



Common Discomforts of Pregnancy



During pregnancy it is very normal to experience common discomforts. Included will be a brief description of the discomfort, key recommendations that include safe methods for relief, and when to call your midwife!

Common aches and pains

***Not including old ladies at the grocery store determined to touch your stomach and give you their advice.**

Back pain: Knowing you're not alone is nice, but feeling like your back is betraying you isn't.

For relief: Use a heating pad, yoga, swimming, and chiropractic care.

Breast/Chest tenderness:

–A very common "first sign of pregnancy" for many people, typically beginning around 4–6 wks from your LMP. This is happening because of the changing hormones in your body.

For relief: discomfort wear a loose fitting bra. Apply a cool cloth to your chest and avoid breast stimulation.

Sciatica: Shooting pain down the side of leg or at the base of the hip.

For relief: Heat, ice packs, chiropractic care, massage

Dyspareunia (painful intercourse):

Most commonly during the later half of pregnancy. For relief: Using supportive pillows during intercourse to support the weight of the uterus, use lubrication.

*Please let your midwife know if you have any discolored discharge, vaginal irritation or pain while urinating.

- www.rainn.org – Sexual assault hotline

Varicosities/varicose veins: When veins are enlarged, and often uncomfortable.

For relief: Use of compression stocking, propping feet up frequently and limiting time standing (if possible).

Tingling in hands: While tingling in hands as an isolated symptom is normal, please let your midwife know if the tingling is accompanied with other neurological concerns like headaches, or blurred vision.

For relief: Raise arms and move them at shoulder level to decrease pressure on nerves, use wrist braces for support.

Leg cramps: Cramping of the leg and calf muscles can be a real pain. It is most common for this to happen at night.

For relief: Increase calcium and magnesium (CALM is a great supplement), try gently stretching out leg cramp.

Common GI discomforts

Nausea: Typically occurring in the first trimester, and sometimes lasting longer for some.

For relief: Small meals, eating first thing in the morning, ginger tea, eating frequently.

Heartburn: Whether your babe is as bald as a Q-tip or is working on luscious lengths that rival Rapunzel heartburn is a fire that can be hard to extinguish.

For relief: Small meals, avoid greasy and spicy foods, avoid caffeine, wear loose fitting clothes around your stomach.

Abdominal pain: Most commonly caused by GI upset. Try increasing water intake and eat high fibrous foods.

Constipation: Roughly 40% of pregnant people experience constipation at some point in their pregnancy. This might be painful constipation, hard stools, or incomplete evacuation of the bowels. This is due to changing hormones, and increasing iron levels from supplementation.

For relief:

Increase high fibrous foods, increase water intake, increase movement, decrease iron supplementation, and take bulk forming laxatives.

Hemorrhoids: Hemorrhoids, awkward to spell, and horrible to live with and swollen blood vessels in the lower rectum. While my impulse is begging me to tell you all about Napoleon losing the battle of Waterloo because of his hemorrhoids—I will refrain.

For relief: Increase fiber, avoid prolong sitting on the toilet (Don't scroll and poo, also friendly reminder to wash your phone case), use OTC relief like Prep H or Anusol, see a pelvic floor therapist.

More than morning sickness?

With the royal birth of Prince William the world started talking a lot about Princess Kate and her Hyperemesis Gravidarum (HG). While some providers still believe that HG is as rare as being royalty if you think you might be experiencing 'more than morning sickness' listen to your gut, even if it seems like it is rising up in rebellion against you. Below is called the PUQE scale and give it a look over and chat with your midwife about what you think.

Table 1. Motherisk PUQE-24 scoring system

| | | | | | |
|---|------------------------|-----------------------|------------------|------------------|---------------------------|
| In the last 24 hours, for how long have you felt nauseated or sick to your stomach? | Not at all (1) | 1 hour or less (2) | 2-3 hours (3) | 4-6 hours (4) | More than 6 hours (5) |
| In the last 24 hours have you vomited or thrown up? | 7 or more times (5) | 5-6 times (4) | 3-4 times (3) | 1-2 times (2) | I did not throw up (1) |
| In the last 24 hours how many times have you had retching or dry heaves without bringing anything up? | No time (1) | 1-2 times (2) | 3-4 times (3) | 5-6 times (4) | 7 or more times (5) |

PUQE-24 Score: Mild ≤ 6; Moderate = 7-12; Severe = 13-15

How many hours have you slept out of 24 hours? Why? _____

On a scale of 0 to 10, how would you rate your well-being? _____

0 (worst possible) 10 (The best you felt before pregnancy)

Can you tell me what causes you to feel that way? _____

RESOURCE:

[https://www.jogc.com/article/S1701-2163\(16\)34298-0/pdf](https://www.jogc.com/article/S1701-2163(16)34298-0/pdf)



Dental+Gum health

Bleeding gums: The effects of hormones and an increase in blood flow in pregnancy make gums more susceptible to bleeding. Roughly 1/3 of pregnant people report an increase in gum sensitivity. It is important to seek dental care during and after pregnancy.

