

Coping with the Discomforts of Pregnancy

As soon as you get pregnant, your body starts working to support your baby's growth. Pregnancy is physically demanding and can cause discomforts. But not every woman has morning sickness, constipation, or leg cramps. Your experience may differ with each pregnancy, too. Try not to compare your pregnancy with others. Talk to your clinicians about changes and concerns. While you can't avoid all pregnancy-related discomforts, the following chart shows you how to help relieve some common ones.

Discomfort	Causes	What to Do
Nausea/Vomiting (Trimester 1) <i>Ask for the handout on Morning Sickness</i>	<ul style="list-style-type: none"> Hormonal changes cause the nausea and vomiting commonly called morning sickness. You may feel sick to your stomach, vomit, or simply be “turned off” by food. Morning sickness can occur anytime of day, especially when your stomach is empty (For most women, morning sickness starts to go away around the fourth month of pregnancy). 	<ul style="list-style-type: none"> Eat regularly, even if you feel nauseated. Not eating does not reduce nausea. Skipping meals causes your blood sugar to drop, making nausea worse. Eat small, light meals or snacks every one to two hours. Eat dry toast, crackers, or dry cereal before you get out of bed in the morning. Carbohydrates are easily digested and help relieve nausea. In early pregnancy, nutritional balance is not as important as getting enough calories. Eat food that appeals to you and that you can keep down. Be sure you drink enough fluids. Drink a few ounces of liquid every one to two hours. Lemonade and Gatorade (if you can tolerate it) are good choices. Sip fluids. If it's hard to drink fluids, try eating foods high in water, like Popsicles, Jell-O, or watermelon. Have solids and liquids separately. Choose low-fat foods and snacks. Avoid greasy foods, spicy foods, tobacco, and alcohol. Food odors may increase nausea. Avoid strong-smelling foods and try eating foods cold. If possible, have your partner prepare meals. Get plenty of rest. Try acupuncture or Seabands® Call your clinician if vomiting becomes severe (three or more times a day), especially if you cannot keep any food down or if you are losing weight.
Breast tenderness (Trimesters 1,2,3)	<ul style="list-style-type: none"> Hormonal changes. As your breasts get bigger, their weight may make you uncomfortable. 	<ul style="list-style-type: none"> Wear a good supportive bra with broad shoulder straps. Wear a bra -- a sports bra may be most comfortable -- or tight T-shirt when you sleep at night. Roll your shoulders forward and back to ease muscle aches caused by heavy breasts.

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Backache (Trimesters 1,2,3)	<ul style="list-style-type: none"> As your uterus gets larger your abdominal muscles stretch and your lower back muscles tighten up. The weight of your growing uterus and breasts pulls your body forward. Poor posture then causes back strain. 	<ul style="list-style-type: none"> Wear low-heeled shoes. Watch your posture. Be sure to bend at the knees and keep your back straight when bending or lifting. Lift with your legs, not your back. Practice the pelvic tilt and angry cat exercises. Sleep on your side with a pillow between your legs. When sitting, put your feet on a low stool to keep your hips and knees aligned. When standing for a long time, put one foot on a low stool. Alternate feet and shift your weight on and off the raised foot. Warm showers and massages can be soothing. Maternity shops and medical supply stores sell belts and binders that help take the weight of your uterus off your back. Sudden, sharp backaches can be relieved with cold packs and rest. Avoid constipation. You can also see a chiropractor to help your backaches. In the second and third trimesters, back pain that comes and goes every few minutes may be early labor. Call your clinician right away if you feel this kind of back pain before you are 37 weeks pregnant.
Dental problems (Trimesters 1,2,3)	<ul style="list-style-type: none"> Your body builds more capillaries (tiny blood vessels) to handle the higher blood volume of pregnancy. These delicate vessels in your gums may bleed when you brush or floss. The pregnancy hormone progesterone dilates blood vessels, which can make gums swell and bleed more than normal. 	<ul style="list-style-type: none"> Use a soft toothbrush. Clean teeth and gums with fluoridated toothpaste. Keep up flossing your teeth. If you can't control gum bleeding, call your clinician. If you had problems with gums or teeth before pregnancy, talk to your dentist. He or she may want you to schedule a few visits during your pregnancy. See your dentist right away to avoid infections if you have teeth or gum problems. When necessary, dental x-rays are okay if you wear a lead apron. Be sure to tell the dentist and assistants that you are pregnant.

