting in Pregnancy](#).

Indigestion

Indigestion is sometimes referred to as heartburn, dyspepsia or reflux. It occurs in around half of all pregnancies and is the sensation produced by acid from the stomach washing up the gullet (oesophagus). The tissues of the gullet are quite good at resisting stomach acid, but if the acid wash happens repeatedly, sore areas can develop, and are painful. Once there is a sore area on the gullet then every time acid washes up it is likely to hurt.

Indigestion doesn't only occur after meals, and indeed it can be worse when you are hungry and the stomach starts to produce extra acid in expectation of food. It can also be worse at night, when you are lying down and gravity is no longer acting in your favour to keep the acid down in the stomach where it belongs.

What are the typical symptoms of indigestion?

These include:

- Heartburn - a burning feeling coming from the tummy towards the neck.
- Upper tummy (abdominal) pain or discomfort.
- Pain in the centre of the chest behind the breastbone.
- A bitter taste in the mouth (the taste of acid).
- Feeling and being sick (nausea and vomiting).
- Bloating.
- Quickly feeling full after eating.

Symptoms are caused in part by the growing womb (uterus) pushing on the stomach and slowing the rate at which it empties. An added cause is the relaxation of the muscle ring at the top of the stomach during pregnancy. This ring normally tightens to keep the stomach acid from flowing (refluxing) back. Indigestion tends to be at its worst in late pregnancy when the baby is large and the pressure is greatest.

How do I deal with indigestion during pregnancy?

There are several things you can do to help:

- Stay upright after meals so that gravity is on your side.
- Sleep in a propped-up position, perhaps on a couple of pillows, if you can.
- Eat small frequent meals (high volumes in the stomach will make things worse).
- Reduce your intake of high-fat foods (these take longer to digest).
- Reduce your intake of coffee and alcohol (these tend to increase stomach acid).
- Ask your doctor or midwife for an antacid preparation that's safe in pregnancy. These liquids are taken in small doses after meals, to attempt to reduce the acidity of the stomach. They coat the gullet in protective liquid.
- If all this is not enough your doctor can offer you medication to reduce your production of stomach acid. These medicines are safe in pregnancy and are highly effective in reducing symptoms.

See separate leaflet called [Dyspepsia \(Indigestion\)](#).

Constipation

Constipation is very common in pregnancy. It means passing hard poo (faeces, stools, or motions), sometimes painfully. It can also involve going to the toilet to open the bowels less often than usual. Constipation can cause a great deal of tummy (abdominal) discomfort, cramping and wind (flatulence) in addition to pain when passing stools.

Stools are hard because they are drier, and constipation can be caused by not drinking enough - but it's not that simple. By the time you pass a stool it has come all the way through the bowel. The speed at which it does this (called the 'transit time') varies, but whilst the stools are in the bowel, they tend to start to dry out because your body takes water from them. The longer the stools spend in your bowel, the more water your body will take back, and the harder and drier they become.

The stools moves through the bowel more slowly if there is a lack of fibre in the diet to bulk it up. In pregnancy, the bowels tend to be more relaxed and to work more slowly anyway. This is partly due to pregnancy hormones and partly due to the growing womb (uterus) putting pressure on the bowels. Some medicines, including painkillers, can also cause constipation. However, it's unlikely you will be taking these in pregnancy.

Bowels work more quickly and effectively when you are well exercised, as the tummy muscles help stimulate the bowel. In pregnancy the tummy muscles are rather stretched and do this job less well.

What are the typical symptoms of constipation?

These include:

- Opening the bowels less than usual ('usual' frequency varies between people, but typically people would normally go once or twice a day).
- Passing hard, pellet-like stools.
- Tummy cramps.
- Wind.

How do I deal with constipation during pregnancy?

You can improve symptoms of constipation by doing things that speed the passage of stools through the bowel, and by making sure there is plenty of water in your system. Water can make the stools soft. So if you are constipated you should:

- Drink plenty of water.
- Make sure your diet is rich in fibre-containing foods.
- Take regular exercise.

If none of this proves to be enough, see your doctor or midwife about the possibility of taking laxatives.

'Softening' laxatives

These simply soften the stools. They tend to cause more wind and are not always helpful in pregnancy. This is because they don't tend to speed the passage of the stool very well through the bowel.

'Stimulant' laxatives

These tend to make the bowel work faster. They are more effective than softening laxatives in pregnancy. However, they can cause cramping pains and wind as they start to work.

See separate leaflet called [Constipation in Adults](#).

Breathing difficulties

As the womb (uterus) grows, many women start to feel that they can't get their breath; or, they feel that they can't get enough breath. It's an unpleasant feeling and you may feel rather panicky. This can lead to over-breathing (hyperventilation), which will also make you feel odd.

