



CONSTIPATION IN PREGNANCY AND BREASTFEEDING

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is Constipation?

Normal bowel function varies from person to person. Constipation is defined as 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 evacuation¹. 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 even in normal, uncomplicated pregnancies. Pregnancy hormones act to relax the muscles and slow the transit time of food in the gut. Over 40% of women report symptoms at some stage of their pregnancy², commonly in the 1st and 2nd trimesters. Women who have suffered from constipation before pregnancy often find their symptoms become worse. Other medicines taken in pregnancy can make constipation worse, particularly those prescribed to treat nausea and vomiting in pregnancy, antacids for heartburn, strong pain killers, multivitamins, iron and calcium tablets. Changing the medication or formulation may reduce constipation. It is important that all women consult a doctor to rule out any other underlying causes for a change in their bowel habits in pregnancy.

Is Constipation in Pregnancy harmful?

A pregnant woman may feel uncomfortable from constipation, but it is not harmful to her baby. Sometimes straining can lead to haemorrhoids (commonly called piles), where the veins in the rectum become swollen and itchy. Untreated constipation and constant straining also put stress on the pelvic floor which may lead to pelvic floor problems in later life.

Lifestyle and diet^{4,5}

Toileting - Go to the toilet when you feel the urge, ideally first thing in 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 will ease constipation and make you feel healthier. 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 fine. Reduce your intake of caffeine in tea, coffee, cola and energy drinks.

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. It may be helpful to consult a dietician who can advise on maintaining a healthy diet.

See your doctor if these strategies do not help or if you see blood in your bowel motions.

Constipation after Pregnancy

Women who birth by caesarean section are often constipated for a few days until their gut motility resumes. Women with stitches following vaginal births may be fearful of opening their bowels, and hold off going to the toilet. Strong painkillers given after birth can 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. A glass of water at every breastfeed is a good idea.

Suggested Medicines to treat Constipation in Pregnancy and Breastfeeding^{4,6}

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 the following order.

1. 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.
2. 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.
3. 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.
4. Stool softener laxatives (docusate) are often ineffective unless combined with an osmotic or stimulant laxative.
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.

Ask your midwife, doctor or pharmacist for the brand names of these medicines. 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.

References:

1. Cullen G, O'Donoghue D. Constipation and Pregnancy. *Best Pract Res Clin Gastroenterol* 2007;21(5):807-818.
2. Gartland D et al. Women's health in early pregnancy: Findings from an Australian nulliparous cohort study. *ANZJOG* 2010;50:413-418.
3. Amselem C et al. Constipation: a potential cause of pelvic floor damage. *Neurogastroenterol Motil* 2010;22:150-e48
4. Treating Functional Constipation (revised February 2011). In: eTG complete [Internet]. Melbourne
5. Derbyshire E. The importance of adequate fluid and fibre intake during pregnancy. *Nursing Standard* 2007;21(24):40-43.
6. Motherisk. Treating constipation during pregnancy. Toronto: The Hospital for Sick Children; 2012. Available from http://www.motherisk.org/prof/updatesDetail.jsp?content_id=980

Resources in other languages: Continence Foundation of Australia www.continence.org.au

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For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)