COMMON COMPLAINTS IN PREGNANCY

This Whole Health tool focuses on what one might consider as part of a Whole Health approach to a number of pregnancy-related complaints including constipation, gastroesophageal reflux, nausea and vomiting, back pain, and round ligament pain.

CONSTIPATION

Constipation is prevalent among pregnant women, starting early in pregnancy and continuing into the postpartum period. The relaxin hormone causes slowing of the smooth muscle of the intestine, thus slowing intestinal transit. Constipation may be aggravated further by the use of prenatal vitamins that contain ferrous sulfate (a commonly used form of iron).

Ways to address constipation include the following:

- Lifestyle measures, such as increasing exercise, as well as increasing fluid and fiber intake, are a good start.
- Beet molasses is traditionally used at a dose of 1-2 tablespoons daily, and it may be worth trying.
- Ground flaxseed, prunes, and prune juice may also be added to the diet.
- Magnesium citrate supplementation at a dose of 120-240 mg by mouth, at bedtime, can be titrated so that a woman has one soft bowl movement daily. This is likely safe to use right up to delivery, although data is very limited.[1]
- Commonly used for constipation, senna, aloe, and cascara sagrada should be avoided in pregnancy, due to the risk of dependency and possible uterine-stimulating effects late in pregnancy.

GASTROESOPHAGEAL REFLUX

Reflux and heartburn are experienced frequently by pregnant women, especially as they approach term. In addition to the usual lifestyle advice, one might consider suggesting a few supplements that may be beneficial. Unfortunately, none have been specifically studied for treating pregnancy-related gastroesophageal reflux.

- Chamomile (*Matricaria recutita*) is traditionally used for dyspepsia and is safe in pregnancy.[2] It can be consumed as a tea and is noted to have sedative properties.
- Marshmallow root (*Althaea officinalis*) is an herb which contains mucilage polysaccharides known to coat the esophagus and protect it from irritation.[3] To prepare it, patients should steep one-half to one ounce of dried herb in 1 quart of hot water for 30 minutes and drink as a tea.
- Papaya enzyme and probiotics are also reported by the midwifery community to be helpful, but there has not been any research into their use for pregnancy-related dyspepsia.

- Deglycyrrhizinated licorice (DGL) is a safe alternative to over-the-counter antacids. Women may chew 1-2 tablets prior to each meal. Licorice that has not been deglycyrrhizinated should be avoided by pregnant women.

NAUSEA AND VOMITING IN PREGNANCY

Nausea and vomiting in early pregnancy, commonly called morning sickness, is often one of the first complaints prenatal patients experience. There are many options in treating the patient with morning sickness.[4]

- First-line therapy should be good hydration and the consumption of small, frequent meals. Increasing the protein content of meals may be helpful for some women, although this has not been studied.
- Crackers or bread at the bedside for eating prior to rising may be helpful for morning symptoms.
- Peppermint tea can be added to the diet for nausea, but it may exacerbate constipation and heartburn.
- Acupuncture is a safe and effective option as well, for women who can afford it.[5]
- Ginger has been studied and found effective for morning sickness.[6] Ginger extract can be dosed at 125 mg four times daily.[7] Traditionally, ginger has been used most frequently in the powdered form for nausea in the powdered form. Powdered ginger should be dosed at 250 mg four times daily.[7] Two grams per day is considered a safe upper limit for consumption in pregnancy.[8] Women must take into account the amount of ginger present in real ginger ales, in addition to their supplement, recognizing that many ginger ales are artificially flavored and contain no ginger.
- Vitamin B6 and doxylamine (Unisom) have a long history of use by midwives and physicians for nausea and vomiting in pregnancy. The recommended dose of B6 is 2-50 mg every 1 to 8 hours.[9] It is recommended to start with B6, then if not totally effective, to add doxylamine. Patients should be warned that it may cause drowsiness. Some women may choose just to use a dose of 50 mg at bedtime to help with the morning nausea.[9]
- Chamomile, spearmint, pomegranate, lemon, and cardamom may also be helpful.[10]
- Studies on psychological interventions have been of poor quality and inconclusive.[11]

Ginger tea can be made by chopping a piece of ginger root the size of the patient's fifth digit (pinky finger) and then steeping this for 5-10 minutes. Chopping the root activates the therapeutic oils and sipping on the tea can help with both nausea and dehydration.

ROUND LIGAMENT, PELVIC AND LOW BACK PAIN

Round ligament pain, pelvic pain, and low back pain are just two of many musculoskeletal complaints pregnant women present with. There are many nonpharmacological approaches one can consider.

