

Pregnancy can bring with it ailments ranging from the slightly odd to the totally uncomfortable. Here's a guide to coping with 10 common conditions.



1. ANAEMIA

Fatigue or shortness of breath can sometimes indicate anaemia, a condition that can arise during pregnancy. There are various forms of anaemia, or low red blood-cell count, and the most common cause is iron deficiency. Low levels of folic acid and vitamin B12 can also contribute to anaemia.

Ten to 15 percent of pregnant women are likely to develop the condition. It is usually picked up in antenatal screening, either in the first trimester, which indicates an anaemic condition prior to pregnancy, or in the last trimester. If this is the case, it is likely to occur because your body requires greater red cell and blood production for yourself, your baby and the placenta.

To avoid developing anaemia during pregnancy, ensure you have a varied diet, including beef, wholemeal bread, cereals, eggs, spinach and dried fruit. The absorption of iron is increased when it is eaten with vitamin C-rich foods such as citrus fruits and broccoli, avocado, asparagus, mushrooms and salad vegetables. You may also consider taking a supplement that includes iron, plus vitamins and folic acid. If you have concerns, arrange a consultation with your GP or obstetrician for medical advice.



2. BREATHLESSNESS

In early pregnancy, breathlessness occurs as the hormone progesterone causes you to breathe deeper and more often. This increases your lung capacity so you can carry more oxygen to your baby and get rid of waste products such as the carbon dioxide that you both produce. In the last trimester, breathlessness can be experienced during mild exercise or even while sitting still. If you are carrying more than one baby or are anaemic, you will be more likely to experience breathlessness.

Unfortunately there isn't much you can do about it, except to slow down, try to relax and look forward to your baby's birth, after which your breathing will return to normal. See your doctor if you experience palpitations, chest pains or faintness, as this could indicate a more serious problem.

3. CONSTIPATION

At any time during pregnancy and even afterwards it is quite normal for a woman's bowel movements to change. Constipation is a condition in which bowel evacuations occur infrequently, and because the substance to pass is hard and small, it causes difficulty or pain. This can be due to hormonal changes causing the bowel to slow down and resorb more water than it usually does, or because the uterus compresses the large intestine.

'Constipation can be really quite disabling for some pregnant women,' explains Dr Gino Pecoraro, an obstetrician, gynaecologist and spokesperson for The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). 'It is recommended that women drink three litres of water every day so enough water is absorbed into the bowel.' Include plenty of fibre in your diet too. The best sources of mixed fibres are unrefined cereal grains such as oats, brown rice and whole wheat, pulses like peas, beans and squash, and most fruits, particularly apples and berries. Consult your GP, obstetrician or pharmacist before taking a laxative when pregnant.

4. HEARTBURN

Heartburn is a form of indigestion and is common among adults of every age and constitution. When food is chewed and swallowed, muscular waves push it down the oesophagus to the stomach. Sometimes, the muscular valve at the entrance to the stomach may not close properly so food and acid can return to the oesophagus and cause a burning sensation behind the breastbone.

During pregnancy, the hormone progesterone can cause this muscular valve to relax, while in late pregnancy, indigestion is highly common because the baby can push into the stomach and force the contents back into the oesophagus.

Simple treatment is usually all that's needed. Food is kept in the stomach by the force of gravity so Dr Pecoraro advises keeping meals small and frequent, and avoiding lying down soon after a big meal. He also recommends raising your head on an extra pillow to avoid reflux when you go to bed. Avoid spicy and fatty foods, and try not to increase pressure by bending, straining, coughing or lifting. Your doctor may recommend antacids if your indigestion is persistent.

5. HIGH BLOOD PRESSURE

Your blood pressure will be tested at each antenatal check-up throughout your pregnancy. This is important as high blood pressure, combined with protein in the urine, can signal the development of a condition called pre-eclampsia. One in 14 pregnant women is likely to develop pre-eclampsia and it can even be fatal in rare cases



High blood pressure can vary from mild with few symptoms to severe, with some women experiencing vomiting, headaches and blurred vision. Water retention can also be a side effect. If you are experiencing the more severe symptoms it is important to discuss this with your obstetrician or GP.

Its cause isn't known but you are more likely to suffer from high blood pressure if this is your first baby, you are having a multiple pregnancy or you are aged over 35. Women who have high blood pressure before conceiving may be prescribed medication to help keep it under control during pregnancy.

High blood pressure will have a more profound effect in late pregnancy. If it becomes a problem, close observation of both mother and baby are recommended and in more severe cases you may require hospitalisation so you can be monitored. You may need to be induced or have to have a Caesarean if your baby is affected. Blood pressure due to pregnancy usually returns to normal after the birth.

6. ITCHY SKIN

Some mothers-to-be develop itchy skin, perhaps due to the stretching it needs to do to accommodate the growing breasts and belly. It may also be due to hormonal changes. If your skin tends to be dry and itchy or you are affected by eczema, this may worsen during pregnancy.

