

Alleviating the Common Discomforts of Pregnancy

The changes that occur in your body during pregnancy are phenomenal. Your uterus increases in capacity about 5-fold, in weight from about 4 ounces to about 2 pounds, and in dimensions from 2 to 4 inches to approximately 10 to 14 inches by the end of your pregnancy. Your blood volume increases 25%. Your glands speed up their activity and all of your vital organs (such as heart, lungs, and kidneys) increase their workload to provide for two. Your baby grows from one tiny fertilized cell to a complex grouping of 200 billion cells weighing approximately 7.5 pounds.

Because of this tremendous growth and the extensive changes occurring within your body, you will undoubtedly discover that even the most normal pregnancy will cause you to experience occasional physical discomforts. Some changes, while not uncomfortable, may be worrisome and annoying.

Because each woman is different, you will have to experiment with the various suggestions and, in this way, discover which remedies work best for you. If you have a problem that is not mentioned here, or if you find that these solutions do not provide relief, please feel free to call us or to discuss your problems with us during your next visit.

Fatigue

Fatigue is one of the most common complaints of pregnancy, which is usually more pronounced in the early weeks, and then again in the last weeks of pregnancy. The need for sleep seems to increase during pregnancy, and if this is not met, your ability to cope with other stresses is reduced. This is extremely important to keep in mind if you are working outside the home and/or chasing after a toddler.

- 1 Get 8 hours or more of sleep each night.
- 2 Worries and fears can often overwhelm you at night and keep you awake. Ask your partner for a back rub and maybe use this time to unwind with a book or magazine, perhaps one unrelated to pregnancy or child birth.
- 3 Insist on at least one rest period (if possible, recline on your left side) during the day. Make this a time of conscious relaxation, purposely shutting out the tensions and distractions of your day and letting your muscles relax until you get that “rag doll” feeling.
- 4 Don’t extend yourself to the point of exhaustion. Accept the fact that pregnancy, especially in the last trimester, causes increased physical and emotional strains, which, in turn, increase feelings of fatigue.
- 5 Don’t feel guilty about insisting on rest periods and relaxation times or asking for or accepting assistance with routine chores from friends, family, and partner.
- 6 On the other hand, don’t extend rest periods to include the whole day! Boredom and lack of exercise can be mistaken for fatigue.

Insomnia

Insomnia is particularly bothersome during the last weeks of pregnancy and is due to your baby’s activity, your frequent bathroom trips, disturbing dreams, and the inability to maintain a comfortable sleeping position.

- 1 Try taking a warm bath or shower before retiring.

The purpose of this section is to:

Reassure you that the discomforts you feel are not unusual, and are often temporary

Help you avoid many problems, by making you aware of preventive measures

Help you cope with these problems should they occur

- 2 Make liberal use of pillows to support your legs and back.
- 3 Employ conscious relaxation techniques described under “Fatigue.”
- 4 Go to bed with a boring book and a cup of warm milk.
- 5 Ask for a back rub.
- 6 Try to get some exercise daily and set aside time for some fun activities. This is especially important if you have recently left your job and suddenly find yourself bored and sluggish.
- 7 Use the night awake time to think about your baby; as your thoughts turn inward, slowly and rhythmically massage your belly and enjoy the unique closeness you have with this child.

Frequency of urination

Frequent urination is due to hormonal changes and the position of the uterus, and is usually bothersome in the beginning and end of pregnancy.

- 1 Accept this discomfort as an inevitable part of pregnancy.
- 2 Make an attempt to empty your bladder as completely as possible. Sometimes changing positions while sitting on the toilet or prodding your baby to shift his position a little will help.
- 3 Not drinking large amounts of fluids after your evening meal might reduce the number of nightly trips to the bathroom.
- 4 Report at once symptoms of burning with urination, chills, fever and/or constant dull ache in your back or side, just below ribs. These signs suggest the possibility of a urinary infection, which should be treated without delay.

Emotional changes

Emotional changes are related to the chemical and physical changes that are taking place within your body, as well as to the practical changes which will soon affect your life-style. The emotional stress accompanying pregnancy can be expressed in many ways, such as: sudden mood swings from happiness to crying for normally insignificant reasons; irritability; feelings of dependency, anxiety, depression, and resentment; recurring nightmares; and thoughts of death and fetal deformities.

