

COPING WITH COMMON DISCOMFORTS PREGNANCY

NAUSEA

Nausea, sometimes accompanied by vomiting, is an unpleasant side effect of pregnancy. 60–80% of pregnant women experience this nausea with half experiencing vomiting as well. Despite its common name “morning sickness” it can occur at any time of the day. It is usually limited to the early weeks of pregnancy, beginning in the first 4–16 weeks and disappearing by 14–17 weeks. To date no specific cause has been identified but some suggested causes include hormonal changes and the stress and anxiety of becoming pregnant. Despite the discomfort of morning sickness, it is usually not dangerous to the mother or baby in fact, research shows that women who experience morning sickness have better pregnancy outcomes, including decreased incidence of miscarriages. However, if nausea and vomiting are persistent, severe, and prolonged, medical treatment may be necessary. This condition (“hyperemesis gravidarum”) occurs in 2% of pregnant women and can result in electrolyte imbalance, dehydration, and nutrient deficiencies which can affect your pregnancy so it is important to report severe nausea or vomiting that affects your ability to eat to your caregiver.

Some remedies to try:

- Small, frequent meals or snacks (as often as every 2-3 hours while awake and even if you wake in the night)
- Eat something before getting out of bed. Keep plain crackers at bedside
- Avoid lying flat for 2 hours after eating.
- Chew food thoroughly and avoid large amounts of fluid with meals - take liquids & solids at separate times - save beverages until 1 hour after meals
- Avoid greasy, gassy, fatty foods or highly seasoned foods.
- Eat high carbohydrate foods (which empty quickly from stomach) such as breads, dry cereals, crackers, jelly, fruit (canned or fresh), jam & toast, plain pasta or noodles, mashed potatoes, mild vegetables.
- Limit caffeine (stimulates gastric secretions)
- Maintain hydration by drinking lots of water (12 glasses each day) and taking baths
- A protein snack before bed will help low blood sugar in the morning
- If having trouble keeping meals down just eat whatever you fancy
- Homeopathic Sepia 6X, Ipecacuana 6X or Nux Vomica 6X three times daily for 5 days
- Ginger: it can be in the form of ginger capsules (available from chemist as travel sickness remedy), tea made from freshly grated ginger, ginger ale (with real, rather than artificial ginger), ginger biscuits etc
- Slippery Elm tablets, two before each meal
- Herbal Teas to be sipped hot: spearmint, peppermint, raspberry, chamomile, ginger
- A teaspoon of cider vinegar in a cup of warm water
- Avoid strenuous exercise, however moderate exercise improves GI tract function so try a walk everyday
- Take a Vitamin B6 supplement
- Iron supplements can make some women feel sick (discontinue temporarily & increase nutritional iron)
- Sea bands on both wrists for acupressure points
- Chewing gum helps some people

CONSTIPATION AND HAEMORRHOIDS

Constipation can become a problem in pregnancy due to hormonal changes affecting the digestive system (especially the relaxing effect of progesterone). Iron tablets can also lead to constipation as well as a lack of fibre in your diet. Haemorrhoids are varicose veins of the rectum, which are associated with pregnancy. Preventing constipation is a good start to preventing haemorrhoids.

Some Remedies To Try: (Constipation)

- Regular exercise
- Plenty of fruits and vegetables in your diet – especially raw fruits and vegetables (like carrots and celery - chewed well)
- Make sure you have a high fibre diet – e.g. bran cereal for breakfast every day.
- Drink plenty of fluids – especially fluids that are higher in fibre (prune juice, apple juice, vegetable juice)
- When you have to go...GO!!!! Do not delay the urge!!
- Talk to your midwife about other options (such as lactulose syrup) if the above don't help or things get urgent!

Some Remedies To Try: (Haemorrhoids)

- Avoid straining. Keep the anus clean by wiping carefully after each bowel movement. Gently wipe from the front to the back. Baby wipes (unscented) are usually gentler than toilet paper. If you use toilet paper, use only soft, undyed, unscented toilet paper. Rinsing in the shower may also be helpful eliminates the itching and burning.
- Apply baking soda wet or dry to take away the itch, or try adding some to your bath water
- Apply tea tree oil, active manuka honey, witch hazel, lemon juice, comfrey ointment or yellowdock root ointment
- Homeopathic Hamamelis
- Herbal or Epsom Salts sitz baths
- Get a potato, wash and grate some (making sure there is some peeling) to make a pile in the middle of a paper towel – twist into a pouch and turn over and apply the paper towel side to the haemorrhoids.
- Pour witch hazel on round cosmetic cotton pads and tuck in between the cheeks, where they usually stay in place. Make in a batch and keep in a plastic container in the fridge - usually feels better if cold.

