Many women complain of constipation during pregnancy. Although this is influenced mainly by progesterone and a sluggish motility, chronic constipation can be exaggerated by pregnancy and pregnancy can exaggerate chronic constipation. Investigate the history and cause of constipation before suggesting measures of relief.

ABSTRACT

The end result of constipation during pregnancy can be rectal disorders such as oedema, haemorrhoids or fissures. Defecation pain or straining to pass a stool can contribute to the development of constipation because the longer faeces remain in the bowel, the drier and harder they become. The influence of progesterone on smooth muscle during pregnancy slows peristalsis to improve the absorption of nutrients. This is the major cause of pregnancy-induced constipation. Pressure from the growing uterus, inadequate exercise and fluid intake, a lack of fibre in the diet and possibly stress, contributes to pregnancy-induced constipation. Avoiding these contributing factors and introducing good eating and lifestyle habits can help pregnant women both during and after pregnancy to overcome the discomforts of constipation.

INTRODUCTION

Constipation refers to bowel movements that are hard in consistency or painful to pass. Consistency rather than frequency is the key to diagnosing constipation. Bowel movements less than once daily are not unusual. Persistent constipation in pregnancy may lead to abdominal discomfort, haemorrhoids or faecal impaction, adding to other discomforts of pregnancy.

A constipated woman who is pregnant:

Many adults suffer with chronic constipation. A woman who becomes pregnant with this condition should be counselled to change her lifestyle habits or have the problem investigated to find the cause. Existing problems of constipation be caused by:

- Ignoring the heed to empty the bowels. When this happens, water in the large intestine is reabsorbed and dries out the stools making them difficult to pass.  
- Poor bowel motility as a result of bad bowel training in childhood.
- Irritable Bowel Syndrome causes flatulence, bloating, constipation and diarrhoea.
- Metabolic disorders such as diabetes mellitus or hypothyroidism.
- Neurological causes such as a stroke, multiple sclerosis or lesions on the spinal cord.
- Depression.
- Cow’s milk intolerance resulting in perianal erythema or oedema.
- Laxative abuse.

A pregnant woman who is constipated:

Constipation in pregnancy is thought to be due to high progesterone levels that relax smooth muscle. Progesterone influences intestinal muscles and this slows peristalsis. Pressure from the growing uterus on the intestines contributes to constipation problems, and although it can occur at any stage, it’s most common during the third trimester.

Other causes of constipation in pregnancy include:

- Medication: High doses of iron (<30 mg/day). Narcotics for pain (such as codeine) as well as calcium-based antacids and some vitamins.
- Gastric motility: Motility of the intestines as well as the production of hydrochloric acid and pepsin is decreased during pregnancy. While this allows for increased absorption of nutrients from the chyme to ensure adequate nutrition for the baby, delayed transmission also means excessive water re-absorption resulting in the drying-out of stools.
- Prolonged immobilization: The lack of exercise or strict bedrest discourages peristalsis agitating lazy-bowel syndrome.
- Inadequate intake of fibre: A diet of refined starches and sugars and quick-fry foods contains very little fibre.
- Insufficient fluids: Nausea and vomiting can lead to dehydration. Alcoholic and caffeine drinks also cause mild dehydration.
- Irregular eating habits
- Pica: Craving substances not necessarily foods such as clay, laundry starch, toothpaste or plaster agitate constipation.
- Stress and depression can cause sluggish digestion.
- Straining to pass a stool contributes to the development of painful haemorrhoids and anal fissures causing defecation pain.

Treatment:

While prevention is always better than cure, acute, distressing constipation needs...
Pregnancy-induced constipation—
a catch-22

Medication for constipation:

<table>
<thead>
<tr>
<th>Bulking agents</th>
<th>Function: Add fibre to the bowel giving stools bulk and making them easier to pass</th>
<th>Side effects: Brief initial bloated feeling</th>
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<tbody>
<tr>
<td></td>
<td>Examples: Bran, malt extract, sterculia</td>
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<table>
<thead>
<tr>
<th>Stool softeners</th>
<th>Function: Stools absorb more water, making them easier to pass</th>
<th>Side effects: Rare to none</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Examples: Liquid paraffin, docusate sodium, arachis oil</td>
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| Osmotic agents | Function: Keeps water in the intestines to soften stools                        | Side effects: Rare to none              |
|                | Examples: Lactulose, magnesium sulphate                                         |                                          |

| Iso-osmotic agents | Function: Keeps water in the intestines to soften stools                     | Side effects: Rare to none              |
|                    | Examples: Composition of Polyethelyene glycol, Na bicarbonate, NaCl and KCl   |                                          |

| Stimulant laxatives | Function: Irritate the intestinal lining to prompt bowel movements            | Side effects: Cramps, diarrhoea, dependence, salt imbalances |
|***********************|-----------------------------------------------------------------------------|-----------------------------------------------------------|
| Not recommended in pregnancy |                                                                            |                                                          |
| Examples: Aloe, bisacodyl, castor oil, phenolphthalein, senna                |                                                            |

| Enemas | Function: To empty the bowels                                                  | Side effects: May create salt imbalances with habitual use |
| Not recommended in pregnancy |                                                                            |                                                          |
| Examples: Phosphates (fleets)                                               |                                                            |

| Herbal | Psyllium seeds                                                                  |                                                            |
|        | Flaxseed                                                                       |                                                            |
|        | Papaya                                                                         |                                                            |
|        | Cascara Sagrada — not to be used during pregnancy or breastfeeding              |                                                            |
|        | Senna — not to be used during pregnancy or breastfeeding or if patient is on heart medication |                                                            |

- Psyllium seed: the seed of a fleawort (esp. Plantago psyllium) that has the property of swelling and becoming gelatinous when moist and is used as a mild laxative.
- Methylcellulose: any of various gummy products of cellulose methylation that swell in water and are used as bulk laxatives.

attention. The causes of constipation should be investigated before treatment is recommended. If laxatives or suppositories are prescribed, they should be carefully selected and contain only natural ingredients.

Preventing constipation:

1 **High fibre diet:**
Encourage women to eat at least 25 – 30 g dietary fibre from fruits and vegetables, high-fibre cereals, bran and powdered bulk-forming supplemental fibre such as psyllium* or methylcellulose**. (3) Sufficient fibre intake is indicated by large, soft stools. Too much fibre can lead to diarrhoea. Fibre-rich foods include bran, wholegrain bread, leafy vegetables, fruit, vegetable skins, beans and dried peas. Encourage patients to reduce refined and processed foods like cheese and white bread.

2 **Fruit and fruit juice**

3 **Adequate fluid intake:**
Women taking extra fibre, need to drink between 10 to 12 cups daily.

4 **Exercise:**
During pregnancy this is best done under the supervision of a trained Childbirth Educator or physiotherapist. Unsupervised exercises includes walking and swimming.

5 **Iron supplements:**
Molasses is rich in iron and important B supplements, iron, potassium, calcium and phosphorus without contributing to constipation.¹

6 **Magnesium:**
Magnesium can also have a laxative effect. Magnesium supplements (300 – 500 mg) and calcium (1,000 – 1,200 mg) recommended daily.²

7 **Do not ignore the urge to pass a stool**

Conclusion:
Constipation during pregnancy should be treated individually. This means careful history taking to identify the cause and type of constipation. Constipation can extend into the post-partum period when a woman may unconsciously ‘hold back’ due to pain caused by an episiotomy or lacerations. Ideally, women who have experienced constipation either before or during pregnancy, may improve lifestyle habits to alleviate the problem for good!

REFERENCES
4. Vaughan-Scott C. “Whole Energy - a complete guide to natural foods”