

Constipation in Pregnancy and Breastfeeding

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Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect or developmental problem. Breastmilk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.

What is constipation?

Normal bowel function varies from person to person. Constipation is generally described as having less than three bowel motions per week with stools that are hard, dry 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 early, rather than try to treat it later, especially in pregnancy.^{1,2,3}

What causes constipation?

Constipation is a common symptom during pregnancy and affects approximately 40% of women, most often during the first and second trimesters. Women who have suffered from constipation before pregnancy often find their symptoms worsen in pregnancy.²

There are many possible causes of constipation during pregnancy. Pregnancy hormones cause the muscles in your bowels to relax, which then slows down the movement of food through your intestines and increases your chance of constipation. Multivitamins, iron and calcium tablets and some medicines often used for nausea and vomiting, heartburn and strong pain can also make constipation worse. Sometimes a change in the brand or dose of your medicine or supplement may reduce constipation. It is important that you speak to your doctor if you are experiencing a change in your bowel habits during pregnancy.²

Issues for pregnancy

A pregnant woman may feel uncomfortable from constipation, but it is not harmful to her baby.

Sometimes straining can lead to an anal fissure (a tear in the skin around the anus) or haemorrhoids (commonly called piles), where the veins in the rectum become swollen and itchy (see **Haemorrhoids in Pregnancy and Breastfeeding** in MotherSafe factsheets). Untreated constipation and constant straining can also put stress on the pelvic floor which may lead to pelvic floor problems in later life.⁴ It is important that you speak with your doctor if you are concerned, especially if you notice blood in your stools.

There are also several reasons for constipation to continue after delivery. If a woman has had stitches following a vaginal birth, she may be fearful of opening her bowels and hold off going to the toilet. Women who have had a caesarean often experience constipation for a few days until their digestive system returns to normal. Strong pain medicines given after birth may also cause constipation. Busy new mothers sometimes forget to eat and drink well, so be sure to have plenty of fruit and vegetables and increase fluid intake while breastfeeding to encourage healthy bowel movements.

Lifestyle and diet

Making simple changes to your diet and lifestyle can help treat constipation in pregnancy and breastfeeding. These include:

- Toileting - Always go to the toilet when you first feel the urge. When seated on the toilet, correct positioning (i.e. with knees above the level of the hips — a footstool may be needed) is important. Make sure you have time and privacy and avoid straining when sitting on the toilet.
- Foods – Eat a variety of high fibre foods (whole grain cereals and bread, fresh fruits and vegetables, nuts, dried fruits and legumes) rather than eating a few very high-fibre foods (e.g. unprocessed bran). Increase your fibre intake gradually to help prevent bloating or flatulence.

- Fluids- Fibre works best by absorbing fluid. Drink at least seven or eight glasses a day (1.5 to 2 litres per day) and even more in hot or humid weather. Water is best, but fruit juices (especially prune juice) are fine. Reduce your caffeine intake-caffeine can be found in tea, coffee, cola and energy drinks.
- Exercise-Helps to stimulate the muscles in the bowel and promote regular bowel habits. Be as active as you can and enjoy some daily exercise such as walking, swimming, cycling, and yoga.^{1,3}

Suggested medicines to treat constipation in pregnancy and breastfeeding

Laxatives are medicines used to treat constipation and are generally poorly absorbed from the mother's gut into her bloodstream. They are not associated with problems for the unborn or breastfed baby. The aim of treatment is to restore a normal bowel habit, so laxatives are best tried in a stepwise approach in the following order.

1. Bulk-forming laxatives (psyllium, ispaghula, sterculia) increase bulk and moisture in stool, stimulating bowel activity. If taken with plenty of water or fruit juice, they are usually effective in 24 hours but may take 2-3 days of regular treatment.
2. Osmotic laxatives (macrogol, lactulose, sorbitol) pull water, or keep water in, the bowel to expand and soften the stool. They work quicker if taken on an empty stomach and should work within 2-48 hours.
3. Stimulant laxatives (senna, bisacodyl, sodium picosulfate) help the muscles in the bowel wall to work more effectively 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.
4. Stool softener laxatives (docusate) may be used, however they are more effective when combined with an osmotic or stimulant laxative^{1,3}.
5. Products such as liquid paraffin, magnesium salts, suppositories and enemas may be used occasionally to treat faecal impaction but are not for regular use.

Often a combination of laxatives with different mechanisms of action is more beneficial than a large dose of one laxative.³

Overuse of any laxative can cause a lazy bowel, and occasionally electrolyte imbalances, so check with your doctor if you need to use a laxative long term. It is very important that you take only the recommended dose and see your doctor if symptoms persist.³

References

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Resources

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