



East Bay Perinatal Medical Associates

Common Symptoms & Discomforts of Pregnancy

These are the basic pregnancy-related topics our clients ask most frequently, so we think you will find this information helpful. We have tried to provide you with as much information as possible in a very limited space. We do not expect this handout to answer every question or concern, or replace getting questions answered by your provider. So, please ask your provider if there are any topics you would like explained further, or if you have any symptom, discomfort or concern that is not included in this handout.

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BACKACHE

50% to 90% of women will experience backache in pregnancy. It is most common during the fifth to seventh month and is usually related to a relaxation of the ligaments supporting the spine.

Causes:

- Relaxation of the body's joints due to hormones of pregnancy- primarily Estrogen
- Muscle strain from increased weight of the growing fetus
- Stretching of the round ligament, which supports the uterus' position in the abdomen
- Changes in posture that occur due to a change in the pregnant woman's center of gravity.
- Improper use of body mechanics when bending and lifting
- Fatigue and muscle tension
- Wearing high-heeled shoes that cause a change in posture
- An exaggerated curve in the spine may cause aching and numbness of upper extremities
- Excessive weight gain which causes added strain on back muscles

Advice:

- ⇒ Monitor your activities at home and work – avoid sitting, standing or walking for long periods of time without rest
- ⇒ Wear low heeled shoes that are comfortable
- ⇒ Do not stand with knees locked
- ⇒ If standing over a counter top, pull out a bottom drawer or open a cupboard door to place foot on ledge
- ⇒ Wear a supportive bra
- ⇒ Avoid overexertion and fatigue – take frequent rest breaks
- ⇒ Practice proper lifting techniques- bend knees to pick up objects not at the waist
- ⇒ Sleep on a firm supportive mattress
- ⇒ Avoid heavy lifting – no more than twenty pounds for a woman of average strength
- ⇒ Do pelvic rock tilt exercises several times daily for relaxation of the lower back muscles
- ⇒ Include low impact general fitness exercises three to four times a week for 30 minutes- stretching, walking, swimming, stationary bicycle, for example
- ⇒ Avoid sudden, jerking or twisting movements that cause strain to the round ligament – arise slowly from sitting or lying; turn over in bed in gradual stages
- ⇒ Ice may be applied to round ligaments- across the lower abdomen- to reduce symptoms
- ⇒ Warm, not hot, tub bath for no longer than 30 minutes

To relieve pain, take two 325 mg tablets of (over the counter) acetaminophen (Tylenol) every four hours, as needed.

CAUTION: Do not take any aspirin or ibuprofen (Advil, Motrin) while pregnant.

BACKACHE (continued)

Contact the office immediately:

- If you suspect a muscle injury, sprain, or strain. An examination may be needed to rule out any serious injury or illness
- If you are experiencing low back pain that comes and goes, lasting more than an hour
- If you are experiencing back pain associated with tightening of the uterus, even if painless
- If you have back pain near your waist, especially if associated with a fever, numbness, or weakness of one or both legs

BLEEDING GUMS

Many women notice their gums are more likely to bleed in pregnancy during brushing or flossing. This is not a sign of gum disease, but is caused by the body's increase in blood volume.

Advice:

- ⇒ Keep your teeth and gums healthy with regular brushing and flossing
- ⇒ Use a softer bristle tooth brush
- ⇒ Floss gently
- ⇒ Avoid hard foods
- ⇒ See your dentist for any regular cleaning scheduled, and for the evaluation of any dental problems.

BRAXTON HICKS CONTRACTIONS

Braxton Hicks contractions, sometimes called False Labor contractions, occur periodically from about the 16th week of pregnancy, but become more noticeable in the last two months. These contractions are neither regular nor painful. They are normal and do not cause the cervix to dilate the way a labor contraction does. Women pregnant with their second or third baby generally notice Braxton-Hicks contractions sooner than those pregnant for the first time.

Symptoms:

- Abdominal tightening without pain- often described as feeling like the “baby is balling up”
- Most often felt toward the top and /or along the center of the uterus or abdomen
- Occurs at irregular intervals and may last up to several minutes
- Real labor contractions do not go away!

BRAXTON HICKS CONTRACTIONS (continued)

Advice:

- ⇒ Change your activity—sitting up, walking around, emptying your bladder, and lying down can often make these contractions disappear
- ⇒ Increase your fluid intake—remember your body needs 8 to 10 cups each day
- ⇒ Take a warm bath (not a hot bath) for no more than 30 minutes

Contact the office if:

- There are more than four contractions in one hour
- The contractions are painful
- There is any pink vaginal discharge, spotting or bleeding
- It feels like the baby is constantly pressing down on your vagina

BREAST TENDERNESS / ENLARGEMENT

Breast tenderness is often one of the first symptoms of pregnancy. It is normal for your breasts to get larger and more sensitive during pregnancy. This tenderness is usually most noticeable in the first trimester, but may also be present throughout as the body prepares itself for the task of breastfeeding. It is also normal for the nipples to get larger and darker.