The feeling of breathlessness is usually caused by the growing womb occupying space in the tummy (abdomen). This means that the diaphragm (the big muscle underneath your lungs that pulls them open when you breathe) has less room to expand the lungs. This becomes more marked as the pregnancy advances.

The important thing is that it's a FEELING of breathlessness. It doesn't mean you are not getting enough air. If you were to breathe with only half of your lungs, you would still get enough air. However, the sensation that the lungs can't quite expand enough FEELS like a real shortage of breath.

Unfortunately, if you try to breath deeper and faster to make up for this, you can feel even more breathless. This is called hyperventilation. When you do it, you increase your oxygen levels to well above those that you need; you also reduce your carbon dioxide levels to much lower than normal. The end result is that you can feel panicky, tingly, dizzy and faint. Hyperventilation is quite common in pregnancy.

There are some other causes of breathlessness in pregnancy which need your doctor's help, and some of them are serious. Therefore, if you are severely breathless, you should see your doctor urgently.

What other causes of breathlessness are there in pregnancy?

The most common of these are:

Asthma (which you would normally already know you have, but which can get worse in pregnancy).

Anaemia - when the iron levels in the blood have fallen and the blood can therefore carry less oxygen. If anaemia is severe then this can significantly reduce the amount of oxygen carried to the brain. You then have to take more breaths to make up for it. This can be enough to make you feel breathless.

Other causes of breathlessness in pregnancy, such as a clot in the lung (pulmonary embolus) and fluid in the lung, are thankfully very rare.

How do I deal with mild but troublesome symptoms of breathlessness in pregnancy?

The following may help:

- Taking it easy, resting and trying to relax will make the symptoms subside.
- If you are over-breathing then breathing into and out of a paper bag for five minutes can help correct the feeling. This works because you are gradually reducing your oxygen levels and raising your carbon dioxide levels back to normal by re-breathing some of your own air.
- Gentle exercise like a walk can also help. This will also improve your sleep and make you feel more fit and less tired, both of which help indirectly.

Itching

Itching in pregnancy is very common. It may be all over the body; or, it may be localised to one area. All-over itching is often due to skin dryness, and stretching of skin (particularly on the tummy (abdomen)).

Some women develop a pregnancy-related itch, usually in the last few weeks of pregnancy. This is called 'urticaria of pregnancy'. The skin is not dry, there is often no rash, yet the itch can be intense and it is often felt all over the body.

Less commonly, itching in pregnancy - particularly in the later weeks - is due to the gallbladder (a small gland underneath the liver) not working properly. This can sometimes cause problems for your baby. Therefore, if you do develop itching, it is important to see your doctor or midwife. He or she may arrange for a simple blood test to make sure that your gallbladder is working properly.

Local causes of itching, particularly small patches, are often due to skin infections. These can be caused by fungi such as tinea or by germs (bacteria) which may cause hair follicles to become infected (folliculitis).

Occasionally, local or all-over itching may be caused by scabies. Scabies is a tiny mite, rather like a head louse, that gets into the skin and causes intense itch. It can come from close contact with someone else who has it; or, occasionally it can come from sleeping on a mattress which has been used by someone with scabies. Treatment is with cream or lotion from your doctor.

How do I deal with itching in pregnancy?

The following methods may help:

- First and foremost, don't scratch. This will make you itch more.
- If the itching is unbearable, rub the area with an ice cube. This will tend to calm down the itch by reducing blood flow to the skin. This is because chemicals which cause itch are carried in the blood, so if you slow the blood flow then fewer itch-causing chemicals reach the area.
- Use simple cold creams on itchy areas, particularly if they are dry. Use them generously.
- If you have localised itch, see your doctor who may be able to prescribe a cream to solve it.
- If you suddenly develop all-over itching or itching that is severe, see your doctor to exclude gallbladder problems.

Piles (haemorrhoids)

Haemorrhoids - often called piles - are swollen (also called varicose) veins around the back passage (anus). They can be intensely itchy, can ache and throb, and may cause bleeding on opening the bowels. This bleeding is bright red and it can be quite heavy.

Piles are due to swelling and bulging of the veins as they dip to their lowest point around your bottom. Pressure from pushing to open your bowels increases pressure on these veins. Pressure from the weight of your baby sitting in your womb (uterus) also pushes on these veins. Some people are more prone than others to piles - we inherit the tendency for our veins to have tougher walls that don't bulge, or softer veins that give way more easily. If you have a tendency to varicose veins in your legs then you may also have a tendency to piles.

Piles are made worse by constipation, when you are pushing more, and by later pregnancy when the baby weighs more. Piles can also be made worse by pushing in labour, which also increases the pressure on them.

How do I deal with piles (haemorrhoids) during pregnancy?

The following methods may help:

- You can help by avoiding constipation (see above), drinking plenty, taking regular exercise and having a good fibre intake to keep the stools soft.
- If this is not sufficient, see your doctor or midwife to ask for help.