You might also experience times when you turn your thoughts inward on yourself or go back to your childhood and your relationship with your parents. Undoubtedly, you will occasionally question your ability to be a “good mother.” You might also wonder why you wanted to have this baby.

- 1 Recognize that these feelings are normal, legitimate, and usually temporary reactions to a condition that has increased your vulnerability to change and possible complications. Pregnancy initiates body developments which can be as frightening and worrisome as they are exciting.
- 2 Discuss your feelings with your partner. Often you will discover that your partner has doubts and fears concerning the pregnancy too.
- 3 Discuss persistent fears and emotional changes with us. Encourage your partner to accompany you to visits.
- 4 Keep involved. Continue with as many of your “normal” activities as possible.
- 5 Be cautious about accepting as fact advice offered by family and friends or predictions based on “old wives’ tales.”
- 6 You may find that people are only too willing to describe their childbirth



experiences, or those of acquaintances. Try not to become overwhelmed or frightened by these accounts. Remember that each birth experience is unique just as each child is an individual. Discuss your expectations, questions, and fears with us to help you form a realistic picture of the birth process.

- 7 Remember that there is no universal time table for the development of maternal feelings and they cannot be produced at will. Some women feel a surge of motherly feelings when they discover they are pregnant and others when their baby begins to move around within them. Still others need to hold and “get used” to the child, before they begin to feel maternal affection.
- 8 Learn as much as you can about pregnancy; read, ask questions, and come to prenatal classes!
- 9 Sheila Kitzinger’s book, *The Complete Book of Pregnancy and Childbirth*, has an exceptionally good section on emotional changes during pregnancy in both the woman and her partner. This book is worth reading.

Headaches

Many women are plagued by headaches that seem to be brought on by fatigue, tension, and possibly low blood sugar. Caring for a toddler, skipping meals, or job-related stresses can intensify this problem. We have discovered that these annoying headaches usually become much less frequent or stop completely by the 18-20th week.

- 1 Lie down with a hot water bottle or warm heating pad on the back of your neck and shoulders or a cold cloth on your forehead.
- 2 Increase relaxation by:
 - Slow, deep breathing; inhale deeply and exhale slowly and fully.
 - Pretend that you are floating on a raft. Make an effort to stop thinking about what has to be done and concentrate on enjoying the gentle rocking and sunshine!
 - Make a conscious effort to tense and then relax your muscles, starting with your toes and working up to your forehead.
- 3 Try a warm, relaxing shower or bath.
- 4 Ask for a gentle, back/neck massage.
- 5 Take a long, leisurely walk.
- 6 Drink something warm like tea, cocoa, or milk.
- 7 Listen to quiet music while doing suggestions 1 & 2.
- 8 See page 35 for suggestions concerning low blood sugar headaches.
- 9 It’s time to review your daily routine and establish your priorities. What absolutely has to be done today? What can be put off or done by someone else? Realize that right now a rest period is more important than dusting, preparing a gourmet meal, or attempting to finish a lot of extra “projects.”
- 10 **Mothers:** arrange to have a small amount of time each day just for yourself. Can your husband take over your toddler’s bath and bed routine? Is there a preteen or teenager close by who can come after school to play with your child, giving you some free time? Maybe you can swap child care time with a friend? Having some time just for you is important.

To beat nausea: EAT!

To prevent low blood sugar – which is the primary cause of nausea in pregnancy – a pregnant mom should eat 3 small meals and 3 snacks each day.

Never go more than 2 hours without eating something containing protein.

Breakfast

Egg, peanut butter or cheese on bagel, toast or english muffin

Ricotta or cottage cheese with cinnamon and a touch of sugar on sweet fruit like peaches, strawberries or blueberries

Small serving of chicken and rice

Skip the orange juice, or dilute with water or seltzer

Morning Snack

Fruit, cheese, yogurt, peanut butter

No sweets or baked goods!

Lunch

Sandwich with lettuce, tomato, veggies

Small portion of meat with starch: shepherd's pie, chicken with rice, tuna casserole

Afternoon Snack

This snack is key! Don't wait for dinner; have this snack by 3:30 or 4pm

1/2 sandwich & milk

Fruits, nuts, cheese

Dinner

Meat, starch & vegetables in small portions; save leftovers for tomorrow's lunch, snack or even breakfast

To add some dairy, sprinkle cheese on vegetables, salad or bread, or try a creamy salad dressing

Try to have 8 oz. of milk

Bedtime Snack

Frozen yogurt, high fiber cereal with peaches & milk, graham crackers with peanut butter, cheese and crackers

Add another glass of liquid

Nausea and vomiting

Nausea and vomiting are common side effects of pregnancy which are likely to interfere with your ability to function. However, nausea in pregnancy is a very different animal than the stomach flu nausea we all experience; understanding the difference will help you and your support people to cope with and even conquer it.

