

Heartburn in Pregnancy and Breastfeeding

Mothersafe – Royal Hospital for Women

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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.¹ In 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.¹ These include

- Raising the 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
- 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**.

A group of medications called Histamine 2 (H2) receptor antagonists, are also considered safe in pregnancy and are generally used when heartburn has not fully resolved after taking antacids.^{1,3} **However, a medication of this class called ranitidine has recently been recalled as it has been found to contain NDMA, a chemical which may modestly increase a person's cancer risk if taken over decades.**⁴ Risk is considered very low from previous use of ranitidine and we at MotherSafe are reassuring about exposure to date. Famotidine and cimetidine can be used as an alternative to ranitidine¹, or a class of drugs known as proton pump inhibitors (PPIs) may also be considered.¹ Current evidence does not suggest any increased risk when a PPI is used in pregnancy.^{1,5} The most commonly suggested PPI 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.⁶

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. Therapeutic Goods Administration(TGA). Update- Ranitidine alert: contamination with N- nitrosodimethylamine. Canberra. Available from <https://www.tga.gov.au/alert/ranitidine-0> Accessed October 2019
5. 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.
6. Hale TW. *Medications and Mothers' Milk*. New York. Springer Publishing Company; 2019 (internet). Accessed May 2019



NSW Medications in Pregnancy & Breastfeeding Service

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)