



FACULTY OF NURSING

# MINOR DISORDER DURING PREGNANCY

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# INTRODUCTION

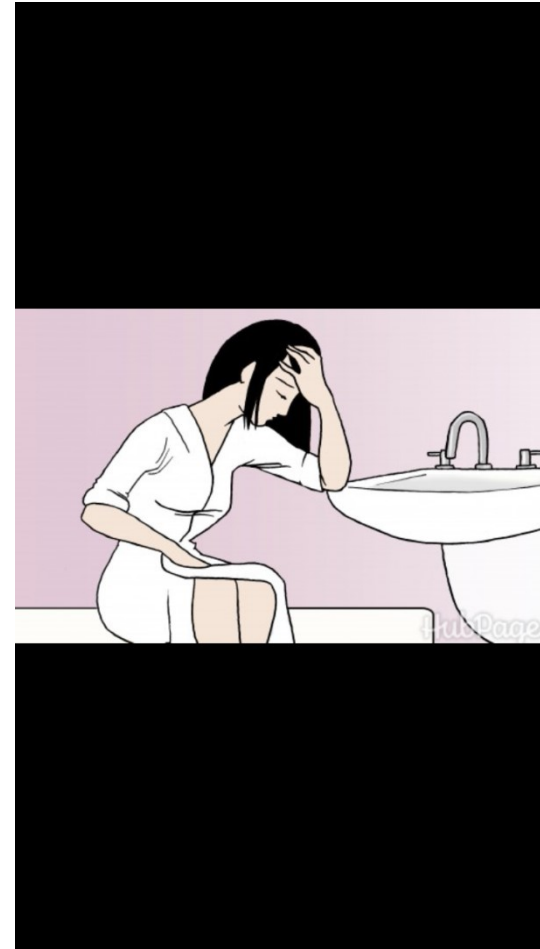
- Many women experience some minor disorders during pregnancy .These disorders should be treated adequately as they may escalated and become life threatening .
- Minor disorder may occur due to hormonal changes ,accommodation changes ,metabolic changes and postural changes.

# MINOR DISORDERS OF PREGNANCY



# DIGESTIVE SYSTEM

- **Nausea and vomiting** :-It is a common disorder affect 50% f women between 4<sup>th</sup> and 16<sup>th</sup> week of gestation. Nausea and vomiting especially in the morning, soon after getting out of bed, are usually common in primigravidae. The exact cause is not known but it is thought to be a combination of hormonal changes, psychological adjustment and neurological factors .



- Hormonal influences are thought to be most likely cause .Human chorionic gonadotrophin ,that is present in the large amount in the first trimester ,estrogen and progesterone are all contribute to this .The smell of food, cooking will often cause the mother to this.

# MANAGEMENT

- **Three main measures can reduce the problem :-**  
To take the dry toast biscuit or cracker with the drink before rising in the morning ,avoidance of spicy and pungent orders and eating little and often.
- Eating small frequent meal will help to maintain the body's blood sugar level and having small amount of fluids between meals will help to maintain dehydration.
- Salad and light snacks are more tolerable than full meal.

- Avoid deep fried or greasy foods, garlic and other spices and also avoid drinking coffee.
- Avoid brushing your teeth and tongue immediately after eating.
- If vomiting become severe the mother may lose weight and become dehydrated . This condition is called hyperemesis gravidarum and wants specialized care appropriate refferal



# HEART BURN

- This is a burning pain in the mediastinal region caused by reflux of stomach content in the oesophagus .It occurs because the cardiac sphincter relaxes during pregnancy due to the effect of progesterone .The condition tends to worsen as pregnancy advances because the stomach is displaced upward by the enlarging uterus .

# MANAGEMENT

- If the heart burn is occasional the reflux can be prevented by avoiding bending and kneeling.
- Wear loose-fitting clothing.
- Fried and fatty food should be avoided .
- For persistent heart burn antacids may be prescribe by the physician .

# EXCESSIVE SALIVATION

- This occur from eighth week of gestation and it is thought that hormones of pregnancy are the cause for it.

# PICA

- This is the term used when mother craves certain foods or unnatural substance such as coal. The cause is unknown but hormones and changes in the metabolism are thought to contribute to this.
- If the substances craved are harmful to the unborn baby, the mother must be helped to seek medical advice.