Unscented moisturisers, calamine lotion and antihistamines can provide relief, and it is best to avoid hot showers and baths. Use a mild soap or soap substitute and rinse your skin well. If it is concerning you, visit your GP or obstetrician to check about taking medication and to make sure it's not due to a more serious cause.

7. MORNING SICKNESS

This has to be top of the list for most people when thinking of illnesses associated with pregnancy. No-one is exactly sure what causes morning sickness, but it may be related to low blood sugar levels or the increase in oestrogen and progesterone levels associated with pregnancy.



'Morning sickness in some form is very common during the early stages of pregnancy and can occur at any time of the day or night,' says Dr Pecoraro. 'Its symptoms can range from mild nausea through to continual vomiting. For some unlucky women, hyperemesis gravidarum, a severe form of morning sickness, results in the mother having to spend some time in hospital where she can be monitored and rested because she finds it impossible to hold any foods down. But this is in extremely rare cases. For most women, the nausea is relatively mild and disappears after a few weeks.'

Because it commonly occurs when a woman hasn't eaten, one way to ease the symptoms is to eat little and often. Foods high in carbohydrates such as wholemeal bread, potatoes, rice and cereals are thought to relieve nausea. Avoid strong smells, keep lollies or plain biscuits handy, drink plenty of water and swap caffeinated drinks for ginger tea.

8. RIB PAIN

After 30 weeks, it is not uncommon to feel pain below the ribs because your baby will be taking up all of the available space. Sitting down can make it worse as can an active, kicking and punching baby. The pain can range from mild to very painful and is most likely to occur in the area below the right breast.

'The ribs move up and out because you need to breathe faster and deeper in order to do the added work for the baby,' says Dr Pecoraro. This can strain the muscles between the ribs and cause pain and discomfort but, if you have constant pain in the chest, ribs or upper back, consult your doctor to rule out any heart or lung complications. To relieve discomfort, wear loose clothing, change your posture by sitting more upright, support yourself with cushions, and gently press the baby down with your hand to temporarily reduce the tension. After 36 weeks your baby should start to drop down, helping to ease the pain.

9. THRUSH

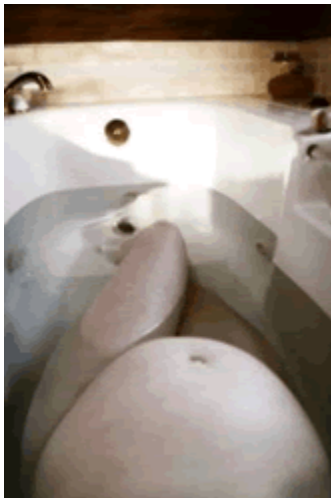
Three out of four women will experience thrush at least once in their life. Caused by the yeast *candida albicans*, and also known as yeast infection or candidiasis, thrush is a common infection that occurs naturally in the bowel and leads to unpleasant symptoms such as a thick, white discharge, intense itching, soreness and a stinging or burning sensation around the vagina.

It is particularly common in pregnancy as hormone levels alter and create high levels of sugars called glycogen in the body fluids along with reduced acidity. This can feed the growth of *candida*. Because a number of vaginal conditions similar to thrush can occur, you will need to see your doctor so any other conditions can be ruled out. Treatment is via either antifungal pessaries or creams such as Canesten, which can be purchased from your pharmacist. Popular over-the-counter "once only" oral preparations to treat thrush should be avoided in pregnancy as they have been implicated in altering hormone production leading to miscarriage.

10. WATER RETENTION

A common problem during pregnancy, water retention, or oedema, causes fluid to accumulate in the hands, feet, ankles and lower legs leading to puffiness. Hot weather, high blood pressure and standing for long periods of time usually worsens the condition, as can pregnancy hormones that lead to retention of sodium in the kidneys, causing the body to retain fluid.

Alterations in salt consumption have not been found to be useful in decreasing fluid retention, but moderate salt intake is generally advised. Surprisingly, it is very important to maintain adequate water consumption as water restriction may well cause the body to believe it needs to conserve water and so worsen fluid retention.



Avoid processed foods, which tend to be high in salt, consume three litres of water a day, minimise caffeine consumption and do gentle exercise such as swimming. Reflexology and lymphatic drainage massage can also help relieve the discomfort as can putting your feet up as much as possible. If you are concerned about the condition, see your doctor as oedema can be a symptom of serious medical conditions like kidney, liver or heart disease. 'Morning sickness in some form is very common during the early stages of pregnancy and can occur at any time of the day or night,' says Dr Pecoraro. 'Its symptoms can range from mild nausea through to continual vomiting. For some unlucky women, hyperemesis gravidarum, a severe form of morning sickness, results in the mother having to spend some time in hospital where she can be monitored and rested because she finds it impossible to hold any foods down. But this is in extremely rare cases. For most women, the nausea is relatively mild and disappears after a few weeks.'



This article written by Hannah Saunders and kindly supplied by My Child magazine, is an extract from 21 tips for an easier pregnancy in the Summer 2007/8 issue out now!.

ph: (02) 9571 8596

website: www.mychildmagazine.com.au