Medical treatment of piles in pregnancy is usually with creams and suppositories. Treatments are aimed both at stopping the soreness and itch through making the piles numb, and by making them less inflamed (this shrinks them and reduces their tendency to bleed.) If all else fails, piles can be treated surgically, either by tying tight bands round them, by injecting them with chemicals to make them shrink or by removing them. All these treatments would truly be a last resort: none of them is pleasant; besides which, the piles could easily recur before the pregnancy is over. They usually go by themselves afterwards, a few weeks after the pregnancy ends.

See separate leaflet called [Haemorrhoids \(Piles\)](#).

Varicose veins

Varicose veins are swollen veins, most commonly in the legs and most often down the back of the calf and on the inside of the thigh. They can also occur in the vulva, in the fleshy outer lips on either side of the vagina.

Varicose veins result when pressure on a vein makes the vein wall give and bulge, rather as a balloon gives when it is blown up. Increased pressure in the veins occurs when there is increased weight in the tummy (abdomen), slowing down the upwards return of blood back towards the heart. This means that they often occur or worsen during late pregnancy. Pregnancy also tends to make the vein walls softer which makes varicose veins occur more easily. The tendency to varicose veins is inherited from your parents - some people unfortunately inherit veins which 'give' more easily, and this makes varicose veins more likely.

What are the typical symptoms of varicose veins?

These include:

- Aching and pain in the legs.
- Swelling of the feet and ankles.
- Vulval varicose veins, which cause aching and throbbing in the vulval area. This is worse on standing.

How do I deal with varicose veins?

The following methods may help:

- Put your legs up when you are sitting, with your feet higher than your hip joint. This tends to encourage the veins to drain.
- Wear support tights (medium strength at least), putting them on in the morning first thing before your veins have had a chance to swell.

- Walk around as much as possible - the working muscles of your calves are the pumps that try to send the blood from the veins back up into your body.

See separate leaflet called [Varicose Veins](#).

Vaginal discharge

Women normally produce more vaginal discharge than usual during pregnancy, and you may notice this. It is due to the pregnancy hormones and the increase in blood supply to the vulval tissues. Increased vaginal discharge in pregnancy is entirely normal. It may be enough for you to need to wear a pad.

A normal discharge is creamy and pale in colour, does not smell bad and does not cause itch. If the discharge has a strong or unpleasant odour, is associated with itch or soreness or you have pain on having sex (intercourse) or pain passing urine, then you should see your doctor. These problems may be caused by vaginal or bladder infection, either by thrush or by germs (bacteria). Take a urine sample with you when you go, and be prepared to be examined. If your doctor thinks you have an infection, you may be prescribed pessaries, creams or medicines called antibiotics.

Pelvic ligament pain

Many women experience pain in the lower tummy (abdomen) as the baby grows. This typically starts at around 14 weeks and goes on into late pregnancy. It is due to the growing womb (uterus) pulling on the structures (round ligaments and broad ligament) which hold it in place. This usually causes a stabbing pain down one or both sides of the tummy and sometimes down into the hips and genital area. The pain can be quite marked.

Some women feel it particularly when they turn over in bed. It can be so sharp that some worry it may be appendicitis. The ligaments stretch and pull as your womb grows bigger, and can go into spasm. This causes pain, particularly on sudden large movements.

The pain can recur in subsequent pregnancies.

How do I deal with pelvic ligament pain?

The following methods may help:

- Warmth, such as a wheat bag or a warm bath may relieve pain.
- Lying on the opposite side may help.
- Taking care when moving around, keeping movements gentle, to try to avoid triggering spasms.

Time will help - symptoms usually settle in late pregnancy.

Note: make sure that your doctor or midwife knows that you are having the pain and has checked you to rule out other causes such as your appendix or a bladder infection.

Backache

Backache is a common symptom of mid to late pregnancy. Most pregnancy backache is caused by strains and pulls of the muscles and ligaments of your back. It is caused by a combination of the extra weight you are carrying, your altered way of standing and walking (your posture), and the softening of the ligaments around your back which can allow things to move slightly more freely than usual.

There is very little you can do to cure the problem completely until after your baby is born. Physiotherapy and back exercises are limited in pregnancy. However, staying mobile will certainly help and you should speak to your doctor or midwife for advice.

How do I deal with backache in pregnancy?

The following methods may help:

- Light exercise - brisk walking and exercises such as yoga.
- Avoiding sitting or standing for long periods of time.
- Avoiding heavy lifting including, if you can help it, toddlers wanting to be carried!
- If you have to sit, supporting your lower back with a cushion.
- Considering asking your doctor to refer you to a physiotherapist for advice on simple exercises.
- Trying exercising in water.
- Taking warm baths and simple analgesia may be helpful: ask your doctor or midwife for advice.