# CONSTIPATION

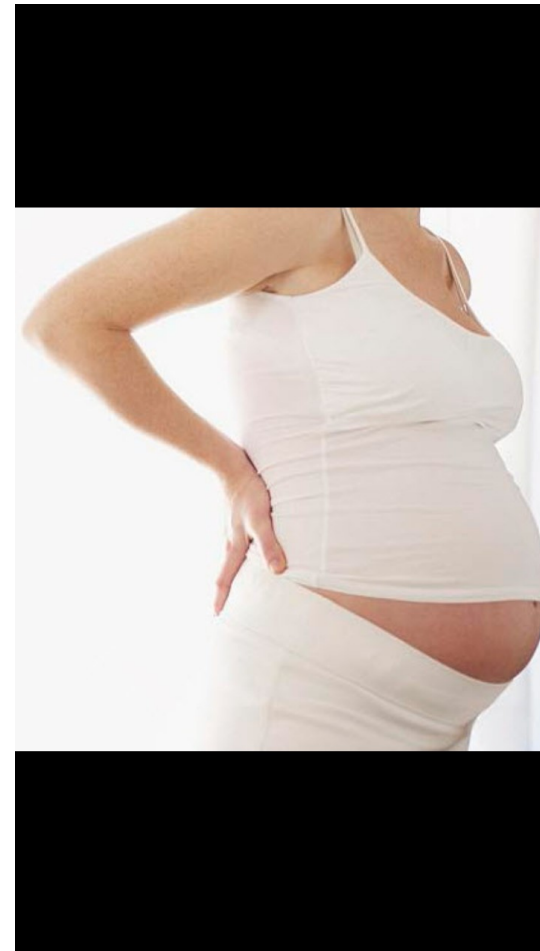
This is due to smooth muscle relaxant effect of progesterone causing decreases peristalsis of the gut .It is usually overcome by adjusting the diet. The women may be advised to :

- Increase the intake of water at least 8-12cups of fluid in the form of juice, milk.
- Add green leafy vegetables, fruits and bran.
- Exercise by regular walking.



# MUSCULOSKELETAL SYSTEM

- **Backache** :- It is common problem in pregnancy. Physiological changes that contribute to backache are : joint ligament laxity, weight gain , hyperlordosis and anterior tilt of the pelvis.
- **Other factors are:** faulty posture , high heels shoes ,muscular spasm, urinary infection or constipation.



# MANAGEMENT

- Rest with elevation of the legs to flex the hips may be helpful.
- Improvement of posture , well fitted pelvic girdle belt.
- Massaging the back muscle .

# CRAMPS

- **Leg Cramps** : Sudden gripping contraction of calf muscles frequently occur during third trimester . It is due to deficiency of diffusible serum calcium or elevation of serum phosphorous.
- **Management:**
  - Make gentle leg movement, massaging the legs, application of local heat.
  - Advice mother to reduce intake of soft drink and processed food.
  - Supplementary calcium therapy.
  - Sleep with the foot end of the bed elevate by 20-25 cm.



# GENITOURINARY SYSTEM

- **Frequency of micturition:**
- This occur in first trimester when there is presence of gravid uterus on the urinary bladder. It also occur in late pregnancy when the foetal head descent into the pelvis .
- Beside the urinary tract of the pregnant woman is more susceptible to infection may lead to nephritis and preterm delivery if not treated.

# MANAGEMENT

- Never restrict fluid intake .
- In case of urine infection take a course of antibiotics according to physician instructions.

# LEUKORRHEA

- ❑ **Leukorrhea** : The term used for increase white non-irritant vaginal discharge.

# MANAGEMENT

- ❖ Frequent washing of vulva with plain water.
- ❖ Advice mother to wear cotton underwear and avoid tight.
- ❖ Presence of infection should be treated with vaginal application of metronidazole and meconazole.

# CIRCULATORY SYSTEM

- 1. Fainting :** In early pregnancy fainting may occur due to vasodilation under influence of progesterone and compensatory increase in blood volume.
  - In late pregnancy fainting may be due to weight of uterine content presses on inferior vena cava and slows the return of blood to heart.

# MANAGEMENT

- Avoid long period of standing as well as sitting or lying down.
- Turning the mother quickly on to her side and advice not to lie on her back except during abdominal examination.

2. **Varicose Vein** :Varicose vein in the legs and vulva and rectum may appear for the first time or aggravate during pregnancy usually in later months. It is due to obstruction in the venous return by the pregnant uterus.

# MANAGEMENT

- Exercise calf muscle.
- Resting with legs vertical against the wall for short time.
- Avoidance of constipation by including fibre in the diet and adequate fluids.
- Seeking medical advice for topical application like hydrocortisone.