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Constipation (Trimesters 1,2,3)	<ul style="list-style-type: none"> The pregnancy hormone progesterone relaxes your digestive tract and slows movement and efficiency of your intestines. Iron pills or prenatal vitamins that have iron can add to constipation, too. 	<ul style="list-style-type: none"> Eat high-fiber foods, such as raw or dried fruits, vegetables, whole grains, and cereals. Try to have 25-30 grams of fiber a day. Add unprocessed bran to cereals, applesauce, and yogurt. (Drink plenty of fluids, or the unprocessed bran may worsen constipation.) Drink at least 8-10 glasses of non-caffeinated liquid a day. Regular exercise helps. Take a brisk walk each day. Take your prenatal vitamin or iron with fruit juice, not milk. When you feel the urge to have a bowel movement, don't put it off or the problem may get worse. Drinking hot liquids may trigger a bowel movement. Stool softeners such as Metamucil®, Fibercon®, or Colace® may help. If constipation persists, call your clinician. Check with him or her before taking any laxatives.
Faintness/dizziness (Trimesters 1,2,3)	<ul style="list-style-type: none"> Because your blood pressure is lower during pregnancy, you may feel lightheaded easily. Sudden changes in position (such as from sitting to standing) cause rapid changes in how fast blood can get to your brain. This may make you feel dizzy. Changing blood sugar levels, overheating, or dehydration can make you lightheaded, too. Anemia (low red blood cell count). 	<ul style="list-style-type: none"> Try not to stand or sit for long periods. Change positions slowly and often. Get up slowly after sitting or lying down. If you are lying down, turn on your side for a few seconds. Then sit on the side of the bed for a moment before getting up. Be especially careful when getting out of a warm tub. Eat and drink at regular intervals. Be sure to drink plenty of fluids throughout the day. Avoid lying on your back after the first trimester if it makes you dizzy. Your uterus can compress a major blood vessel. Take iron pills and eat iron-rich foods. Dress in layers so you can cool off quickly.
Feeling Tired (Trimesters 1, 3)	<ul style="list-style-type: none"> The extra physical and emotional demands of pregnancy may make you feel tired, especially during the first and last trimesters. Lack of sleep due to common discomforts of pregnancy may make fatigue worse. Anemia (low red blood cell count). 	<ul style="list-style-type: none"> Change your activities as needed. Pay attention when your body signals that you need to rest. Do not overtire yourself. Moderate daily exercise may make it easier to sleep at night. Eat regularly, but cut down on sugar. Meditation or relaxation exercises can help restore your energy. Extra sleep can help. Try to go to bed earlier and sleep later whenever you can. Expect to slow down as you near your due date. You may need extra iron. Take prenatal vitamins or iron pills, if prescribed by your clinician. Eat iron-rich foods.

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Frequent Urination and Bladder Control Problems (Trimesters 1,3)	<ul style="list-style-type: none"> During the first trimester, hormonal influences on the bladder make you feel as if you need to urinate often. As your uterus grows, it presses on your bladder. This pressure also makes you feel as if you have to urinate. Urinating often is also common in the third trimester when the baby may drop in the pelvis. Pregnant women often lose urine when they cough, laugh, or sneeze because of pressure on the bladder from the uterus. 	<ul style="list-style-type: none"> This problem gets better in the second trimester, when the uterus rises out of the pelvis and into your abdomen. Empty your bladder often. Learn where the bathrooms are in places you visit often. Wear a pad if you have problems with leaking urine. Do Kegel Exercises to strengthen your pelvic muscles and prevent leaks. Call your clinician if urinating is painful. You may have a urinary tract infection, which should be treated.
Headache (Trimesters 1,2,3,)	<ul style="list-style-type: none"> Headaches are not uncommon during pregnancy. They are often caused by stress or tension. Low blood sugar due to the nutritional demands of pregnancy may cause headaches. Pregnancy hormones make the mucus lining of your nose and sinuses swell. Some headaches may be caused by sinus congestion or swelling. Women who suddenly cut down on caffeine may suffer “withdrawal” headaches for a few days. 	<ul style="list-style-type: none"> Practice relaxation exercises to reduce stress and tension. Eat and drink at regular intervals. Cut down on caffeine gradually. A cool face cloth pressed against your forehead may help. Inhaling warm steam in the shower may relieve sinus congestion. You may take acetaminophen (Tylenol®, Datril®), if needed. Do not take aspirin, Ibuprofen (Motrin®) or naproxen sodium (Aleve®) unless recommended by a clinician. Be sure to check with your clinician before taking any pain relievers other than acetaminophen. Severe headaches that are not relieved by acetaminophen should be reported to your clinician right away. This may be a sign of high blood pressure, which can be serious during pregnancy.
Nosebleeds (Trimesters 1,2,3)	<ul style="list-style-type: none"> The number of capillaries (tiny blood vessels) increases to handle the additional blood volume of pregnancy. These vessels are delicate and may bleed. The pregnancy hormone progesterone dilates blood vessels, which may cause more bleeding than normal. 	<ul style="list-style-type: none"> Press on your upper lip just below your nostrils. Place a cold cloth on the bridge of your nose and lie back on a pillow. If the air in your home is dry, use a humidifier. This can keep nasal membranes from getting dry and irritated. Apply a bit of petroleum jelly (Vaseline) to the inside of your nose.