Stomach flu nausea is a sign of a sick stomach that needs to rest and recuperate; it warns you *not* to eat. Pregnancy nausea on the other hand is an exaggerated form of *hunger*, caused by low blood sugar: it is, paradoxically, a *signal to eat*.

In pregnancy, the insulin response that regulates how your body processes sugar and starches is exaggerated, causing dramatic changes in your metabolism. Your eating habits therefore need to change as well. The best treatment for pregnancy nausea centers around your eating patterns – not just what to eat, but how and when to eat, to prevent nausea from starting. And although medications for nausea can help, the main and only successful treatment is eating.

The main principle is this: *A pregnant woman needs smaller, more frequent meals which contain protein.* You should have 3 small meals and 3 snacks.

Hungry or not, this should be your eating plan. That's because low blood sugar in pregnancy does not always feel like hunger: it can feel like nausea, weakness, crabbiness, fatigue, sadness even. The trick is to eat *before* you get these signals, and certainly right away once you begin to feel them. Never skip a meal, or go longer than 2 or 3 hours without eating something containing protein. If you vomit, wait a short time and eat something again.

If you don't or can't eat, you're on the road to a problem. Your body still will support the baby's growth: however, the calories will come from *ketosis*, the breaking down of your body's stored fat. This results in *keto-acidosis*, an elevated acid level in your blood stream that is not good for your baby; it also causes a rancid taste and odor in your mouth, adding to the nausea. In severe cases, ketones need to be flushed out with IV fluids before you can begin to eat and drink again.

What to eat is also important. Proteins and fats stabilize your blood sugar level best, followed by complex carbohydrates. The worst foods for your metabolism right now are sugars and white flour, carbohydrates which aggravate the insulin response. This means that you should replace pancakes, plain bagels and blueberry muffins with eggs, peanut butter, meats, dairy, and whole grain foods. By reducing your reliance on the intake and digestion of simple carbs, you will better control the nausea. Avoid sweets, even if you have a craving; instead, try to satisfy yourself with a sweet dairy product like frozen yogurt, or fruit, like bananas or blueberries.

Continued liquid intake is important to prevent dehydration. The fluids you drink should contain caloric nutrition rather than just plain water; but again, avoid drinks high in sugars, like soda or straight fruit juice. Instead try milk, sports drinks like Gatorade, diluted fruit juice with seltzer, or lightly sweetened decaf iced tea. Put a tiny amount of chocolate flavoring in your milk if it helps it go down.

If you are really nauseated, a small amount of ginger ale or cola is OK for the short run. Also, you may need an antacid to help your stomach acid settle. Try Maalox plus tablets (they taste good), or Zantac pills (150 mg/day). If necessary we can prescribe an acid-reducing or stomach-coating drug.

Medication for nausea

For women whose nausea results in frequent vomiting, dehydration, or weight loss, we will often recommend doxylamine-pyridoxine SR. This medication is a combination of doxylamine succinate and vitamin B6. Marketed for many years under the name Bendectin, it was proven safe and effective for nausea in pregnancy.

While the Bendectin brand is no longer available, compounding pharmacies in the area such as Medicine World or Wingate can prepare medication for you with the same formulation, in a sustained-release version. Doxylamine-pyridoxine SR may be taken every 8-12 hours; that is, one tablet 2-3 times per day, depending on the amount of nausea you are experiencing.

If your insurance has a high deductible on meds, an inexpensive form of doxylamine succinate is available over-the-counter, marketed as Unisom Nighttime Sleep Aid. (Please note: Only this particular formulation of Unisom contains doxylamine succinate, so shop carefully!) Despite any legalese on the packaging, it is fully safe to use during pregnancy. Take 1/2 Unisom tablet 1 to 3 times daily.