- Do regular pelvic floor exercises to improve the blood flow to the area.
- Keep your feet elevated, rest on your side whenever possible, and try not to sit for long periods. For very painful flare-ups, stay off your feet and in bed for a full day.

HEARTBURN

Heartburn and indigestion are common in the final 3 - 4 months of pregnancy as stomach acids flow back into the oesophagus, causing a burning pain due to pressure on the stomach from the growing baby.

Some remedies to try:

- Eat 5 - 6 small meals each day and chew the food slowly.
- Limit your amount of greasy, fatty, and fried foods. These can take 4-6 hours to digest before leaving the stomach. Never have a high fat snack before bedtime.
- Limit spicy food. Many women find chili powder and peppers to be troublesome.
- Avoid foods that may aggravate heartburn, such as broccoli, cabbage, chocolate, garlic, onions, and caffeine.
- Drink fluids, including soup, between meals rather than with meals.
- Wear clothes that are loose around the waist.
- Remain upright 1-2 hours after a meal or snack.
- Sleeping in a recliner may give some relief at night.
- Discuss with your pregnancy caregiver which antacids are best to take during pregnancy.

THRUSH

Thrush is a fungal or yeast infection, usually of the vagina, caused by a microscopic fungus called *Candida albicans*. It is extremely irritating infection which pregnant women are 2 - 10 times more likely to get because the hormonal changes of pregnancy alter the acid-alkaline balance making it easier for the organism, which normally lives in the body quite harmlessly, to multiply. It's normal to have an increased discharge during pregnancy however if the discharge becomes thick, white, creamy, like cottage cheese, and you have redness, white patches or intense itching you may have thrush. Sex may be uncomfortable or painful and if your partner also has thrush (which is often the case) they may experience discomfort when passing urine and / or inflammation, dry rough red patches on their penis.

What causes it? Conditions that encourage an alkaline environment in the vagina and allow thrush to flourish include: pregnancy, taking antibiotics, stress, lack of sleep / not sleeping well, poor diet (especially the over consumption of refined sugary foods), zinc and iron deficiencies, hot weather, wearing synthetic underwear, pantyhose, tight trousers, vaginal deodorants and powders (which should be avoided during pregnancy anyway), douching or washing out the vagina (should also be avoided during pregnancy), plastic backed panty liners or sanitary pads, hormonal contraceptives, diabetes, chemicals (such as inks, dyes, and perfumes - including those in washing detergents, bubble baths, bath salts, scented tampons, pads, toilet paper), washing the vaginal area with soap, injury to the genital area (often related to friction / not enough lubrication), sexual transmission, a weakened immune system, not wiping the genital area from front to back and taking long hot baths (which provide the ideal warm, moist environment for the bacteria to flourish)

Prevention and Treatment - Firstly it's important that partners also treat themselves because they can have thrush from contact with you and may re-infect you. Using condoms during the treatment or until the thrush has cleared will help as semen is very alkaline and will encourage the growth. With a severe infection avoiding sex may be advisable as friction can break up and spread the thrush. You should also use a clean towel every day (don't share with anyone else) and wash your laundry (especially underwear) every day if possible using the 'soak' cycle and pouring in a couple of cups of vinegar and letting this soak for about half an hour, then washing on the hottest setting and drying in direct sunlight. Many women who have mild thrush or suffer from thrush regularly will use natural methods to keep it under control and only use medications when it becomes severe.

These include:

- Eating plain unsweetened natural yoghurt with acidophilus which kills yeast by producing hydrogen peroxide. This can also be used externally or for persistent thrush try acidophilus capsules.
- Garlic is a natural antifungal so eat plenty of fresh raw garlic or for a direct treatment use a fresh peeled clove of garlic
- Adding plain salt or baking soda to baths - strong salty solutions are mildly germicidal and soothing to tissues - and baking soda reduces acidity
- Tea Tree oil is an antifungal and can be added to bath water (ten drops) or dilute several drops in a spray bottle with water and apply directly.
- Mix 1 teaspoon of 3% hydrogen peroxide (available at chemist) with 1 cup of water and swab the vaginal area or use as a sitz bath
- Use a 1:5 solution of cider vinegar and water (or the juice of half a lemon per litre of water) to swab the vaginal area 3-5 times daily
- To relieve itching (note will not kill the thrush) use a cotton swab and apply either a witch hazel compresses, a paste of slippery elm powder and water, aloe-vera juice or strong chamomile tea If these are unsuccessful or the thrush is severe there are many pharmaceutical antifungal medications available over the counter at the chemist or on prescription from your midwife.