- **4.Edema:**It is result of venous and lymphatic stasis and changes in oncotic pressure of blood and altered capillary permeability.

# MANAGEMENT

- Check the blood pressure if the mother has PIH (Pregnancy induced hypertension).
- Elevation of leg ,sleeping in left lateral position and avoid sitting with feet hanging down.

# INTEGUMENTARY SYSTEM

- ❑ Skin: Mother complains of generalized itching which start over the abdomen .This is thought to have some connection with the liver response to the hormone in pregnancy and with raised bilirubin level .

# MANAGEMENT

- Antihistamines is often prescribed .
- In case of vulvul irritation ,infection such as thrush washing with mild soap and cotton under wear might help to ease the irritation .

# NERVOUS SYSTEM

- **Carpal tunnel syndrome:-** In this mother complaints of numbness and pins and needles in their fingers and hands .

# MANAGEMENT

- Wearing a splint at night
- Restriction of salt intake and flexing of finger
- Sitting in a straight back chair using a cushion for lumbar support .

- **Insomnia:-** It is caused by foetal movements and frequency of micturition and difficulty in finding comfortable position .

# MANAGEMENT

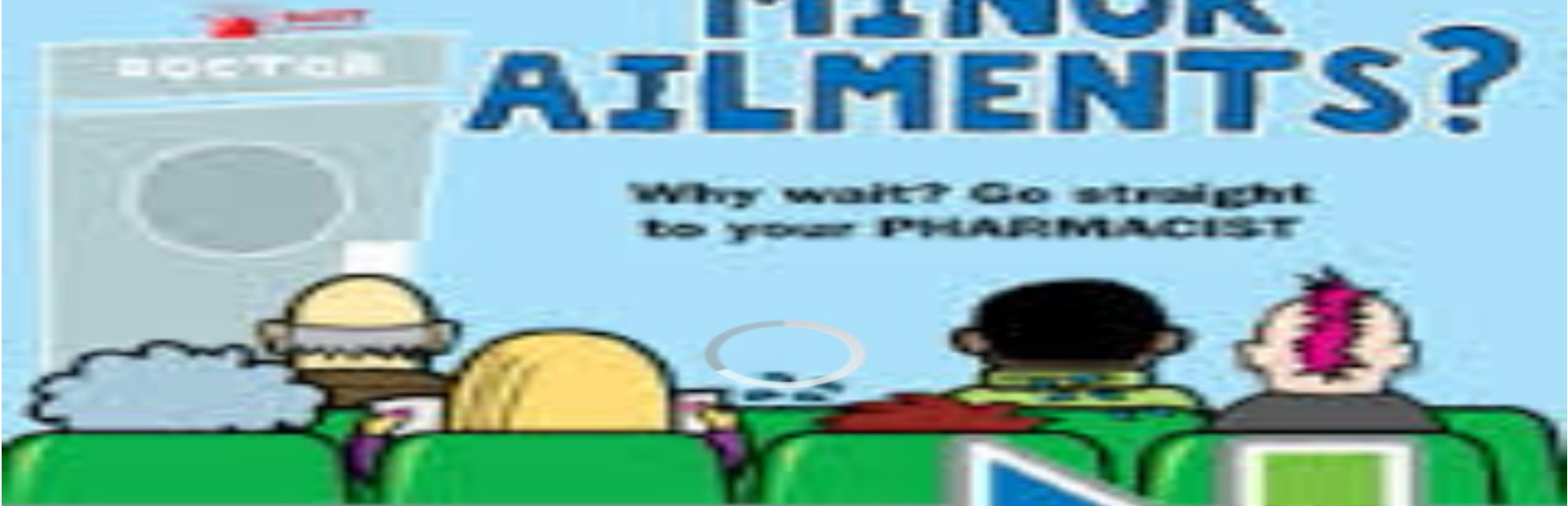
- Take rest in afternoon
- Drink glass of warm milk at bed time .
- Tuck a pillow under the abdomen when lying in a lateral position.





# MINOR AILMENTS?

Why wait? Go straight to your PHARMACIST



The average pharmacist will see you in under 2 minutes, with no appointment!



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- SUMMARY: So today we have discussed about minor disorders during pregnancy and their management .in which we include
- Nausea and vomiting
- Pica
- constipation
- Excessive salivation
- Heart burn
- Back ache
- Leg cramps
- Frequency of micturition
- Leukorrhea
- Fainting
- Varicose vein

- Edema
- Carpel tunnel syndrome
- Insomnia.

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thank  
you