Symptoms:

- Full or heavy, tingling, tender or achy breasts
- Increased sensitivity (particularly around the nipples)

Advice:

- ⇒ If breasts are very painful or sensitive to touch, be aware this should improve by the 4th month
- ⇒ Wear a well-fitting, supportive bra—this may require obtaining bras a size or two larger than usual

CONSTIPATION

Constipation is the infrequent or difficult passing of hard stools (bowel movements). Up to one third of pregnant women are affected and will usually notice problems with constipation in the second and third trimester.

Symptoms:

- Difficulty in passing stool or incomplete evacuation of stool
- Hard stool
- Decreased frequency of stool (less frequent than what is normal for you)- associated abdominal discomfort (distention, bloating, cramping)
- Increased flatus- passing more gas than usual

Causes:

- The muscles that control the gastrointestinal tract are slowed by the hormone changes in pregnancy.
- Increased absorption of water from the bowel
- Pressure from the pregnant uterus on the intestines and bowel
- Decreased fluid intake
- Decreased physical activity – exercise
- Lack of high fiber foods in diet
- Weakened abdominal and pelvic floor muscles from prior pregnancies
- Harder stool due to taking iron supplements without increasing water and fiber in the diet

Advice:

- ⇒ Increased exercise – walking for 30 minutes once or twice a day for example
- ⇒ Increased fluid intake – a minimum of 8 glasses a day of non-alcoholic, non-caffeinated liquids
- ⇒ Drink warm liquids first thing in the morning
- ⇒ Increase high fiber foods such as whole grain breads, bran cereals, fresh fruits and vegetables
- ⇒ Decrease foods that are constipating such as dairy, especially cheese
- ⇒ Establish regular bowel habits, and leave adequate time for complete bowel emptying
- ⇒ You may use a bulk fiber product, such as Metamucil, one tablespoon 1 to 3 times a day as needed for relief. For maintenance it is best to rely on fluid and high fiber foods.
- ⇒ Avoid mineral oil or Milk of Magnesia. They will interfere with proper absorption of nutrients from the intestinal tract
- ⇒ If you are taking an iron supplement, discuss the dosage with your clinician

Contact the office if:

- You have a fever, nausea, vomiting or severe stomach pain and you are unable to resolve constipation using the advice above.

DIZZINESS

A temporary or occasional feeling of light-headedness, or a sensation of unsteadiness, is not uncommon in pregnancy. In the first trimester, dizziness usually occurs when quickly rising from the sitting or lying position. It may persist throughout the pregnancy, resulting from increased collection of blood in the veins of the lower extremities (legs).

Symptoms:

- A feeling of light-headedness
- A feeling that the room is spinning
- A temporary ringing in the ears
- Perspiration
- Flushing

Causes:

- Sudden standing from sitting or lying down
- In the third trimester, dizziness may be related to the weight of the uterus pressing on the vena cava (great blood vessel that carried blood from the legs to the heart and lungs) while lying flat
- Hypoglycemia (low blood sugar) – can be caused by long breaks between meals or poor diet
- Hyperventilation (rapid breathing) – causes a build up of carbon dioxide in the blood
- Anemia (low level of iron in the blood) – causes a decrease in the blood's oxygen-carrying ability
- Dizziness can be associated with emotional factors and stress

Advice:

- ⇒ Rise slowly from a sitting or lying position.
- ⇒ Avoid lying in a flat back-lying position while resting or sleeping. Try tilting slightly toward either side, or lay on your side
- ⇒ Eat smaller more frequent meals or provide for frequent nutritious snacks to avoid hypoglycemia (low blood sugar)
- ⇒ If diagnosed with anemia, follow clinician's directions for diet, and if prescribed, iron supplements
- ⇒ Be aware of emotional factors and distressing life situations that may be causing dizziness. Counseling may be helpful.

Contact the office if:

- ***A loss of consciousness is not considered a normal occurrence in pregnancy and should be reported to a clinician immediately.***

FATIGUE

Feeling tired or fatigued is common during the first three months of pregnancy. For most women this can be related to the fact that much of the body's energy is being directed to the new task of providing for the developing fetus. Also, the hormone progesterone is elevated in pregnancy and causes muscle relaxation and fatigue. This can make the tasks of day-to-day living seem exhausting. Most women will notice their energy level return closer to normal by the end of the third month. It is also common to feel tired in the final month or two of pregnancy due to weight gain.

