The Royal HOSPITAL FOR WOMEN

NSW GOVERNMENT

Haemorrhoids 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 are haemorrhoids?

Haemorrhoids (also known as piles) are enlarged veins in the rectum and anus (back passage). They can be internal, external or a combination of both.

Internal haemorrhoids come from inside the rectum. They may bleed but are usually painless (although they can still ache). However, if these internal haemorrhoids become more swollen, they can protrude outside the rectum and cause itching, burning and pain especially during bowel movements.

External haemorrhoids originate on the outside of the rectum. They are caused by blood clotting in the veins which makes them painful. They are easily felt and can also cause itch and irritation.

It is important to see a doctor for diagnosis and management, particularly if there is bleeding and significant pain. This is to get appropriate treatment and to rule out other medical conditions which may have similar symptoms.[1,2,3]

Why do haemorrhoids occur in pregnancy?

Haemorrhoids occur more frequently in women in their reproductive years and are common in pregnancy, particularly in the second and third trimesters. In pregnancy they are caused by hormonal changes, pressure from the growing baby, changes in blood flow and constipation. Women may already have internal haemorrhoids before pregnancy without any noticeable symptoms but then develop symptoms once they are pregnant.[3]

Treatment

Haemorrhoids are usually managed with simple measures, and most will go away after the baby is born. If not managed appropriately, haemorrhoids can become worse and lead to more serious conditions.[2,3]

Constipation, which often occurs in pregnancy, is the most common treatable cause of haemorrhoids. Constipation may also worsen preexisting haemorrhoids. A healthy diet and lifestyle enabling regular bowel habits is the most important factor in preventing haemorrhoids.

Diet and lifestyle management

- Be sure to have plenty of oral fibre and fluids. Drink liquids like water and juice.
- Avoid standing for long periods of time.
- Avoid sitting for long periods; getting up and moving reduces pressure on veins around your back passage.
- Get regular moderate exercise.
- Go to the toilet when you feel the urge for a bowel movement, and not just at times of convenience.
- Avoiding straining during bowel movements will help to reduce the haemorrhoids.
- Use a moist towel or baby wipe or Japanese style toilet as these are less irritating than dry toilet paper.
- A deep warm comfortable bath is relaxing and relieves pain.
- Ice packs applied to an external haemorrhoid can reduce pain and swelling.[2,3,4]

Medical treatments

Laxatives treat the constipation, allowing the haemorrhoid to resolve. Ointments or suppositories are used to relieve the symptoms of the

haemorrhoids but will not cure the haemorrhoids themselves.

Laxatives are considered safe in pregnancy and can be taken to reduce straining during bowel movements (see **Constipation in Pregnancy and Breastfeeding** in MotherSafe factsheets).

Iron supplements may contribute to constipation. If this is the case, avoid iron containing preparations if not iron deficient or discuss management with your healthcare provider.[3]

Painkillers may be necessary if the pain is significant. **Paracetamol for short-term use is safe at any stage of pregnancy**. The recommended dose of paracetamol is 500mg x 2 tablets every 4 to 6 hours, with a maximum dose of 8 x 500mg tablets in a 24-hour period. Codeine containing products should be avoided as codeine can cause constipation and NSAIDs are also not recommended in pregnancy.

Suppositories and ointments

Many products which help relieve the symptoms of haemorrhoids are available over-the-counter (without prescription) from a pharmacy. They are widely used and are not considered to increase risks to your baby at any stage of pregnancy.

Medicines in these products help relieve the itch or discomfort of haemorrhoids, but do not treat the underlying varicose veins. A haemorrhoid preparation will contain some of the following medications.

- Hydrocortisone and prednisolone (corticosteroids) - reduce inflammation and itching.
- Lignocaine and cinchocaine (local anaesthetics) - reduce pain and irritation.
- Witch hazel (hamamelis), aluminium acetate and allantoin - reduce inflammation.
- Zinc oxide – protective barrier.
- Peru balsam and benzyl benzoate – mild antiseptic and anti-itching action.

Suppository and ointment formulations are both safe to use in pregnancy. Follow the manufacturer's directions for dosage and administration. Some products carry warnings about a maximum period of use, as corticosteroid and local anaesthetic medications may cause changes to the skin or increase the risk of infection with prolonged exposure. It may be preferable to switch from one preparation to another over time to minimise side effects for the pregnant woman herself.[2,3,4]

Haemorrhoids after birth

Most women will find that their haemorrhoids resolve soon after birth. Occasionally however, haemorrhoids occur for the first time after a vaginal birth. Treatment in breastfeeding mothers is the same as in pregnancy, though it is even more important to drink plenty of water to prevent constipation. If symptoms persist for some time after the birth, consult your doctor to confirm the diagnosis of haemorrhoids and discuss other options for treatment.[2,3,4]

References

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Other resources

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