Because doxylamine succinate is an antihistamine, it can cause sleepiness, so you may want to first try it when you can rest, or avoid driving. Some women find that one tablet at bedtime can be effective well into the next day, decreasing early morning nausea and letting you eat a reasonable breakfast. Once you find the schedule that decreases your nausea and allows you to function, the medication can be used as long as you are experiencing this aggravating symptom of pregnancy.

Some studies have shown that ginger can be beneficial in reducing nausea during pregnancy, and can be taken in addition to doxylamine. Medicine World compounds 250 mg ginger capsules; we recommend 1 capsule, 3 times a day. Please note that over-the-counter ginger supplements are inconsistent in doses and grades of purity, so for your own good, we ask that you avoid them.

Constipation

Constipation is very common in pregnancy, and is usually caused by hormonal changes and pressure on the lower bowel due to growth and position of the uterus. Decreased activity, poor dietary habits, and iron medications may make the problem even worse.

- 1 Drink at least 6-8 glasses of water/fluids each day, preferably more.
- 2 Exercise daily. A brisk 30-minute walk is excellent.
- 3 Add fiber to your diet:
 - Bran foods.
 - Whole grain cereals and breads.
 - Raw fibrous fruits and vegetables (separately or in salads).
 - Dried fruits such as raisins, prunes and figs.
 - Juices – prune is especially good.
- 4 Attempt to maintain a regular, unhurried time for elimination. When sitting on the toilet, assume a semi-squatting position by putting feet up on a stool.
- 5 It is safe and effective to use bulking agents such as Metamucil, Citrucel or Fibercon during pregnancy. They work best if taken on a daily basis, and can be increased to 2-3 times daily if needed to achieve a comfortable elimination pattern. Be sure to drink at least 8-10 glasses of liquid daily for these measures to work properly.
- 6 Stool softeners such as Surfak, Dialose or Colace can be used if stools are hard and uncomfortable to pass. If these measures fail, one Pericolace or Senakot tablet can be taken at bedtime. Use nothing stronger, please. No over-the-counter laxatives (Correctol, Ex-Lax). No enemas without consulting your provider.

If you have tried these suggestions and constipation persists, please call during office hours.

Indigestion/heartburn

Indigestion is recognized as a fiery, burning sensation in the upper abdomen or lower chest region, and is often associated with belching. It is usually caused by hormonal changes that relax the stomach muscles, as well as by the pressure of the growing uterus on the stomach, which disturbs normal digestive function. These changes allow amounts of stomach acid to escape up into the esophagus and cause irritation. Nervous tension, worry, and fatigue intensify the problem.

- 1 Try eating 5-6 small meals spaced throughout the day instead of 3 large ones.
- 2 Avoid:
 - Rich, greasy, fried, highly spiced, or acidic foods.
 - Foods that normally cause you discomfort.
 - Coffee, tea, chocolate (substitute decaffeinated coffee and tea).
 - Carbonated beverages, especially colas.
 - Smoking.
 - Snacks immediately before bedtime.
 - Reclining after eating.
 - Wearing tight-fitting clothing (especially girdles).
- 3 Eat slowly, in a relaxed atmosphere.
- 4 Let us know if your iron supplement aggravates your heartburn. Try taking it at a different time of day, or changing to carbonyl iron.
- 5 Antacids such as Gaviscon, Maalox, Gelusil, Tums, or Riopan can be used for relief. Gaviscon is particularly helpful. It foams up into the esophagus. However, if you find that you are using increasing amounts, let us know.
- 6 If the tablet form doesn't seem to help, give the fluid form a try, especially at night.
- 7 If the problem is particularly bad at night, sleep propped up with pillows.

Varicose veins and leg aches

Varicose veins are caused by hormonal changes that tend to relax the walls of the veins, and by increased pressure of the uterus on the abdominal blood vessels, which inhibits the circulation of blood to and from your lower body. Heredity seems to be a factor here, too. Although most common in the legs, varicose veins can also occur in the vagina or in the rectum as hemorrhoids.

Legs feel heavy and often ache or throb, especially by the end of the day. Ankles may become swollen. Hemorrhoids or vaginal varicosities often cause swelling and are frequently very painful. Fortunately, this problem usually improves dramatically in the weeks following delivery.