Causes:

- Hormones of pregnancy (directing body's resources to the fetus, as well as causing muscle relaxation and fatigue)
- Lack of exercise
- Poor diet
- Anemia
- Emotional factors
- Incorrect posture
- Excessive weight gain

Symptoms:

- Feeling tired
- Low energy
- Sleeping longer

Advice:

- ⇒ Remember that feeling tired is normal especially in early and very late pregnancy
- ⇒ Keep all prenatal appointments (so that poor diet and anemia can be evaluated)
- ⇒ Maintain a balanced diet
- ⇒ Get adequate exercise
- ⇒ Allow for frequent rest periods
- ⇒ Ask for help from your partner, family and friends

FLATULANCE / INCREASED GAS

An increase in gas and/or belching may also be present in pregnancy

Cause:

- Eating gas forming foods
- Decreased exercise or decreased activity level
- Slower digestive function in pregnancy
- Pressure of the uterus on the digestive tract
- Constipation

Advice:

- ⇒ Avoid eating gas forming foods (beans, brussel sprouts)
- ⇒ Avoid large meals
- ⇒ Increase exercise
- ⇒ Try frequent change in posture
- ⇒ Chew food thoroughly
- ⇒ Keep bowel movements regular
- ⇒ Try chamomile or peppermint tea

HEAD COLD / UPPER RESPIRATORY INFECTION (URI)

Head Colds, or Upper Respiratory Infections (URIs), are the most common illness in adults and can be caused by a variety of viruses. Infection is most often passed on through close contact with a person who is already suffering with a URI – mostly by touching your eyes, nose or face after contact. Pregnancy does not alter the progress of URI's, and there is not an increased occurrence of complications associated with pregnancy. Over the counter treatments or medications, however, should not be taken without first consulting a clinician.

Symptoms:

- Nasal congestion
- Runny nose – usually clear
- Sneezing
- Headache
- Non-productive or dry cough
- Postnasal drip
- Low grade fever (less than 100.4 °F)
- Muscle aches
- Fatigue
- May have a transient “scratchy” sore throat and ear pain

HEAD COLD / UPPER RESPIRATORY INFECTION (URI) (continued)

Advice:

- ⇒ Wash hands frequently
- ⇒ Increased rest, in bed when possible
- ⇒ Increased fluids- juice, broth, water, herbal tea – 10 or more glasses a day
- ⇒ Until a clinician can be contacted, acetaminophen (Tylenol), 2 over the counter 325 mg tablets every 4 hours may be taken as needed to relieve mild fever or generalized discomfort, and Robitussin for cough
- ⇒ Do Not Take any aspirin or ibuprofen (Advil, Motrin) in pregnancy

Contact the office if:

- Over the counter decongestants or antihistamines are needed to relieve symptoms (let a provider recommend the correct medications)
- Severe symptoms persist more than 5 days
- Symptoms do not respond to prescribed treatments
- Symptoms worsen
- Fever of 100.5 or higher
- Productive cough (coughing up phlegm)
- Worsening of throat or ear pain
- Shortness of breath
- Chest pain

HEADACHES

Just as headaches can be an occasional annoyance in everyday life, they are also common in pregnancy. Headaches in pregnancy are extremely common, and can be related to many factors, the majority of which are normal pregnancy changes. ****In rare cases, severe and persistent headaches can be caused by high blood pressure during the third trimester, sometimes called Pregnancy Induced Hypertension (PIH).**

Symptoms:

- Generalized headache
- Facial tenderness over sinuses – often associated with a sinus headache
- Pain and stiffness at back of head and neck

HEADACHES (continued)

NOTE: A persistent headache along with swelling of hands and face, and/or blurred vision, shortness of breath, sudden weight gain, or dizziness can indicate PIH.

Causes:

- Poor eating habits; waiting too long between meals, lack of nutritious balanced diet or dehydration
- Increased circulating blood volume and heart rate
- Increased nasal congestion
- Increased levels of stress
- Emotional tension causing spasms of the neck muscles
- Rarely in the third trimester, Pregnancy induced hypertension (PIH)

Advice:

- ⇒ Increase rest and relaxation
- ⇒ Monitor diet and fluid intake; avoid long gaps between meals, drink 8-10 cups of fluid each day
- ⇒ Acetaminophen (Tylenol) 325 mg, two tablets every four hours may be taken as needed
- ⇒ **Do Not Take aspirin or ibuprofen (Advil or Motrin) while pregnant**

Call the office immediately if:

- Headaches do not respond to your own interventions
- Headaches worsen
- Migraines, sinus infection or other causes are suspected
- Headaches are accompanied by swelling of face and hands
- Visual changes—seeing spots or blurred vision
- Dizziness
- Shortness of breath
- Sudden weight gain
- Mid-upper abdominal pain

HEART POUNDING

Along with so many of the body's systems, the heart also undergoes changes in order to handle the challenge of pregnancy. By the end of the third trimester, the heart has increased in size, and must pump both harder and faster in order to circulate the nearly 50% increase in blood volume the body produces in order to sustain a healthy pregnancy.

