

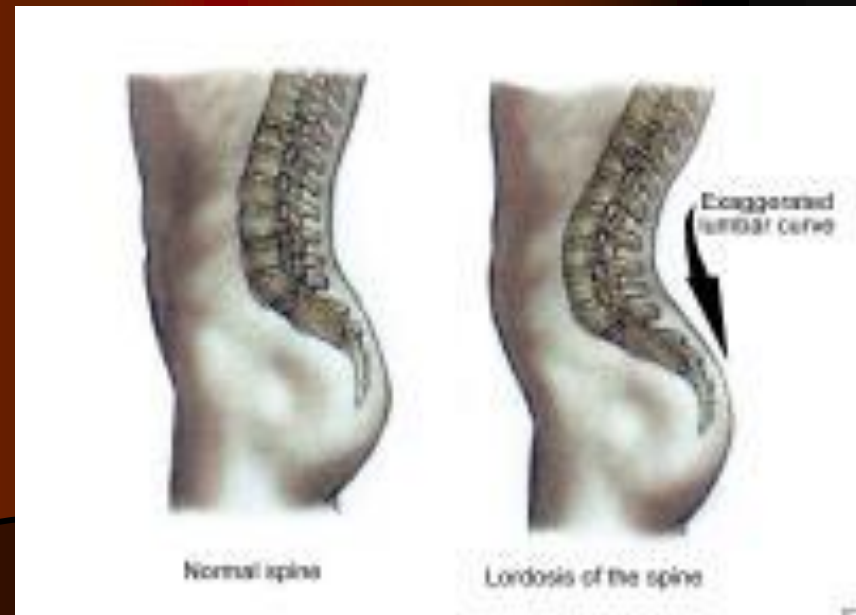
Minor problems of pregnancy

Backache

- Due to laxity of spinal ligaments and an exaggerated lumbar lordosis

Management:

- maintenance of correct posture
- avoiding lifting heavy objects
- avoiding high-heels
- regular physiotherapy
- simple analgesia



Symphysis pubis dysfunction

- Occur in the third trimester. The symphysis pubis joint becomes 'loose'
- analgesia
- a low stability belt.