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Leg Cramps (Trimesters 1,2,3)	<ul style="list-style-type: none"> Painful cramps of leg and calf muscles are common during pregnancy. Leg cramps may occur as your body adapts to changes in weight and its center of gravity. Some clinicians believe leg cramps may be related to too much or not enough calcium. Your legs may ache, too, if you stand for long periods of time. 	<ul style="list-style-type: none"> Avoid curling or pointing your toes. If you get a cramp, do not massage your leg. Grasp your foot with your hand and gently pull it toward you. Stretch your foot so the toes point toward your nose. Don't tuck sheets in tightly at the foot of your bed. Walk on the balls of your feet. Take a warm bath before bed. Sleep with a pillow under your knees. Try taking Tums or Rolaids at bedtime. Put your legs up often if they ache. Wearing support panty hose may help. Put them on in the morning before you get out of bed, or after you have rested with your feet up for 10-20 minutes. Call your clinician if leg cramps persist or worsen.
Trouble Sleeping (Trimesters 1,2,3)	<ul style="list-style-type: none"> You may wake up often to urinate. The baby's kicking may awaken you or make it hard to fall asleep. In the last months of pregnancy, your size may make it hard to get comfortable. Anxiety may keep you awake. Dreaming is common during pregnancy. Vivid (sometimes frightening) dreams may wake you up. You may find it hard to fall asleep again. 	<ul style="list-style-type: none"> Exercise during the day (at least two to three hours before bedtime) may help you fall asleep more easily. Relaxation exercises and meditation can be soothing. A warm bath before bedtime, a light snack, or warm milk may help. An extra pillow tucked under your belly or between your legs can help you find a more comfortable position. Experiment or ask your clinician for advice. As your size increases, you may rest more comfortably when sleeping alone. A lounge chair or recliner may be more comfortable than a bed. Frightening dreams, which can be unsettling, are common as you anticipate birth and parenting. Remember that they don't predict what will happen to you or your baby. Try to identify and address your fears. Discuss your concerns with a trusted friend or your clinician. Don't worry if you wake up on your back- it's OK unless you feel dizzy.
Hemorrhoids (Trimesters 2,3)	<ul style="list-style-type: none"> Pressure on the anus from the pregnancy causes the veins in the area to swell. The pressure of the baby's head or straining during a bowel movement can contribute to hemorrhoids. Symptoms include itching, discomfort, and sometimes pain or bleeding when emptying the bowels or after. If left untreated, the inflamed and swollen veins may protrude through the anus or clot off, causing severe pain. 	<ul style="list-style-type: none"> Try to prevent constipation (see above), which may lead to straining and prolonged sitting when having a bowel movement. Don't put off having a bowel movement when you get the urge. Soak the area in shallow warm water (a sitz bath). Apply petroleum jelly (Vaseline) near hemorrhoids before bowel movements. Try not to stand or sit for long periods. Applying an ice pack, cotton balls or gauze pads soaked in witch hazel, Tucks pads, or a warm washcloth to the area may provide some relief. If hemorrhoids persist, ask your clinician to recommend an ointment.