Symptoms:

- Strong heartbeats that feel more noticeable than normal
- May feel like palpitations or extra heartbeats
- Feeling like the heart is “jumping” or pounding

Advice:

- ⇒ Concentrate on taking slow easy breaths
- ⇒ If pounding occurs during physical activity, take a rest break

Contact the office immediately if:

- Palpitations or pounding is accompanied by chest pain
- Does not subside with rest

HEARTBURN

Heartburn is a feeling of burning in your throat or the center of your upper chest and is most commonly experienced in the last months of pregnancy. It is the result of stomach acid backing up into the esophagus.

Causes:

- Pregnancy hormones relax the valve that separates the stomach contents from the esophagus
- Slowed digestion – food stays in the stomach longer
- Late in pregnancy – increased pressure from the uterus (womb) causes less stomach capacity

Symptoms:

- A burning sensation in the throat and chest especially after meals and at night

HEARTBURN (continued)

Advice:**Monitor your diet:**

- ⇒ Eliminate greasy, spicy foods
- ⇒ Eat small bland meals
- ⇒ Eat six small meals instead of three each day If certain foods aggravate heartburn, avoid them
- ⇒ Reduce fluid intake during meals
- ⇒ Drink hot herbal tea; avoid coffee
- ⇒ Avoid sodium bicarbonate and/or Alka Seltzer
- ⇒ Avoid laying down after meals – elevate head and chest while resting, especially at night
- ⇒ Eat dinner early – avoid eating late at night

Contact the office if:

There is no relief after trying the above advice. Further evaluation may be needed to rule out a more serious condition.

HEMORRHOIDS

Hemorrhoids are a swelling or bulging of the veins located around the wall of the rectal or anal area. They are most likely to occur in the last four months of pregnancy, but may flare up or worsen at any time if they were already present before pregnancy.

Causes:

- Increase in blood volume during pregnancy
- Increased blood collected in lower extremities (legs)
- Constipation (hard stools); straining to have a bowel movement
- Increased weight of the baby and uterus on the digestive organs
- Prolonged periods of standing, sitting or inactivity

Symptoms:

- Pain and sometimes itching in anal area
- Swelling in anal area; usually marble size or smaller
- Bright red blood present after bowel movements

HEMORRHOIDS (continued)

Advice:

- ⇒ Use witch hazel compresses (Tucks pads) and/or a topical medicated ointment (Preparation H) to help shrink swelling
- ⇒ Use an anesthetic ointment (Anusol) to relieve discomfort
- ⇒ Take warm or cool sitz-bath* (whichever is more cooling) for comfort
- ⇒ Some hemorrhoids can be pushed back into the rectum using a finger lubricated with petroleum jelly or a topical hemorrhoid ointment (Preparation H)
- ⇒ Rest with legs elevated
- ⇒ Avoid constipation:
 - ⇒ Drink 8 to 10 cups of non-alcoholic, non-caffeinated fluid each day
 - ⇒ Increase intake of high fiber foods – whole grain bread, bran cereal, prunes or prune juice, raw vegetables
 - ⇒ Increase physical activity – walking a mile a day is good for your digestion, even if broken into several shorter walks throughout the day
- ⇒ Avoid straining at stools

** A sitz-bath is done by sitting in four to five inches of clean water, warm or cold as you prefer. Do not add soap, bubble bath or bath oil to the water as they may be irritating.*

Contact the office if:

- Any bleeding from the rectum (anus) occurs with bowel movements
- Hemorrhoids do not improve or worsen despite following above advice

INSOMNIA

Many women will experience sleep disturbances during pregnancy for a variety of reasons. Although it can occur at any time, it is more commonly a problem late in pregnancy.

Causes:

- Unable to find a comfortable position due to the enlarged uterus and abdomen
- Excessive worry or concern about the pregnancy and delivery
- Eating a heavy meal late in the evening
- Awakenings frequently at night for trips to the bathroom, with the inability to return to sleep
- Strong fetal movement or uncomfortable fetal position in abdomen
- Cramping in leg muscles
- Shortness of breath

Advice:

- ⇒ Use extra pillows for comfortable positioning – Try placing a pillow between legs
- ⇒ Avoid eating a meal late in the evening
- ⇒ Avoid stimulants such as coffee, tea and sodas, especially at bed time
- ⇒ Decrease fluid intake in the evening, but be sure to get the 8 to 10 cups needed earlier in the day
- ⇒ Include physical activity every day, with a walk in the evening to help with falling asleep
- ⇒ Try a warm shower or bath before bedtime

LEG CRAMPS

Leg cramps occur at anytime during the pregnancy. They are muscle spasms most often felt in the feet, calves or thighs, and are often triggered by stretching the legs or feet.

