



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 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 stomach¹. 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.²

Why treat?

If you have heartburn, it is important to treat it so that you can 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.²

It is important to discuss your condition with your doctor urgently if you have any of the following symptoms³

- 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.² These include

- Raising head of bed
- Avoiding eating 2 to 3 hours before bedtime or before vigorous exercise.
- Sitting upright when eating and not lying flat soon afterwards.
- Eating frequent, smaller meals rather than one large meal.
- 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. There are many different products available in either tablet or liquid form, and they are all safe to use in pregnancy at the recommended dosage. Histamine antagonists, such as ranitidine are also considered safe in pregnancy and are generally used when heartburn has not fully resolved after taking antacids.²

If histamine antagonists are ineffective, you may be prescribed a class of drugs known as proton pump inhibitors or PPIs. These are reserved in pregnancy for women whose reflux is severe and does not respond to histamine antagonists. This is because there is less experience with their use in pregnancy. However, current evidence indicates that this class of drugs is safe in pregnancy.³ Proton pump inhibitor medicines include omeprazole, esomeprazole, lansoprazole, rabeprazole and pantoprazole. 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

Antacids, histamine antagonists and proton pump inhibitors when taken correctly at recommended doses have all been found to be safe while breastfeeding and in fact these agents are given to infants and children with gastro-oesophageal reflux.⁴

References

- 1.American Gastroenterological Association Institute. American gastroenterological institute medical position statement on the use of gastrointestinal medications in pregnancy. *Gastroenterology* 2006; 131:278-282
- 2.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
- 3.National Prescribing Service. Treating new-onset reflux in pregnancy.*Medical Observer*. 2009;Available from <http://www.medicalobserver.com.au/news/treating-newonset-reflux-in-pregnancy>
4. Hale TW. *Medications and Mother's Milk* 2012.Amarillo:hale Publishing,L.P. 2012

Other resources

Royal Hospital for Women Dietitian information sheets; Reflux in Pregnancy-
http://www.seslhd.health.nsw.gov.au/rhw/Patient_Leaflets/Dietician/Pregnancy/What%20to%20eat%20if%20you%20have%20heartburn.pdf

November 2013