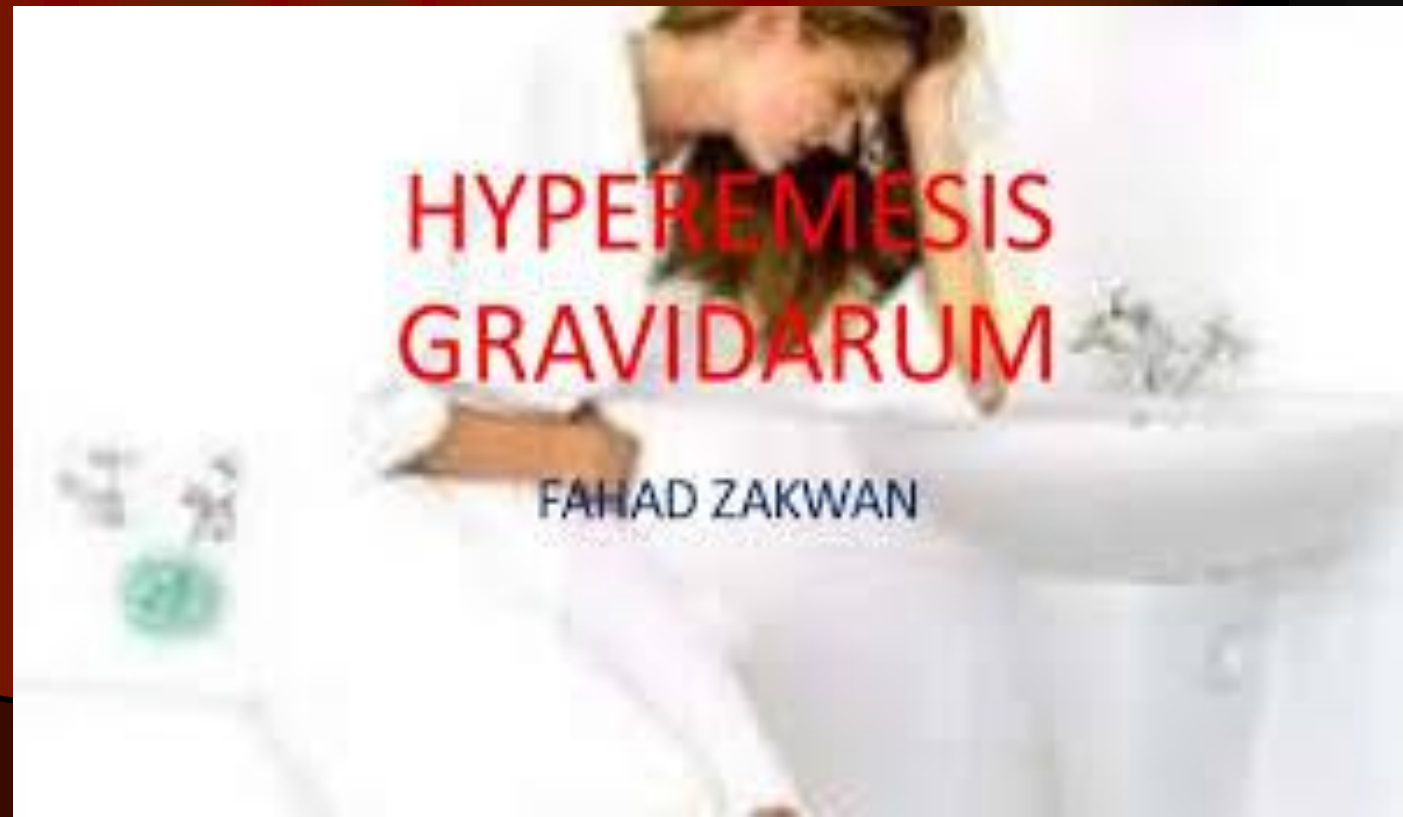
Constipation

- causes
- Management:
- high-fibre diet
- increase fluid intake
- mild (non-stimulant) laxative such as lactulose.