Causes:

- A diet poor in calcium intake – increased cramping is thought to be related to an imbalance of calcium and phosphorous
- Fatigue or muscle strain in the legs
- *Very rarely a feeling of leg pain or cramping can be related to the development of blood clots.*

Symptoms:

- Painful cramping, spasms, or knotting of muscles in calves, thighs, or feet after or during sleep

LEG CRAMPS (continued)

Advice:

- ⇒ Evaluate diet for adequate calcium rich foods – milk, yogurt, cottage cheese, broccoli – and if lacking, it is better to take calcium tablets (chew 3 tums a day) to correct the problem, than simply increasing calcium foods
- ⇒ At the first sign of a cramp, point or pull your toes up toward the knees
- ⇒ Avoid the “toe-pointing” stretch of the legs
- ⇒ Apply local heat and massage for sore leg muscles
- ⇒ Exercise to increase circulation

Contact the office immediately if:

- Leg pain persists (does not go away after following above advice)
- The leg is red, warm to touch, or painful to touch
- Leg cramps are accompanied by a persistent shortness of breath

MOOD SWINGS

Rapid changes in emotions are a common occurrence, especially in the first months of pregnancy. A combination of hormonal changes, fatigue, and stress are likely to contribute to frequent mood swings. Small problems may seem overwhelming, disagreements can become major arguments and crying over little things is common. All of these emotional changes can often make personal relationships more and more difficult.

Advice:

- ⇒ Let your partner know that emotional changes are normal in pregnancy
- ⇒ Ask for extra support from family and friends
- ⇒ Get plenty of rest
- ⇒ Include daily exercise – one or two 30 minute walks a day can help
- ⇒ Encourage partner to attend prenatal visits and to be involved with prenatal care
- ⇒ *Do not try to suffer through without help. Talking with someone or getting counseling can be extremely helpful*

MOOD SWINGS (continued)

Contact the office if:

- You feel extreme anxiety, fear or depression.

NASAL STUFFINESS

The normal increase in blood volume during pregnancy can cause some women to experience nasal stuffiness. This may feel like the nasal congestion often related to a cold, flu or allergies without the added symptoms usually present with illness or allergies.

Symptoms:

- The inability to breathe through the nose without any other symptoms of an upper respiratory infection (fever, sore throat, cough, runny nose)

Advice:

- ⇒ Increase humidity in your home
- ⇒ Use saline nose drops or saline nasal mist – Do Not Use medicated nasal sprays

Contact the office if:

Along with nasal stuffiness, you also have:

- Fever
- Sore Throat
- Cough
- Chills
- Body Aches

NAUSEA AND VOMITING

Ranging from mild and occasional to severe and constant, nausea and vomiting is experienced by at least 50 percent of women in early pregnancy. These symptoms are often worst in the morning when the body's blood sugar level is low, but can be present at any time of day. Keep in mind that for the majority of women, these symptoms will fade and pass at the beginning of the third trimester – around 12 to 14 weeks. A small number of women have symptoms beyond this time. The amount of nausea and vomiting can be different with each pregnancy.

Causes & Triggers:

- Hormone changes of pregnancy – most cases of nausea and vomiting have no apparent cause other than normal pregnancy changes in hormones
- Decreased emptying time of the stomach
- Inadequate nutrition – skipping meals or waiting too long between meals
- Taking vitamin and iron supplements, or medications
- Fatigue
- Emotional upset

Symptoms:

- Nausea, frequently upon waking in the morning, sometimes followed by vomiting – this may be present first thing in the morning, but may occur at other times of the day
- Feeling queasy when smelling certain foods
- Aversion (need to avoid) certain foods – meat or greasy foods for example
- Absence of abdominal pain

Advice:

- ⇒ For early morning nausea, eat something upon waking such as a dry unsalted cracker or banana
- ⇒ Eat small frequent meals – try eating 6 to 8 smaller meals instead of three large ones
- ⇒ Eliminate greasy spicy foods from diet
- ⇒ Increase foods high in carbohydrate as they seem to be better tolerated
- ⇒ Increase protein snacks – eggs, meat, cheese- which helps sustain a more even blood sugar level until the next snack
- ⇒ Be sure to maintain adequate fluid intake – 8 to 10 cups a day

NAUSEA AND VOMITING (continued)

Contact the office immediately if:

- Nausea and vomiting is causing weight loss
- Severe vomiting (unable to keep down any food or fluids)—whether from pregnancy, the “flu” or food poisoning—should be evaluated right away.

NOSEBLEEDS

The increased blood volume in pregnancy can cause not only nasal stuffiness but may also lead to nose bleeds. Both congestion and nosebleeds are more frequent in the second and third trimesters and during the winter months when there is likely to be more dry heat indoors.