See separate leaflet called [Pregnancy and Physical Activity](#).

Symphysis pubis pain

The symphysis pubis is the joint between the two halves of the pelvis at the front - down low, over the front of your bladder. It can become very painful in pregnancy - usually in late pregnancy but sometimes as early as 14 weeks. This is because the joint in the bone can become loosened and the bones separate a little and then rub against one another.

Symphysis pubis pain can be severe. It is often worse on walking and on turning over in bed at night. It can be helpful to sleep with a pillow between the knees, which supports the shape of the pelvis. It can be a severe problem: pain is mainly at the front of the pelvis over the pubic bone, although pain can spread round to the hips and tummy (abdomen).

The joint softening is caused by softening to the ligament that holds together the bones. This does have a purpose in nature: the splitting of the pubic bone in this way widens the pelvic 'outlet' which is the exit route your baby will take in labour. This can be seen as a helpful preparation for labour. This is a small consolation for the fact that, apart from supportive pillows and taking care, there is little that helps the discomfort until your baby is born. (It then usually settles down within a couple of weeks.)

Tingling and numbness

During pregnancy you tend to retain fluid, especially around joints. This is an hormonal effect, made worse by the fact that the total volume of blood is greatly increased in pregnancy.

Fluid retention around the wrists can compress the nerves that produce sensations in the hand. This can cause carpal tunnel syndrome - a tingling in the thumb and neighbouring two to three fingers. The syndrome can spread up the arm, is worse at night and is sometimes painful.

Other nerves can also be affected, particularly the nerve that supplies the skin at the side of the thigh, causing pain and numbness down the outside of the leg.

Treatments include wrist splints, and injections with medicines called steroids and analgesics. However, not much research has yet been done into what else might work.

See separate leaflet called [Carpal Tunnel Syndrome](#).

Leg cramps

Cramp is very common in late pregnancy, particularly in the legs. It often occurs at night and can wake you from sleep. When a cramp occurs you need to gently but firmly stretch the muscle to undo the cramping. This will relieve the pain.

Cramp is probably related to fluid retention and many women have a tendency to swollen legs in late pregnancy.

This is because the growing baby puts downward pressure on the veins in the legs and water from the circulation gathers there. Having the foot end of your bed at a higher level may help. However, if you suffer from indigestion and heartburn you will still need to prop yourself up on pillows at your top end to avoid making this worse.

It's important to remember that cramps are sudden severe pains which settle over seconds or a few minutes. If you have longer-lasting pain in your calf, particularly if you also have a swollen leg, you should see your doctor or midwife. They need to rule out the possibility of a clot in the veins of the calf (a deep vein thrombosis) which is a serious condition requiring immediate treatment.

How do I deal with leg cramps during pregnancy?

The following methods may help:

- Magnesium and calcium supplements have been used in the past for cramps.
- If the cramps are not severe then massage and stretching the muscle out may be sufficient.

See separate leaflet called [Cramps in the Leg](#).

Further help & information

NCT - National Childbirth Trust

Alexandra House, Oldham Terrace, London, W3 6NH

Tel: (Helplines) 0300 3300 770, (Admin) 0844 243 6000

Web: www.nct.org.uk

Royal College of Obstetricians and Gynaecologists Patient Information

Web: www.rcog.org.uk/womens-health/patient-information

The Royal College of Midwives

Web: www.rcm.org.uk

The Pelvic Partnership

26 Manor Green, Harwell, Oxon, OX11 0DQ

Tel: 01235 820921

Web: www.pelvicpartnership.org.uk

PINS - Pelvic Instability Network Scotland

Willowburn, 8 Broallan, Beauly, Inverness-shire, IV4 7AH

Tel: 01463 782801

Web: www.pelvicinstability.org.uk

The Multiple Births Foundation

Hammersmith House, Level 4, Queen Charlotte's & Chelsea Hospital, Du Cane Road, London, W12 0HS

Tel: 020 3313 3519

Web: www.multiplebirths.org.uk

Further reading & references

- [Exercise and Pregnancy](#), Royal College of Obstetricians and Gynaecologists (2006)
- [Healthy Child Programme: pregnancy and the first five years of life](#), Dept of Health (October 2009)
- [Antenatal care - uncomplicated pregnancy](#), NICE CKS. March 2011
- [Routine antenatal care algorithm](#), NICE 2008

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Original Author: Dr Mary Lowth	Current Version: Dr Mary Lowth	Peer Reviewer: Dr Hayley Willacy
Last Checked: 13/05/2013	Document ID: 28492 Version: 1	© EMS

View this article online at www.patient.co.uk/health/common-problems-in-pregnancy.

Discuss Common Problems in Pregnancy and find more trusted resources at www.patient.co.uk.

EMIS is a trading name of Egton Medical Information Systems Limited.