- 1 Do not sit with legs crossed.
- 2 If possible, rest while lying on your left side.
- 3 Do ankle rolls (move feet in circular pattern while keeping legs still).
- 4 Avoid constrictive clothing (garters, tight knee socks, girdles, tight jeans, etc.)
- 5 Change positions frequently. Avoid long periods of standing or sitting.
- 6 Brisk walking is excellent for stimulating circulation.
- 7 Never stand "at attention," with knees locked. They should always be slightly flexed.
- 8 When sitting, prop your feet up on a small stool to relieve the chair pressure under your knees.



- 9 Support stockings will help (queen size often fit better than maternity). If your veins are extensive or uncomfortable, we will recommend good “heavy-duty” support hose.
- 10 If vaginal varicose veins develop, try to rest frequently by reclining on your side with a pillow under your buttocks. Wrap some ice in a cloth and place it against the protruding veins.
- 11 Call at once if varicose veins become reddened, hardened, inflamed, or painful.

Hemorrhoids

Hemorrhoids are dilated veins in the rectum. They can be internal or external. They are common in late pregnancy due to the increased pressure on these veins. You’ll know you have them if you have itchy, sore, swollen bulges around the anal opening, or if you have pain with bowel movements or small amounts of bleeding after bowel movements. A lot of pain or bleeding may mean something else, so let us know if this occurs.

- 1 Work hard to avoid constipation and straining (see page 31). Frequent diarrhea can also make hemorrhoids bulge, so treat the problem if it occurs (page 42).
- 2 Itchy or swollen, uncomfortable hemorrhoids can be helped by cold compresses or even ice packs, and by getting off your feet and elevating your hips. Anusol cream and Anusol-HC (with cortisone) can help alleviate some of the itching and swelling; both are available over-the-counter. Tucks (witch hazel and glycerine pads) may be soothing to place against the area.
- 3 For extremely swollen, painful hemorrhoids, make mag-sulfate compresses. They really work! To mix up a 50% solution of Epsom salts (magnesium sulfate), fill a measuring cup halfway with Epsom salts, and then fill to the top with water. You’ll need hot or warm water to mix the solution, and then put it in the freezer. Make ice cold compresses from this.
Apply for 20 minutes at a time (while your rear is elevated on pillows), then rinse with clear water. This can be repeated every 2-3 hours. There is nothing better for decreasing the swelling of very bad hemorrhoids.
If you are still in pain, call. You may have a thrombosed (clotted) hemorrhoid that needs to be drained. Often the salt solution described above will draw out a clot, so that surgical drainage may not be necessary. If this happens, you may notice some bleeding, as your pain is relieved.
- 4 If these suggestions don’t help, call us.

Leg cramps

Usually, leg cramps occur because the blood flow to your legs has been disturbed. This commonly happens when you assume a position which causes your heavy uterus to press against nerves and blood vessels and thus, interfere with their normal functioning. However, they may possibly be due to a calcium/phosphorus imbalance.

- 1 Try to take two or more short rest periods throughout the day, when you can relax by lying on your left side (with your back, belly, and legs supported by pillows, if possible).
- 2 At night, sleep on your left side and avoid lying flat on your back for long periods at any time. Your right side is also fine!

- 3 Prevent leg cramps when stretching your legs by pointing with your heels and not your toes.
- 4 Avoid sudden stretching, and avoid chilling.
- 5 For relief during a cramp, do not rub. Instead stretch the cramping muscle.
 - For foot cramp, stand on the affected foot.
 - For a cramp in the calf, straighten knee, pull foot toward you, hold then relax, repeating if necessary; or bend foot forward by pushing the heel against the footboard.
 - For a cramp in the front of the thigh, slide foot backward while keeping heel on the floor.
- 6 Evaluate your daily consumption of milk and milk products. We recommend a quart of milk or the equivalent in milk products. See page 11 for a list of High Calcium Foods.
- 7 Avoid foods high in phosphorus such as soda and processed snack foods.
- 8 Potassium deficits sometimes contribute to cramps. Try increasing dietary potassium sources: bananas, fruit, tomato juice, and potatoes.
- 9 If none of the above help, try supplementing calcium with calcium carbonate 500 mg, once daily or Tums E-X twice daily.
- 10 If the cramps occur while you're sleeping, try taking the calcium supplement in the evening.

Groin ache or pain

This problem is caused by spasm of ligaments that support the uterus and/or the increased pressure of the growing baby. It can be triggered by a change in position or a sudden movement.