Discomfort	Causes	What to Do
Vaginal Discharge (Trimesters 1,2,3)	<ul style="list-style-type: none"> Hormonal changes may increase cervical mucus or vaginal discharge. This discharge is usually clear, light yellow, or white, and does not cause pain or itching Hormonal changes also make you more susceptible to yeast infections. 	<ul style="list-style-type: none"> You may feel more comfortable wearing a mini-pad. Wear cotton underwear to help avoid yeast infections. Do not douche during pregnancy. If discharge is white and cottage cheese-like, and causes itching and soreness, you may have a yeast infection. Call your clinician before using non-prescription remedies. Call your clinician if you have vaginal soreness, or colored or foul-smelling discharge. You may have an infection that needs treatment. A big increase in mucousy vaginal discharge may be a sign that the cervix is opening (dilating). If you notice this before 37 weeks, call your clinician right away.
Varicose Veins (Trimesters 1,2,3)	<ul style="list-style-type: none"> Tiny valves in the veins help blood return to the heart by keeping gravity from pulling blood back down toward the feet. During pregnancy these valves may stretch. Extra blood collects in the veins, causing them to swell. The growing uterus may also restrict blood returning from the legs. Women may inherit a tendency to get varicose veins. Varicose (Swollen) veins usually occur in the thighs and calves but may occur in the vulva. These veins can become painful. Varicose veins may worsen with each pregnancy. 	<ul style="list-style-type: none"> Put up your legs whenever possible. This helps blood move from your legs back to your heart. Avoid crossing your legs and standing for long periods. Foot exercises help keep blood moving through the legs. Support pantyhose can help (Ask your clinician for recommendations). Put them on before you get up in the morning or after you have rested with your feet up for 10-20 minutes. This is especially helpful for women whose legs ache. Avoid tight clothing. Do not wear knee-high nylons. Get enough exercise. Take short walks from time to time at work or when traveling. For vulvar varicosities, a cool sitz bath, wearing a maxi-pad, or raising your hips a bit when lying down may help. Support belts are also available.

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Heartburn & Indigestion (Trimesters 1,2,3)	<ul style="list-style-type: none"> Hormonal changes relax the digestive tract, allowing stomach acid to leak back into the esophagus. This causes a burning sensation in the middle of your chest. In later trimesters, the uterus pushes up on your stomach, also forcing stomach acid back into the esophagus. 	<ul style="list-style-type: none"> Keep meals small. Try eating five or more small meals each day. Eat sitting up and try to stay relaxed during meals. Chew food thoroughly. Do not lie down immediately after eating. Wait 60-90 minutes. Raise the head of your bed as described under Breathlessness. Do not drink with meals. Have fluids one to two hours after eating. Avoid foods that irritate your stomach. For example: caffeine; tomato sauce; chocolate; greasy, fatty, or fried foods; and some spices. Do not take sodium bicarbonate (such as Alka-Seltzer®) or baking soda. Liquid or chewable antacids may help. Take them only in recommended doses. Tums has the added bonus of calcium. If you have questions about non-prescription antacids like Tagamet®, Zantac®, or Pepcid®, talk to your clinician.
Swelling (edema) (Trimester 3)	<ul style="list-style-type: none"> During pregnancy, your body retains water, which can cause swelling (edema). This usually occurs in the legs and ankles, but sometimes involves the hands, arms, and face, you may notice swelling most in hot weather, after you have been standing for a long time, or after eating very salty foods. Swelling is common when traveling long distances in a plane, car, bus, or train. Most swelling is not a sign of a serious medical problem 	<ul style="list-style-type: none"> Put your feet up whenever possible. Resting on your side helps move fluids through the kidneys. Drinking less and cutting out salt will not help edema and can be harmful. Do so only on the advice of your clinician. It's okay to cut back on very salty foods. Be sure to drink 8-10 glasses of liquid a day. When traveling by car, stop and take a brief walk at regular intervals. Take frequent short walks on planes and trains. Bus travel may restrict your ability to move around. Look for chances to exercise your legs. Support pantyhose may help. Put them on before you get up in the morning or after you have rested with your legs up for 10-20 minutes. Remove your rings if they seem to be getting tight. If you notice numbness, tingling, or pain in your hands, your clinician may recommend wrist splints. Report any sudden puffiness of the face or hands to your clinician.
Breathlessness (Trimester 3)	<ul style="list-style-type: none"> As the baby grows, your uterus presses against your diaphragm, making it hard to breathe freely Progesterone, one of the pregnancy hormones, makes you breathe more deeply and more often. Anemia (low red blood cell count). 	<ul style="list-style-type: none"> Use extra pillows at night. Raise the head of your bed by four inches. You can put blocks under the feet on your headboard or four inches of soft material under your mattress. Sit down when you feel breathless. Squatting or crouching may help if no chair is available. Hold on to something to steady yourself. For temporary relief, lift your arms over your head. When lying down, lie on your side. Take prenatal vitamins or iron pills, as prescribed. Eat iron-rich foods such as lean red meat, liver, dried beans, and whole-grain or enriched breads You may breathe more freely in the last month of pregnancy if the baby drops low in your pelvis before labor. Call your clinician if breathlessness becomes severe.