

HEARTBURN DURING PREGNANCY



BASIC INFORMATION

DESCRIPTION

Heartburn is the term used to describe a burning pain in the chest and upper abdomen. It is common for pregnant women to experience the symptoms of heartburn, which usually come and go until delivery. While it can be uncomfortable or painful, heartburn will not hurt your baby.

FREQUENT SIGNS AND SYMPTOMS

- Burning pain in the center of the chest and upper abdomen, frequently accompanied by an unpleasant taste in the mouth.
- Belching (burping).

CAUSES

- Heartburn is not associated with a heart disorder. It is caused by a backflow of acid from the stomach into the esophagus. The muscles that close off the upper stomach become lax, allowing stomach juices to enter the esophagus and irritate its lining.
- Changes caused by pregnancy in gastrointestinal functions (e.g., increased stomach acid production and slower emptying time of the stomach contents).
- The hormonal changes of pregnancy relax the muscle at the top of the stomach that usually stops the acid from splashing up.
- During late pregnancy, the enlarged womb presses on the stomach and may intensify the symptoms.

RISK INCREASES WITH

- Overeating or eating and then lying down.
- Smoking.
- Excess alcohol consumption.

PREVENTIVE MEASURES

Avoid risk factors listed above.

EXPECTED OUTCOME

This is an uncomfortable condition, but usually does not lead to complications. The heartburn usually disappears after the baby is born unless the cause is not related to pregnancy.

POSSIBLE COMPLICATIONS

- Heartburn affects your ability to eat a healthy diet. Low food and fluid intake can jeopardize maternal and fetal health.
- At times, these symptoms can be severe enough to require additional evaluation to ensure that a more serious condition doesn't exist, like ulcers of the stomach.



TREATMENT

GENERAL MEASURES

- Heartburn is usually self diagnosed. Your obstetric provider may make the diagnosis from the symptoms you describe, and rarely, may recommend additional tests.
- General treatment suggestions:
 - Avoid bending over, especially after eating.
 - Don't wear tight girdles or belts.
 - Place books or blocks under the head of your bed to raise it about 4 inches, or sleep propped up with several pillows.
 - Don't smoke.

MEDICATION

While medicine is usually not necessary for this disorder, in some cases it may be of benefit. Simple antacid mixtures or tablets such as magnesium trisilicate may be helpful. These drugs should be used only with your obstetric provider's approval. Other medications may be prescribed if simple measures don't help the symptoms. Don't take any herbal supplements without asking your obstetric provider. As long as you can live with the symptoms, endure the discomfort without drugs or medicines.

ACTIVITY

Stay active. Avoid abdominal exercises that require bending. Avoid eating while lying down.

DIET

- Eat small, frequent meals.
- Don't rush through your meals, eat slowly.
- Avoid drinking large quantities of fluids during meals.
- Don't eat before bedtime.
- Avoid highly seasoned food.
- Don't drink alcohol.
- Avoid very hot or very cold beverages.
- Chewing gum may be helpful for some women.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of heartburn during pregnancy. This should be diagnosed.
- The following occur after diagnosis:
 - Simple measures don't bring relief.
 - You begin vomiting late in pregnancy.
 - You vomit material that has blood in it or looks like coffee grounds.
 - You have black or tarry stools.