- 1 Improve your posture. Read *Essential Exercises for the Childbearing Year*.
- 2 Avoid long periods of standing or sitting followed by a sudden change of position.
- 3 To relieve a sudden spasm, pull leg up on affected side.

Pelvic pressure

After the baby settles down into the pelvis, usually during the last weeks of pregnancy, this discomfort may become more frequent and intense. Many women occasionally experience a sharp pain radiating into their pubic or vaginal areas, especially if the baby is very low. Usually these discomforts respond to a change in position and rest.

- 1 Doing pelvic tilts while on your hands and knees may help.
- 2 Lying chest down with your knees drawn up toward your chest (knee-chest position) often provides relief.
- 3 Lying on your back with 3 or 4 pillows under your buttocks may help the baby to move out of the pelvis. Get up slowly from this position.

Fluid retention/ swelling

Fluid retention is usually due to hormonal changes as well as impaired circulation due to your growing uterus. Some swelling is to be expected during the last month of pregnancy, especially in the feet and ankles at the end of the day.

- 1 Rest on your left side to promote circulation. Do this as frequently as possible. We want to stress that this left side position is much more effective than simply elevating your feet. It shifts the weight of the heavy uterus off the major

blood vessels that supply your lower body, and thus allows the blood to circulate more freely. Fluid that has pooled in your feet and lower legs can be better absorbed and carried to your kidneys to be excreted.

If you absolutely cannot get comfortable on your left side, lying on your right side is preferable to being on your back. Elevating your feet will shift the fluid from your feet to the rest of your body, but will not help you excrete the fluid; therefore it is not beneficial at all.

- 2 Avoid excessive amounts of salt. It used to be thought that salt was dangerous during pregnancy and was a cause of toxemia, however more recent research indicates that a reasonable amount of sodium is necessary for proper body functioning. Salt may be excessive if you frequently eat out, or eat a lot of prepared foods. Read labels to learn more about the sodium content of prepared foods.
- 3 Drink according to thirst. You cannot prevent swelling by cutting back on your fluid intake.
- 4 Make sure you are eating adequate amounts of protein-rich foods each day (see page 12).
- 5 Avoid long periods of sitting or standing.
- 6 Let us know if the swelling is so pronounced that your shoes leave exaggerated marks, or an indentation remains after your ankles or calves are pressed, or your rings are tight, or your face is puffy.
- 7 Sudden, excessive weight gain – more than 3 pounds in a week – is a warning to call us.

Faintness or dizziness

Low blood sugar and impaired circulation are the two most common causes. Anemia is rarely severe enough to cause these symptoms.

- 1 Low blood sugar (hypoglycemia) – Pregnancy often changes the way your body processes food and sometimes the amount of sugar in your blood will drop below a normal level, particularly if several hours have lapsed since your last meal. Besides feeling dizzy or faint, you may suddenly feel tired, shaky and sweaty, have a headache, have difficulty concentrating, or become grouchy and short-tempered.
 - Treat the above signs by eating something. Cheese and crackers, a peanut butter sandwich, milk, nuts, yogurt, and hard-boiled eggs are all good choices.
 - Avoid skipping meals. Plan to eat something every 2-3 hours, particularly a serving of protein (see page 11).
 - Avoid foods which contain a lot of sugar.
 - Since late afternoon is a common time for hypoglycemia to occur, have a snack and a short rest period before driving home or before starting supper. This might be a way for you as a couple to unwind before tackling dinner and the evening chores together.
 - Let us know if these symptoms happen frequently or if they do not disappear within 20 to 30 minutes after eating.
- 2 Impaired circulation – the weight of the heavy uterus obstructs the flow of blood.
 - Avoid abruptly changing positions, especially going suddenly from lying to sitting to standing.

- Avoid hot, stuffy rooms and/or crowds.
- Avoid prolonged standing in one position. Beware: this happens most frequently when standing in line at the supermarket, theatre, etc.
- Avoid lying flat on your back for long periods; lying in a left-sided position is the best.

Tingling and numbness in hand / Carpal Tunnel Syndrome

Stiffness, tingling, and/or numbness in the fingers and hands and occasionally lower arm are typical of carpal tunnel syndrome. The syndrome is caused by pressure on the nerves and tendons due to swelling in your hand and wrist. The symptoms are usually worst in the morning but improve over the next several hours.