Ptyalism: Is the excess secretion of saliva, while this is a little more unusual is seen more often with people who have HG or more frequent bouts of nausea. This normally subsides around 12–14wks.

For relief: Rinse with mouthwash frequently, sour candies to aid in swallowing.

Common UT discomforts

Urinary incontinence: Roughly 75% of people experience urinary incontinence to some degree during pregnancy (most commonly the 3rd trimester) IF you are noticing a consistent trickle, or a big gush please contact your midwife.

For relief: Seeking care from a pelvic floor therapist, emptying bladder frequently, doing kegel exercises to increase muscle tone.

Urinary frequency/urgency: In early pregnancy (the first 12wks) and then again later in pregnancy as the baby puts pressure on the bladder as they move lower into the pelvis.

For relief: Make sure to let your midwife know if the urgency is persistent or impacting your daily life, this can be a sign of a Urinary Tract Infection (UTI)

Increased discharge: Leukorrhea, is an increase in discharge from pelvic blood flow. This is white-ish and does not have an offensive odor, it might be thin or watery, thick or sticky.

For relief: Avoid douching, and avoid self treatment with anything OTC, wear cotton underwear, and change underwear several times a day, practice good hygiene and wear an unscented panty liner if desired.

*If discharge is foul, itchy, foamy, darkly colored, or otherwise concerning or if you have a history of STI's please let your midwife know.

Common "pregnancy group" discomforts:

Insomnia: While sleep disturbances are totally normal, they can really make for a lousy next day.

For relief: Focus on creating a bed time routine, avoid blue light 1–2 hours before bed, use meditation before bed, sleep in a dark room.

Shortness of breath: Due to your changing hormones and, your growing baby the diaphragm begins to get compressed by the uterus causing a shortness of breath.

For relief: Use supportive pillows while sleeping. If you are noticing dizziness, fever, chills, chest pain, heart palpitations please contact your midwife immediately.

Swelling:

Body fluids increase significantly in pregnancy. This often causes swelling. Swelling can happen all over the body and can cause feelings of heaviness.

For relief:

Compression socks, soaking in a bathtub for at least 20 min, increasing fluid intake, massage, avoiding salty foods and spending time off of your feet can help.

*If swelling is accompanied by sudden blurred vision, high blood pressure, or if seems like it came on suddenly, excessively or swelling is persistent please contact your midwife.

Fatigue:

Fatigue: Fatigue is a common first trimester pregnancy symptom and can linger during pregnancy. Fatigue can be due to a number of things and should not be dismissed if prolonged or negatively impacting your life.

For relief:

- Ask your midwife for a "prescription" for increased rest.
- Focus on daytime napping (20 minute naps)
- Limit blue light exposure 2 hours before bed
- Eat a diet with enough protein and fiber
- Keep blood sugar levels even by eating every few hours.

The background features a light beige gradient with several abstract shapes: a dark green shape in the top right, a brown shape in the bottom left, and a pattern of white ovals scattered across the lower half. At the top center, there is a stylized orange sunburst icon.

Anemia

Low levels of iron.

Common signs of anemia are: shortness of breath, dizziness, headache, difficulty keeping hands and feet warm, a paleness to the skin. If you are noticing a combination of these symptoms please let your midwife know.

Common neurological discomforts

Dizziness/fainting: Roughly 28% of pregnant people report having dizziness during pregnancy with about 5% experiencing fainting. This is most common to happen in late 2nd or early 3rd trimester and it is due to cardiac output and a decrease in blood pressure. If lying on your left side, drinking some water, and resting does not resolve dizziness or if you are also experiencing a shortness of breath, chest pain, or loss of consciousness please contact your midwife.

Headaches: While common, headaches associated with high blood pressure, blurred vision, or excess swelling please contact your midwife.

For relief: Acetaminophen 325–650mg per 4–6 hours (for short term use), massage neck, rest, avoid triggers like smoke or nitrates.

Common Skin changes:

Itchy skin: As your skin stretches to accommodate for your growing baby it is normal to have itchy skin. Soothe skin with oil or belly butter.

Stretch marks: While the reason why some people get stretch marks and others don't is still unknown. There is no way to stop stretch marks from happening. Staying hydrated and using oil or body butter can help with the discomfort.



References:

King, T., Brucker, M., Osborne, K., Jevitt, C., (2019). Pregnancy-Related Conditions. *Varney's Midwifery* (6th ed.) (pp752-768)

Jordan, R., Ferley, C., Grace, K., (2019). Common Discomforts of Pregnancy. *Prenatal and Postnatal care, A woman-centered approach* (2nd ed). (pp. 215-240)

Resources:

www.rainn.org – Sexual assault hotline

HG scale – [https://www.jogc.com/article/S1701-2163\(16\)34298-0/pdf](https://www.jogc.com/article/S1701-2163(16)34298-0/pdf)

MarchofDimes.org/pregnancy/common-discomforts-of-pregnancy.aspx