Symptoms:

- Spontaneous nosebleeds not caused by trauma
- May see old, dry or fresh blood on inside of nose

Advice:

- ⇒ Drink plenty of fluids to stay well hydrated – Drink 8 to 10 cups of water a day
- ⇒ Try a humidifier to cut down on exposure to dry heated air
- ⇒ When blowing nose, do it gently to avoid irritating small blood vessels
- ⇒ Do not use medicated nasal sprays
- ⇒ For active nose bleeds, apply constant pressure to nostrils by pinching them together for a period of ten minutes

Contact the office immediately if:

- Bleeding does not stop.

SHORTNESS OF BREATH

Occasional shortness of breath or difficulty breathing is common in pregnancy. It occurs in 50% to 75% of pregnant women with no previous history of heart or lung disease, and may be present as early as the first trimester.

Causes:

- Normal changes in respiratory (lung) function due to the hormones of pregnancy
- Normal changes in anatomy due to pregnancy can cause an increased awareness of the act of breathing, sometimes more noticeable during physical activity
- The growing uterus causes the abdominal organs to press up toward the lungs, making it feel harder to take a deep breath
- Lower than normal blood pressure – sometimes related to pressure of the uterus on the vena cava (large blood vessel that carries blood from legs to heart and lungs)

Symptoms:

- Shortness of breath, feeling breathless or an increased awareness of breathing, may or may not be associated with physical activity.
- May need an extra pillow to sleep in the third trimester.

Advice:

- ⇒ Be aware of your posture – sit up and stand up straight
- ⇒ Rest after exercise or an increase in physical activity
- ⇒ Lie on left side if shortness of breath occurs when lying on back
- ⇒ Raise head on pillows while sleeping
- ⇒ Avoid sudden or prolonged increases in physical activity

Contact the office immediately if:

- Severe, persistent or progressively worsening shortness of breath
- Chest pain
- Fever
- Persistent or bloody cough
- Bloody cough
- Symptoms of upper respiratory infection (* see section titled 'Head Cold / Upper Respiratory Infection')

SKIN CHANGES: DARKENED AREAS, STRETCH MARKS AND ITCHING

DARKENING OF SKIN

Many women will notice darkening of certain areas of the skin during pregnancy. While many of these changes will fade during the year following delivery, the darkening can be more persistent and even permanent in women with darker skin and hair. These pigment changes are related to the hormones of pregnancy, and while they cannot be avoided or “cured,” they can be made worse by exposure to the sun.

Symptoms:

- Darker skin in a variety of areas:
 - Areolas (the flat area around the nipples), labia, and/or underarms
 - Existing scars or birthmarks may darken
 - Linea negra may appear – Some women will develop a dark line from the pubic bond to the umbilicus (belly button) that sometimes extends up toward the breast bone
 - 50% to 75% of women will notice dark patches on the face, also called cholasma or the “mask of pregnancy” – more common in women with dark skin or those with prolonged sun exposure

Advice:

- ⇒ Avoid exposing skin to the sun whenever possible
- ⇒ Wear sun screen (15 SPF or higher) and protective clothing – hats and long sleeves and long pants – when sun exposure is unavoidable
- ⇒ Remember that these are normal changes that are caused by pregnancy related hormone changes in the body
- ⇒ ***There are no creams, potions, or home remedies known to keep these pigment changes from occurring***

STRETCH MARKS

Symptoms:

- Stretch marks, also called striae gravidarum, may appear as pink, red or purple stripe-like marks, and are most likely to appear in the second and third trimesters.

SKIN CHANGES: DARKENED AREAS, STRETCH MARKS AND ITCHING (continued)

Causes:

- They occur as the skin is stretched beyond its limit over the growing areas of the body, such as the abdomen, breasts, thighs and buttocks, causing the inner skin layers to tear.
- They are more likely to develop in women with a family history.

Advice:

⇒ Unfortunately, these marks are permanent. Applying special lotions, oils, or creams will not prevent stretch marks, but they will usually fade to a silvery color after delivery and become less noticeable.

ITCHING**Symptoms:**

- Some women experience itchy skin, especially over the abdomen, which can worsen further into the pregnancy.

Advice:

⇒ Applying lotion or cool compresses may help. In some women a low dose hydrocortisone cream may need to be prescribed.

Contact the office if:

- You experience itching along with sores or other skin changes
- Any new or existing mole appears to have irregular borders, has more than one color, or becomes irritated
- Severe itching that keeps you up at night

SWELLING

Mild swelling of the hands, feet and ankles is normal in the second and third trimester, and is most likely due to an increase in body fluids during pregnancy. It may be more noticeable late in the day, after long periods of standing, during warm weather or after eating large amounts of salty foods. The amount of swelling can feel quite dramatic, but for most women is simply a normal discomfort. In a small number of cases it can indicate a developing complication, pregnancy induced hypertension (PIH) – (See warning below).