- 1 Raise your arm over your head while opening and closing your fingers. Repeat several times throughout the day.
- 2 Do shoulder rolls (place your fingertips on your shoulders and rotate your arms in a circular motion by rolling your shoulder muscles) and other exercises which will improve the circulation to your arms.
- 3 Let us know if the sensations wake you up at night or you have decreased function in your hand throughout the day. Often, the use of a splint, worn at night, reduces the pressure on the nerves, by keeping your hand immobilized in a certain position.
- 4 These symptoms may take a while to disappear after delivery. Most women notice they feel progressively better each week and are usually free of symptoms by 6 weeks postpartum.

Skin changes

- 1 A rash or itching can be due to hormonal changes.
 - Keep area clean and dry.
 - Use small amounts of Caldesene powder or corn starch to absorb perspiration.
 - Wear loose, cool clothing that allows your skin to breathe.
 - Make sure to thoroughly rinse off soap during your bath.
 - Use Calamine lotion to reduce itching.
 - You may take Benadryl (diphenhydramine 25 mg) every 8 hours if itching is severe. If itching is not relieved by Benadryl, call the office.
- 2 “Pregnancy Mask” is a darkening of skin around the eyes and over the cheekbones and nose due to hormonal changes.
 - This darkening will disappear after pregnancy.
 - Avoid excessive exposure of face to the sun.
- 3 Stretch marks are due to stretching and breaking down of tissue under the skin as the uterus grows and breasts prepare for lactation.
 - Marks will be less noticeable after pregnancy, but probably won’t disappear altogether.
 - Wear a good support bra.
 - Avoid excessive weight gain.
 - Use of cream or lotion will keep skin soft and will minimize itching, but won’t prevent marks from occurring. Baby oil, vegetable oil, or cocoa butter work just as well as more expensive products.
 - Please note: Some skin creams (especially those containing cocoa butter) interfere with the device we use to listen to the baby’s heartbeat in the office.

Please avoid the use of skin cream on the day that you have an appointment with us for a prenatal examination.

- 4 Darkening of pigmented areas of body, especially nipples and abdominal midline (linea nigra) is due to hormonal changes.
- 5 Red spider-like blemishes on upper arms are probably caused by increased blood supply which causes the veins to enlarge and become more visible.
- 6 These changes usually fade or disappear within weeks after delivery.

Increased vaginal secretions

Increased secretions occur due to hormonal changes which are preparing the vaginal tissue for delivery. This discharge is whitish or pale yellow, non-irritating, and very common.

- 1 Wear absorbent cotton panties. It is preferable to change your underwear rather than wear pads, as the pads themselves can cause increased discharge and irritation. If you feel you need a pad, change it frequently. Use only non-deodorant or unscented pads.
- 2 Washable, cotton panty liners are a comfortable, cost-effective, ecologically-sound alternative. They're available from a company in Oregon called Lotus Pads, at (541) 758-4110.
- 3 Take frequent baths or showers.
- 4 Avoid douches, vaginal sprays, and powders.
- 5 Avoid tight synthetic fabrics in underclothing and pantyhose. Pantyhose with a cotton or open crotch are best.
- 6 Vaginal infections are very common during pregnancy and can be annoying as well as very uncomfortable. If you have an itchy, irritating, or foul-smelling discharge, or if your vagina feels swollen or chafed, let us know. More than likely, medication is needed to clear up these symptoms.

In addition to making you feel more comfortable, it is important to treat vaginal infections so they will not be transmitted to your baby during birth. If you are fairly certain that your symptoms are due to yeast, it is safe and effective to use over-the-counter medications. We encourage you, however, to be examined to make a correct diagnosis.

Backache

Your back needs all the help you can give it! As your pregnancy progresses, you may assume poor posture habits because of the growth of your uterus and also because of changes in your pelvic structure. These changes come about because of the influence of pregnancy hormones which soften the ligaments that support and stabilize your back and pelvic bones. This makes these areas more susceptible to strain and also changes the way you walk in the later months. If you are normally prone to backache, pregnancy will almost always make it worse, especially if you do not practice good body mechanics as your belly gets bigger.

- 1 Make a conscious effort to carry your baby inside or resting on your pelvic bones and not protruding out in front where there is little support (see page 5).
- 2 Wear comfortable, low-heeled shoes.
- 3 Avoid straining your back when lifting and carrying bulky, heavy objects or when getting out of bed.
- 4 The following exercises should be done daily and should be part of your posture when standing or sitting (see pages 5 and 7).

