



NSW Medications in Pregnancy & Breastfeeding Service



Heartburn 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 Heartburn?

Heartburn is a common medical condition characterised by burning chest pain, sometimes a funny taste in the mouth and occasional regurgitation of food.

Causes

Normally food moves downwards in the digestive tract from the mouth through the oesophagus to the stomach. Heartburn occurs when the contents of the stomach reflux **upwards** through the oesophagus and occasionally into the mouth. This is also known as gastro-oesophageal reflux disease or GORD and occurs when the muscle (sphincter) at the lower end of the oesophagus is not constricting as effectively as it should. In pregnancy, this occurs more frequently due to the effect of pregnancy hormones on the oesophagus and stomach.¹In late pregnancy this can be made worse by the physical pressure of the baby on the stomach forcing the stomach contents back into the oesophagus.

Issues for pregnancy

It has been estimated that 80% of pregnant women develop heartburn while pregnant. This can be very distressing in its own right, and can also lead to increased severity of nausea and vomiting (morning sickness).¹

Why treat?

If you have heartburn, it is important to treat it so that you feel well, eat well and stay healthy. This is important for the wellbeing of you and your baby. It may also prevent worsening of nausea and vomiting if this is a problem for you.¹

It is important to discuss your situation with your doctor urgently if you have any of the following symptoms

- Vomiting blood
- Marked weight loss
- Pain or difficulty with swallowing

Non-medical treatment

If you are otherwise well, it is reasonable to try some diet and lifestyle measures before considering medication.¹These include

- Raising head of bed
- Avoiding eating 2 to 3 hours before bedtime or before vigorous exercise.
- Sitting up straight when eating and not lying flat soon afterwards.
- Eating frequent, smaller meals rather than larger meals.
- Drinking fluids between, rather than with meals.

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)



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- Avoiding spicy and highly fatty foods, cigarettes, chocolate, alcohol, caffeine and citrus juices.

See your doctor if these strategies do not help

Medicines recommended

If heartburn is not controlled by lifestyle measures, it is reasonable to use medications to manage heartburn symptoms. Many of the medications recommended to treat heartburn are available over the counter in a pharmacy.

Antacids are the most appropriate medications to try as first line treatment.² There are many different products available in both tablet or liquid form and they are all safe to use in pregnancy at the recommended dosage. Histamine 2 receptor antagonists, such as **ranitidine** are also considered safe in pregnancy and are generally used when heartburn has not fully resolved after taking antacids.^{1,3}

If histamine 2 receptor antagonists are ineffective, you may be prescribed a class of drugs known as proton pump inhibitors (PPI). These are reserved in pregnancy for women whose reflux is severe and doesn't respond to histamine antagonists. This is because there is less experience with their use in pregnancy. However, from current evidence it is expected that this class of drugs would be safe in pregnancy.^{1,4} The most commonly suggested proton pump inhibitor medicines in pregnancy are **omeprazole** and **esomeprazole** as they have the greatest follow up in scientific studies. A short course for initial treatment is available over the counter from a pharmacy, but for longer treatment a prescription from your doctor is required.

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

Breastfeeding

Reflux medications when taken correctly at recommended doses are considered safe while breastfeeding.⁵

References

1. Law R, Maltepe C, Bozzo P, Einarson. A treatment of heartburn and acid reflux associated with nausea and vomiting during pregnancy. *Can Fam Physician*. 2010 ;56(2):143-144
2. American Gastroenterological Association Institute. American gastroenterological institute medical position statement on the use of gastrointestinal medications in pregnancy. *Gastroenterology* 2006; 131:278-282
3. Gill SK, O'Brien L, Koren G. The safety of histamine 2 (H2) blockers in pregnancy: a meta-analysis. *Dig Dis Sci*. 2009;54:1835-1838
4. Matok I, Levy A, Wiznitzer A, uzziel E, Koen I, Gorodischer R. et al. 2012. The safety of fetal exposure to proton-pump inhibitors during pregnancy. *Dig Dis Sci* 2012; 57:699-705.
5. Hale TW. *Medications and Mothers' Milk*. Springer Publishing Company; 2019. Accessed May 2019

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