Cause:

- Normal increase in blood volume and pressure on the vein's circulation that occurs later in pregnancy
- Salt and water retention related to normal hormonal changes
- Not enough protein in diet
- Prolonged periods of standing, sitting or inactivity
- Clothing that is too tight or restricting

Symptoms:

- Painless swelling of feet, ankles, lower legs or hands that is decreased first thing in the morning, and worsens with standing or at the end of the day

Advice:

- ⇒ Take frequent rest breaks with legs elevated above the heart
- ⇒ Try wearing support hose
- ⇒ Avoid standing for long periods of time
- ⇒ Maintain a well balanced diet – talk to a provider if unsure about protein intake
- ⇒ Limit intake of salty foods –i.e. potato chips, pickles, canned or Ramen soup, and added table salt (Do not cut salt totally from diet since it is needed for the body to function normally)
- ⇒ Increase daily water intake to help flush excess salt from the system
- ⇒ **Swelling can be one of the symptoms associated with pregnancy induced hypertension (PIH)**

Contact the office immediately if:

- For sudden or unusual swelling of leg, hands and face
- Especially if associated with headaches, visual disturbances (seeing spots, flashing lights or loss of vision), shortness of breath, or upper-mid abdominal pain

URINARY FREQUENCY

Having to urinate more frequently is expected as the pregnancy progresses. As the uterus enlarges, it pushes against the bladder reducing its capacity to hold urine and causes a feeling of fullness. Urinary frequency can also be one of the symptoms of a bladder, or urinary tract infection (UTI). See section explaining UTIs for details.

Cause:

- Early in pregnancy – increased blood volume due to normal hormonal changes
- Later in pregnancy – pressure on the bladder from the growing uterus

Symptom:

- Frequent urination without pain or blood in urine

Advice:

- ⇒ Urinate when the urge occurs to avoid developing a urinary tract infection
- ⇒ Limit of caffeine containing beverages – coffee, tea, sodas
- ⇒ Maintain a good fluid intake during the day, with less fluid intake in the evening to reduce trips to the bathroom during the night

Contact the office immediately if:

- Urinary urgency – the need to go in a hurry
- Burning with urination
- The sensation of incomplete emptying of the bladder
- Back pain
- Fever, chills, or body aches

All of which could indicate the presence of a urinary tract infection

URINARY TRACT INFECTION

A urinary tract infection (UTI) can occur in the lower or upper urinary tract; in general, the lower urinary tract refers to the bladder and urethra (where the urine exits the body), and the upper urinary tract indicates the kidneys. UTIs can occur at any time in pregnancy but are more common in the second trimester. The more common lower UTI, also referred to as a bladder infection or cystitis, can be easily treated with antibiotics when caught early. An infection of the upper urinary tract, the kidneys, is a much more urgent condition, and can occur as a complication of a lower urinary tract infection that is not treated properly. It is believed that women with a prior history of UTI's are slightly more likely to develop them in pregnancy. Those who have experienced a UTI before becoming pregnant will likely recognize its symptoms, but a UTI during pregnancy will not always display the same symptoms. It is always best to check with a clinician for any urinary tract concerns.

Causes and Triggers:

- Bacteria, that is not usually present, getting into the bladder and causing an infection
- Dehydration caused by not drinking enough fluids daily
- Sexual activity or wiping after a bowel movement from back to front which can introduce infecting bacteria into urinary tract
- Anatomic changes- pressure on the urethra (the place where urine exits the body) from the growing uterus

Symptoms:

- Pain or burning from urination – usually felt at the urethra (the place where urine exits the body), but may also be felt inside as a burning or cramping feeling
- Urgency – feeling the need to urinate quickly before losing control
- Frequency – having to urinate many more times than usual, and often urinating only small amounts of urine
- Hesitancy – difficulty starting the flow of urine
- Incomplete emptying – after urinating, it feels as though the bladder is not yet empty
- May note blood in urine – blood in the urine may appear as bloody or dark brown
- Pain or cramping at the bladder – low in the abdomen, right above the pubic bone
- Unusual odor or a cloudy appearance to urine
- *Because there may be no obvious symptoms that a UTI is present, urine testing will be performed at each prenatal visit.*

Advice:

- ⇒ Keep every one of your prenatal appointments to allow for regular screening
- ⇒ Maintain adequate fluid intake to avoid dehydration – drink at least 8 to 10 cups a day
- ⇒ See clinician as soon as possible at the first sign of a UTI for evaluation
- ⇒ Do not attempt to self treat a UTI as they can quickly become very serious without proper antibiotic treatment
- ⇒ **** Be sure to finish all antibiotics prescribed for the treatment of a UTI ****

Contact the office immediately if:

- You notice signs that a UTI has become very serious
- An increase of the symptoms described above despite antibiotic treatment
- Back pain
- Fever, flu-like body aches and/or chills, nausea or vomiting

VAGINAL DISCHARGE

Increased vaginal discharge is one of the normal changes in pregnancy and is caused by the increased blood supply to the uterus, cervix, and vagina. This normal discharge is usually thin and milky or slightly mucousy, and will usually increase in amount as the pregnancy progresses.