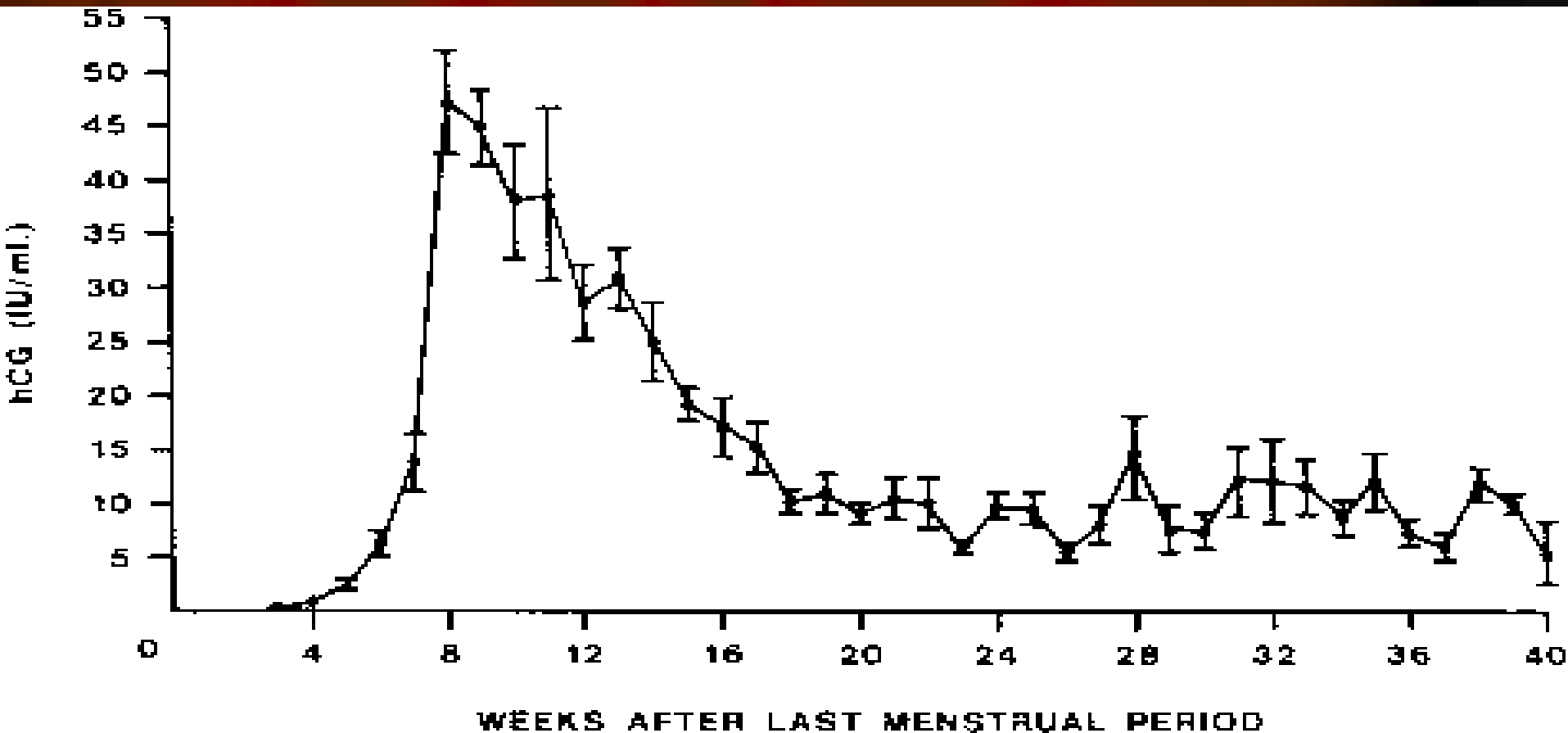


Nausea & vomiting of pregnancy

- NVP affects up to 80% of pregnant cy where there are no other causes. HG is the severe form of NVP, which affects about 0.3–3.6% of pregnant women



- is related to high circulating human chorionic gonadotrophin (hCG) level



Start at 5-6 weeks' gestation, peek at 9 wks
and improve at 16-20 wk.



Hyperemesis Gravidarum

- woman is unable to maintain hydration & nutrition because of severity or duration of symptoms.
- HG can be diagnosed when there is protracted NVP with the triad of more than 5% prepregnancy weight loss, dehydration and electrolyte imbalance.

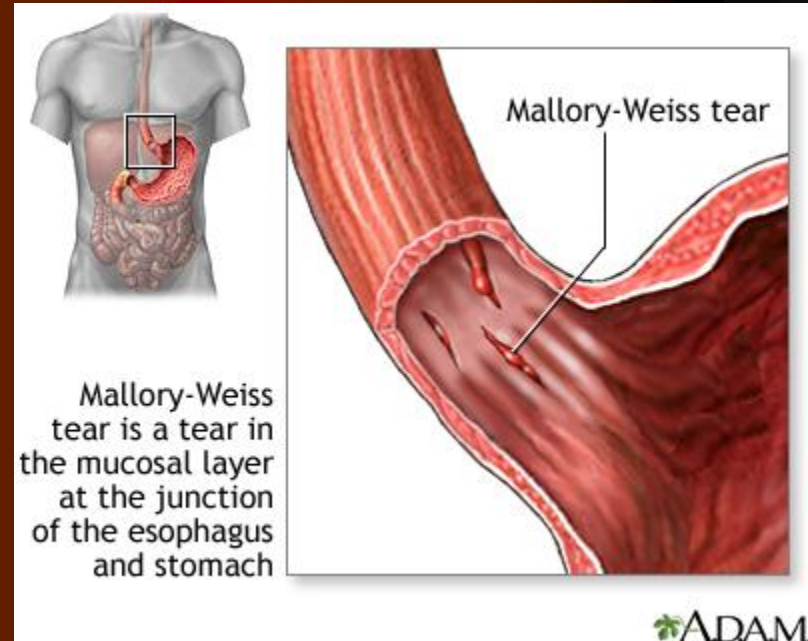
Risk factors for HG include:

- multiple pregnancy
- nulliparity
- Obesity
- metabolic disturbances
- a history of HG in a previous pregnancy
- trophoblastic disorders
- psychological disorders
- history of migration



It is associated with

- Mallory-Weiss tears
- haematemesis
- marked weight loss
- muscle waisting
- Ketonuria
- Dehydration
- electrolyte disturbance including hypokalaemia & metabolic hypochloraemic alkalosis



Complications :

- fetal growth restriction
- maternal hyponatraemia
- thiamin deficiency leading to Wernicke's encephalopathy.

Conditions causing nausea and vomiting in pregnancy include:

- Genito-urinary conditions: UTI, pyelonephritis, ovarian torsion.
- Endocrine conditions: thyrotoxicosis, diabetic ketoacidosis, Addison's disease.
- Gastrointestinal conditions: gastritis, peptic ulcer, pancreatitis, bowel obstruction, hepatitis, cholelithiasis, appendicitis.
- Neurological conditions such as vestibular disease, migraine.
- Other pregnancy-related conditions such as acute fatty liver of pregnancy, pre-eclampsia.

Management:

Exclude other causes of nausea & vomiting

Work up:

Urinalysis for ketones and specific gravity

Hematocrit

Serum electrolytes

Liver enzymes and bilirubin

An US scan is important to exclude
hydatidiform mole & to diagnose multiple
pregnancy, both of which increase the risk
of hyperemesis.

- adequate rehydration :
normal saline with added potassium chloride. Or ringer lactate.