- Prenatal yoga can be very soothing to the pregnant body, and poses (asanas) can often be tailored to specific complaints. Many communities have prenatal yoga classes available.
- Having women tilt the pelvis forward and backward while standing can relieve round ligament discomfort.
- Women can also get on all fours on the floor. They then alternatively arch and relax the back rhythmically to relieve low back pain. This is known as the cat-cow pose sequence in yoga.
- For a complete reference on exercises in pregnancy, read *Essential Exercises for the Childbearing Year* by Elizabeth Noble.[12]
- Prenatal massage is relaxing and can relieve muscular tension and spasm. One should guide patients to massage therapists specifically trained to work with pregnant women, since certain massage points may stimulate uterine contractions.
- Topical herbs that are safe for use during massage include camphor, cajeput oil, wintergreen oil, and eucalyptol. Women can purchase these for their own use at home or have a therapist incorporate them into the massage of painful areas. There are some essential oils which should not be used in pregnancy. Women should consult an experienced practitioner prior to using other essential oils.
- Osteopathic manipulative treatment can be effective for pelvic and low back pain.[13,14] Women should see out an experienced practitioner.
- Acupuncture, exercise, Craniosacral Therapy, and pelvic belts can also be effective for low back and pelvic pain.[14,15]
- Prenatal Physical Therapy can play a role in the prevention of pelvic and low back pain[16,17]

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REFERENCES

1. Vutyavanich T, Wongtra-ngan S, Ruangsri R. Pyridoxine for nausea and vomiting of pregnancy: a randomized, double-blind, placebo-controlled trial. *Am J Obstet Gynecol.* 1995;173(3 Pt 1):881-884.

2. Madisch A, Holtmann G, Mayr G, Vinson B, Hotz J. Treatment of functional dyspepsia with a herbal preparation. A double-blind, randomized, placebo-controlled, multicenter trial. *Digestion.* 2004;69(1):45-52.
3. Basch E, Ulbricht C, Hammerness P, Vora M. Marshmallow (Althaea officinalis L.) monograph. *J Herb Pharmacother.* 2003;3(3):71-81.
4. DiGaetano A. Nausea and Vomiting in Pregnancy. In: Rakel D, ed. *Integrative Medicine.* Philadelphia, PA: Elsevier Saunders; 2007.
5. Sridharan K, Sivaramakrishnan G. Interventions for treating nausea and vomiting in pregnancy: a network meta-analysis and trial sequential analysis of randomized clinical trials. *Expert Rev Clin Pharmacol.* 2018;11(11):1143-1150.
6. McParlin C, O'Donnell A, Robson SC, et al. Treatments for hyperemesis gravidarum and nausea and vomiting in pregnancy: a systematic review. *JAMA.* 2016;316(13):1392-1401.
7. Portnoi G, Chng LA, Karimi-Tabesh L, Koren G, Tan MP, Einarson A. Prospective comparative study of the safety and effectiveness of ginger for the treatment of nausea and vomiting in pregnancy. *Am J Obstet Gynecol.* 2003;189(5):1374-1377.
8. Stanisiere J, Mousset PY, Lafay S. How safe is ginger rhizome for decreasing nausea and vomiting in women during early pregnancy? *Foods (Basel, Switzerland).* 2018;7(4).
9. O'Donnell A, McParlin C, Robson SC, et al. Treatments for hyperemesis gravidarum and nausea and vomiting in pregnancy: a systematic review and economic assessment. *Health Technol Assess.* 2016;20(74):1-268.
10. Khorasani F, Aryan H, Sobhi A, et al. A systematic review of the efficacy of alternative medicine in the treatment of nausea and vomiting of pregnancy. *J Obstet Gynaecol.* 2020;40(1):10-19.
11. Emami-Sahebi A, Elyasi F, Yazdani-Charati J, Shahhosseini Z. Psychological interventions for nausea and vomiting of pregnancy: A systematic review. *Taiwan J Obstet Gynecol.* 2018;57(5):644-649.
12. Noble E, Artal Mittelmark R, Keith LG. *Essential Exercises for the Childbearing Year: A Guide to Health and Comfort Before and After Your Baby is Born.* Harwich: New Life Images; 2003.
13. Franke H, Franke JD, Belz S, Fryer G. Osteopathic manipulative treatment for low back and pelvic girdle pain during and after pregnancy: a systematic review and meta-analysis. *J Bodyw Mov Ther.* 2017;21(4):752-762.
14. Liddle SD, Pennick V. Interventions for preventing and treating low-back and pelvic pain during pregnancy. *Cochrane Database Syst Rev.* 2015(9):Cd001139.
15. Gutke A, Betten C, Degerskar K, Pousette S, Olsen MF. Treatments for pregnancy-related lumbopelvic pain: a systematic review of physiotherapy modalities. *Acta Obstet Gynecol Scand.* 2015;94(11):1156-1167.
16. Bergamo TR, Latorraca COC, Pachito DV, Martimbianco ALC, Riera R. Findings and methodological quality of systematic reviews focusing on acupuncture for pregnancy-related acute conditions. *Acupunct Med.* 2018;36(3):146-152.
17. Van Kampen M, Devoogdt N, De Groef A, Gielen A, Geraerts I. The efficacy of physiotherapy for the prevention and treatment of prenatal symptoms: a systematic review. *Int Urogynecol J.* 2015;26(11):1575-1586.