

## CONSTIPATION DURING AND AFTER PREGNANCY

Constipation is a VERY common symptom of pregnancy. It can be a side effect of some medication aimed at improving morning sickness or it can be just a symptom of pregnancy itself. No matter the cause it is worth acknowledging and addressing!

Below are some useful tips we have put together to get things moving again and you feeling better. They are largely based on a similar information sheet produced by MotherSafe and The Royal Hospital for Women.



If at any point you feel like you're getting considerably worse and the options below are not giving you relief, please let me know and we can workshop the next steps in getting you the care you need.

Let's go!

Warmest,

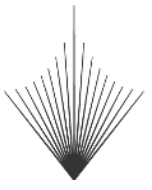
### What Is Constipation?

Normal bowel function varies from person to person, although for what it is worth, the "definition" of constipation having less than three bowel motions per week with stools that are hard and difficult to pass. There may also be a need to push or strain, and a feeling of incomplete evacuation. Having a healthy diet, plenty of fluids and regular exercise will help to maintain regular bowel motions. It is better to prevent constipation in the first place than try to treat it later, especially in pregnancy.

### What Causes Constipation?

Constipation is common in pregnancy with over 40% of women reporting symptoms at some stage of their pregnancy, most commonly in the first and second trimesters. This is largely because the pregnancy hormones act to relax the muscles and slow the transit time of food in the gut. Women who were prone to constipation before they became pregnant, often find their symptoms become worse. Another factor that can contribute to constipation in pregnancy is the medicines taken to treat morning sickness, antacids for heartburn, strong painkillers, multivitamins as well as iron





and calcium tablets. We can aim to have you continue taking the medication or supplement but deal with the constipation. However, if this doesn't work, then stopping or changing the medication is something we can consider.

## Is Constipation In Pregnancy Harmful?

Whilst constipation will make you feel uncomfortable, it is not harmful to your baby. Sometimes straining can lead to haemorrhoids which is where the veins in the rectum become swollen and itchy. Untreated constipation and constant straining also puts stress on the pelvic floor, which we like to try and avoid.

## Lifestyle And Diet.

A good first line option in dealing with constipation is some simple but important changes to your diet and lifestyle. Here are some tips worth considering:

- Toileting: Go to the toilet when you feel the urge, ideally first thing in the morning, or half an hour after a meal. Make sure you have time and privacy, and avoid straining when sitting on the toilet.
- Exercise: Walking, swimming, cycling, yoga can ease constipation. Try to be active and get some exercise every day.
- Fluids: Pregnant and breastfeeding women need to increase their fluid intake, so drink at least 7-8 glasses/day and even more in hot or humid weather. Water is best, but fruit juices (especially prune juice) are also good options. Reduce your intake of caffeine in tea, coffee, cola and energy drinks as these can make the constipation worse.

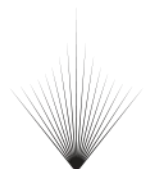
Foods - Eat plenty of high fibre foods (whole grain cereals and bread, fresh fruits and vegetables, nuts, dried fruits and legumes). Bran and psyllium are good natural sources of fibre and can be sprinkled over cereal. Increase your fibre intake gradually to help prevent bloating. Polly will also give you some useful tips on diet in pregnancy and is great at answering any diet specific questions. Polly's email is [pregnancysupport@drjustintucker.com](mailto:pregnancysupport@drjustintucker.com)

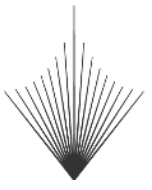
## Suggested Medicines To Treat Constipation In Pregnancy And Breastfeeding:

When changes to your diet and doing some exercise still haven't got things moving, we need to think of some other ways we can stimulate your bowel to be more active. Laxatives are medicines used to treat constipation. They are not to be absorbed from your gut into your bloodstream, and therefore are not associated with problems for your unborn or breastfed baby.

Laxatives are best tried in the following order:

- Bulk-forming laxatives (psyllium, ispaghula, sterculia) increase bulk and moisture in stool, stimulating bowel activity. Taken with plenty of water or fruit juice, they are usually effective in 24 hours, but may take 2-3 days of regular treatment.
- Osmotic laxatives (macrogol, lactulose, sorbitol) draw water into the bowel, to expand and soften the stool. When taken on an empty stomach, they are effective in 2-48 hours.





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- Stimulant laxatives (senna, bisacodyl, cascara) act locally to stimulate the gut, and should be effective in 6-12 hours. They are best taken at bedtime. These should not be used on a regular basis but are fine for one-off or occasional use.
- Stool softener laxatives (docusate) are often ineffective unless combined with an osmotic or stimulant laxative.
- Products such as a Microlax enema may be used occasionally but are not for regular use.

## CONSTIPATION AFTER PREGNANCY

If you have had a caesarean, it is very common for you not to open your bowels for a few days until your gut motility gets back to normal. Stronger painkillers can also cause constipation. We also understand that with the demands of a new baby, it can be hard to eat and drink well but it's good to try and have plenty of fruit and vegetables and increase your fluid intake while breastfeeding. A glass of water at every breastfeed can help guarantee this. All of the above listed treatments are safe when breastfeeding.