Symptoms:

- Vaginal discharge is normal if:
 - White or clear
 - Occurs occasionally, or off-and-on throughout the day
 - There is no associated itching, unusual odor or bleeding
- Increased vaginal discharge may be noticeable in underwear

Advice:

- ⇒ Use good personal hygiene, keep vulva (vaginal area) dry and clean
- ⇒ Always wear clean underwear, cotton if possible
- ⇒ Do not douche – this can wash away the healthy vaginal environment, causing vaginal infections
- ⇒ Wipe from the front toward the back after going to the bathroom
- ⇒ Wear a panty-liner as desired to protect clothing
- ⇒ **A change in, or increase of, vaginal discharge can also be a sign of infection**

VAGINAL DISCHARGE (continued)

Contact the office for:

- A foul odor, or the discharge changes color- yellow or green
- Any vaginal pain, itching or swelling
- Lower abdominal or pelvic pain along with unusual vaginal discharge changes
- Problems urinating

Call immediately for:

- A big gush of clear fluid that is not urine
- A constant leak of clear fluid that soaks panties or panty-liners over time
- ANYTIME there is bleeding.

This may indicate leaking amniotic fluid (a broken bag of waters)

VARICOSE VEINS

It is the job of the body's veins to return blood to the heart. In pregnancy, the valves and muscles that help to control vein function are sometimes relaxed or weakened, causing blood to pool or back up. This puts pressure on the veins and can cause bulging and discomfort. Varicose veins are more likely to occur in women who have already had at least one pregnancy and in obese women. They are also more likely if they run in the family.

Cause:

- Increased blood volume in pregnancy
- Increased weight of the pregnant uterus adding pressure on the veins returning blood from the legs
- Inactivity and poor muscle tone decrease circulation
- Prolonged standing or sitting
- Excessive weight gain

Symptoms:

- Increased visibility of veins up to and including bulging
- Dull, aching pain in the legs, especially after standing or sitting for long periods
- They can be present in the lower legs, thighs, vagina and labia

VARICOSE VEINS (continued)

Advice:

- ⇒ Try wearing maternity support hose – ideally they should be put on before getting out of bed in the morning
- ⇒ Lay down and elevate legs and hips periodically during the day, be sure legs are elevated above the level of the heart
- ⇒ When sitting for long periods, get up and move around every hour
- ⇒ Do not cross your legs while sitting or lying down
- ⇒ Rotate the feet at the ankle in a circular motion to help the leg muscles return blood toward the heart
- ⇒ Wear a sanitary napkin in your underwear snugly against your body to help reduce swelling of veins in the labia
- ⇒ Include daily exercise – walking, swimming, or cycling can help build muscle tone in legs which can help blood return toward the heart
- ⇒ **Women with varicose veins may be more likely to develop blood clots**

Call immediately if:

- Redness
- Painful swelling
- Increased heat noticed along with a bulging vein

WARNING SIGNS IN PREGNANCY:

Call your provider immediately for the following:

- ⇒ Bleeding from the vagina
- ⇒ Gush or leaking of fluid from the vagina (wear a panty liner to help report amount)
- ⇒ Abdominal pain
- ⇒ Cramping that comes and goes, more than 3 times an hour, especially if associated with a feeling of pelvic pressure, low-back pain, and/or a change in vaginal discharge (spotting, pink or brown discharge)
- ⇒ Severe headache that does not go away with acetaminophen (Tylenol), rest, or food
- ⇒ Severe headache with dizziness, changes in vision (seeing spots, flashing lights, dimming or blurring), or unusual swelling of hands, feet and face
- ⇒ More than four contractions in one hour
- ⇒ Nausea and vomiting that does not stop (you cannot keep food or fluids down)
- ⇒ Any illness that involves a temperature of 100.5 or more
- ⇒ A decrease or change in the way your baby moves

RESOURCES:

This handout is a distillation of pregnancy related facts, tips and general health information intended for the use of East Bay Perinatal Medical Associates clients. Multiple resources were utilized in researching this handouts contents, including numerous medical texts, pre-existing patient education handouts, CPSP resource manuals, as well as the collective experience of several maternal/child health care providers. Careful effort has been made to avoid direct duplication of text from previously published materials, thus any similarities, if present, are purely unintentional.

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