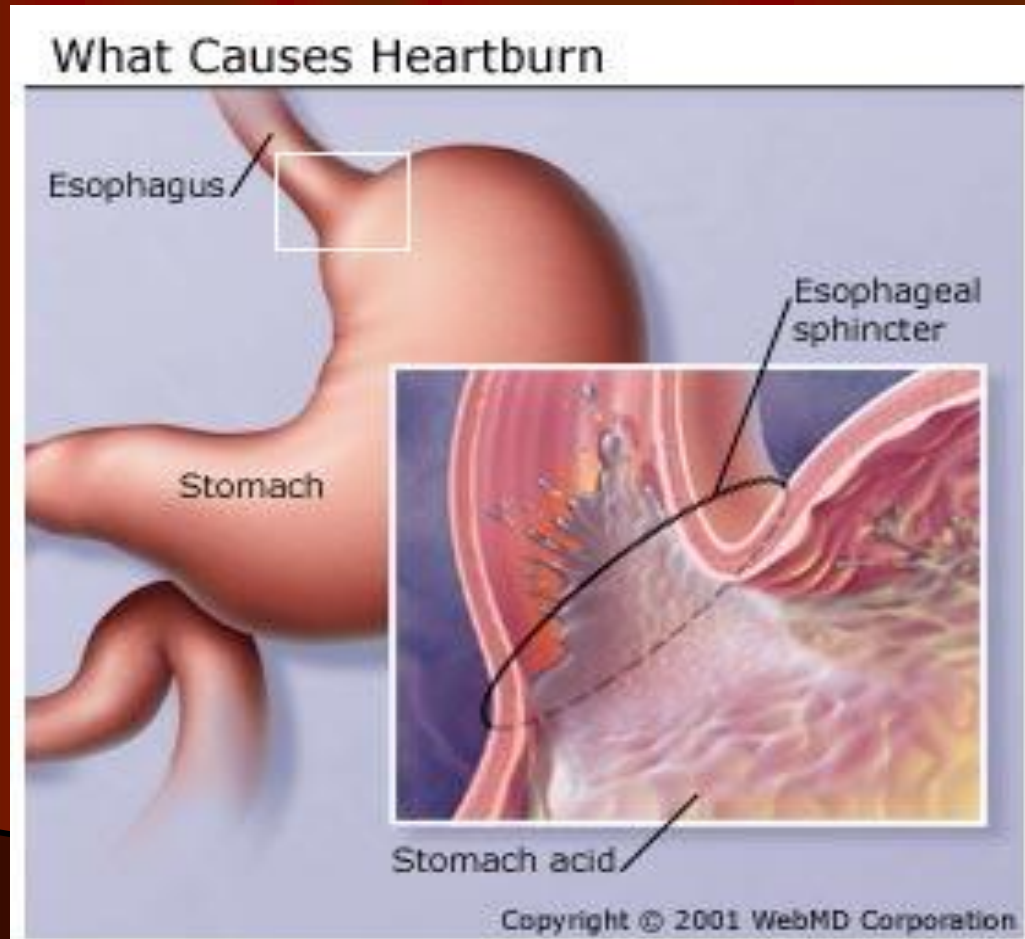
Fluid Replacement

- If significant ketonuria, 1000 ml 0.9% sodium chloride intravenously over 2 to 4 hours. Hartmann's can also be used.
- Thereafter fluids should be reduced to 500 ml 4–6 hourly, the regime being guided by U&E results, which should be performed daily, particularly for monitoring potassium levels.
- Avoid glucose initially as it contains insufficient sodium and especially as Wernicke's encephalopathy may be precipitated unless thiamine is given first.

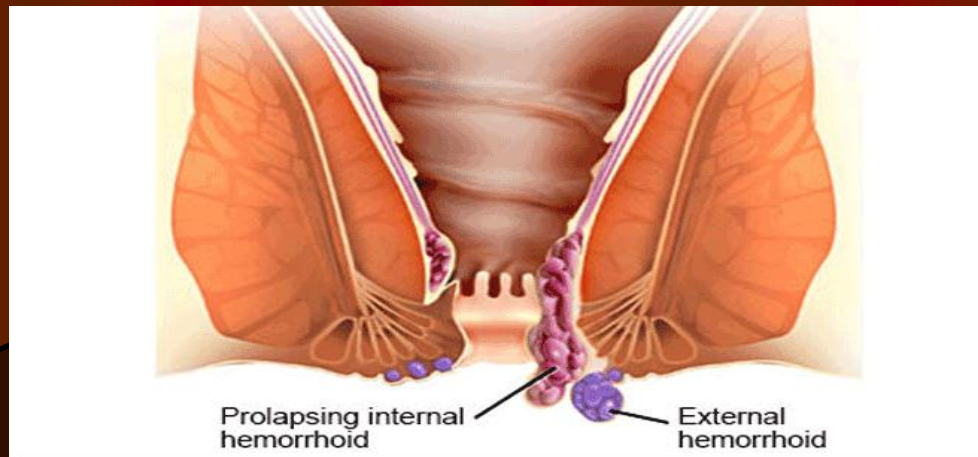
- oral or intravenous administration of thiamine (vit B1)
- Anti-emetics: metaclopramide, Promethazine, prochlorperazine
- Ginger
- In resistant cases a trial of steroid may be effective
- If persistent dehydration, electrolyte loss, and/or weight loss occur despite above therapy, Parenteral nutrition

Heart burn:

- causes
- Management: simple lifestyle modification.
- Liquid antacid preparations & H₂ receptor antagonist (ranitidine).



- **Varicose veins and Haemorrhoids:**
- relaxant effect of progesterone on vascular smooth muscle & the dependent venous stasis caused by the weight of the pregnant uterus on the inferior vena cava.
- piles may be improved with local anesthetic/anti-irritant creams and a high-fibre diet.



- Varicose veins of the legs may be symptomatically improved with support stockings, avoidance of standing for prolonged periods and simple analgesia
- Vulval & vaginal varicosities are uncommon.

- Carpal tunnel syndrome:
- Compression neuropathies occur due to increased soft-tissue swelling.
- The median nerve is most susceptible to compression.
- Diuretics are not advised; simple analgesia and splinting of the affected hand usually help.



Oedema

- there is generalized soft-tissue swelling and increased capillary permeability.
- Generalized edema may be a feature of pre-eclampsia so remember to check blood pressure & urine for protein. . . Severe edema may indicate cardiac impairment or nephrotic syndrome.