- Squatting.
 - Pelvic tilt.
- 5 Other relief measures include:
- Warm baths or showers.
 - Application of heat.
 - Massage.
 - Frequent rest periods or position changes.
 - Use of pillows for support when reclining.
 - Firm mattress or board under the mattress.
- 6 Read *Essential Exercises for the Childbearing Year* by E. Noble.
- 7 Some women find that a maternity belt can help provide support for the abdomen and lower back. Local maternity stores carry them for about \$20.
- 8 If your back is in spasm, apply ice for 15 minutes out of every hour. This can reduce the spasm, and prevent pain the following day.

Diaphragm pressure / cramp under ribs

The cramping occurs when the baby is high in the abdomen, causing the diaphragm to be pushed upward against the lungs.

- 1 Relieve the pressure by raising arms sideways and upward above the head to lift rib cage and then stretch.
 - 2 Lift one shoulder, then the other, as high as possible.
- Alternate these two exercises.

Shortness of breath

Shortness of breath is due to pressure on the chest cavity as the uterus expands. Women often describe this as feeling like they are suffocating or are unable to take in enough air. These feelings can be very frightening, especially when they occur at night. For most women this pressure is greatly reduced when the baby “drops” or settles lower in the pelvis.

- 1 For immediate relief, try the two suggestions given above for reducing diaphragm pressure.
- 2 Sleep in a semi-sitting position supported by lots of pillows, or try a recliner chair.
- 3 Often side positions are more comfortable. Avoid being flat on your back. Put a small pillow under your belly and one between your knees for support.
- 4 Report to us any excessive or prolonged shortness of breath, which is brought on by daily activities.

Sensitive or bleeding gums

Gums soften due to hormonal changes and this can increase the chance of infection. They bleed more easily because of the increased blood volume.

- 1 Brush and floss your teeth after meals.
- 2 Make sure you get 2 or more servings of food high in vitamin C each day: oranges, grapefruit, tomatoes, raw cabbage, green pepper, dark green leafy veggies, and juices fortified with vitamin C.
- 3 Avoid sweets.
- 4 Regular visits to your dentist are more important than ever.

Nosebleeds or nasal congestion

These symptoms occur due to increased blood volume and are more common in winter months. They are occasionally associated with swollen nasal membranes and a general feeling of stuffiness. They are usually “cured” by delivery.

- 1 Reduce house dryness with humidification or vaporizer.
- 2 Avoid excessive use of vasoconstricting nose drops.
- 3 Apply Vaseline to nasal membranes 2 or 3 times a day.
- 4 Treat a nosebleed by leaning your head *forward* (not backward so you swallow the blood) and putting pressure and an ice pack onto the bridge of your nose.
- 5 Relieve nasal stuffiness using saline drops or spray to moisturize. See page 40.

Increased salivation or mouth watering

The cause of this condition is not known. However, it will disappear as pregnancy progresses or with delivery.

- 1 Eat several small meals instead of 3 large ones.
- 2 Try chewing gum.

Irregular tightening of uterine muscles / false labor / Braxton-Hicks contractions

Contractions can occur throughout the pregnancy but are most common in the last trimester. These irregular, sometimes uncomfortable, cramps or contractions are nature’s “warm-up exercises,” which condition your uterus and baby for labor. They can cause your uterus to remain hard for several seconds or even minutes at a time; while annoying, they are not usually uncomfortable enough to interrupt your activity very much. They are more apt to occur when you are tired, or when your uterine muscles are stimulated by exercise, intercourse, rough rides, etc. With each succeeding pregnancy these contractions are more common, and start earlier.

- 1 When these contractions are annoying, try changing position or resting quietly for a while and usually they will disappear. A change in position or activity will not make true labor contractions go away.
- 2 Take a long, hot shower, or sit in a tub of comfortably warm water (providing your bag of waters is still intact). Relax! If the contractions are particularly bothersome at night, a gentle back massage following the bath will often help you relax enough to get to sleep.
- 3 If you are more than 3 weeks before your due date and the contractions become increasingly more uncomfortable and intense – and especially if they do not go away after you have tried the above suggestions – see “Warning Signs” (page 25).
- 4 If you are within 3 weeks of your due date, and the contractions become increasingly more uncomfortable and intense, see the section about “Labor” (page 54).