



Pregnant women and prevailing Gastrointestinal Complications

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ABSTRACT

Background: Gastrointestinal symptoms lead to morbidity in pregnancy, yet remain a surprisingly under-researched topic. The objective was to find out the prevalence of various gastro-intestinal symptoms and its complications in pregnant women, the status before pregnancy, and their perceived impact.

Methods: A questionnaire incorporating various gastro-intestinal problems was prepared and used over 150 pregnant women to know their prevalence in different trimesters of pregnancy and compare them with prevalence before pregnancy.

Results: Constipation was seen significantly more often during pregnancy (33.3%) and was maximum in the first trimester (31.8%) followed by third trimester (26.36) and second trimester (19.06) as compared to only 9.80 of women in non-pregnant state. Diarrhea was also more rampant in pregnancy (9.20), especially in third trimester (13.1%) than before pregnancy (1.60). Constipation, diarrhea and fecal incontinence were much commoner in pregnant as compared for non-pregnant women.

Conclusions: Gastro-intestinal symptoms is highly prevalent during pregnancy as compared to nonpregnant state. More studies are needed to highlight the Quality-Of-Life issues with these symptoms.



Keywords: Pregnancy, Gastro-intestinal system, Constipation, Diarrhea Questionnaire

INTRODUCTION

Gastrointestinal (GI) issues are some of the most common complaints during pregnancy. Some women may experience Gastrointestinal issues that develop after becoming pregnant. Gastrointestinal problems affect the gastrointestinal tract, primarily the esophagus, stomach, small intestine, large intestine and rectum. Some women may have chronic Gastrointestinal disorders prior to pregnancy that can worsen and require special consideration during pregnancy.

Some of the most common gastrointestinal issues women experience during pregnancy are nausea and vomiting, reflux disease, gallstones, diarrhea, and constipation. Some women may have been diagnosed prior to pregnancy with Gastrointestinal disorders such as ulcerative colitis. It is also possible to have had these underlying conditions but they had been undiagnosed until pregnancy made them more apparent. In addition, gastrointestinal symptoms are extremely common in the pregnant patient. Symptoms such as nausea, vomiting, and dyspepsia occur in 50–90% of all patients. Most of these symptoms are a manifestation of normal altered physiology in which changes occur both functionally and anatomically. A lack of experience in dealing with these symptoms can have devastating effects hence proper care of the pregnant patient with gastrointestinal symptoms is utmost requirement during that period.

Gastrointestinal symptoms lead to morbidity in pregnancy, yet remain a surprisingly under-researched topic. The objective was to find out the prevalence of various gastrointestinal symptoms in pregnant women, the status before pregnancy, and their perceived impact.



Various other gastro-intestinal complaints are seen to occur frequently during pregnancy, for example constipation is common in pregnancy due to the effect of progesterone, which causes relaxation of smooth muscles of gastro-intestinal tract. Diarrhea may be due to intestinal infections, which are common in developing countries like India

METHOD

This study is part of study on the prevalence of urogynaecological /gastrointestinal problems in obstetric and gynecological practice. Sampling was done from a total of 150 women attending the antenatal clinic of various units regarding various gastro-intestinal symptoms (like normal bowel habits, diarrhea, constipation and fecal incontinence) during pregnancy as per the designed questionnaire. Consent was taken for inclusion in this study. The questionnaire was applied by interviewing the pregnant women in both English for English speaking or understanding women and in regional language for illiterate and less literate participants. The responses of illiterate patients were noted down by staff nurse in the presence of interviewer.

The various questions asked were about bowel habits, number of times the women passed motions in a week, any constipation, diarrhea and any fecal incontinence (included incontinence of liquid and solid stool and soiling of underwear) among gastro-intestinal symptoms. Surroundings have a major influence on water and food borne diseases of gastrointestinal tract; enquiry was made about housing type (permanent/temporary), access to potable water, overcrowded inhabitation. The non pregnant control group was matched to eliminate these confounding factors. As They were enquired about the occurrence of these complaints both during present pregnancy and before pregnancy, to compare the differences in the same patient arising out of pregnancy, to eliminate any confounding factor skewing the results. The frequency of gastrointestinal complaints was correlated with gestation of pregnancy to see if there was any significant difference in the prevalence of these problems during different trimesters of pregnancy. 150 controls matched with the pregnant participants in terms of age, parity, education, profession (and housing, overcrowded surroundings and



access to potable water as far as practicable) were chosen to ascertain with confidence the differences in symptomatology in pregnant versus non-pregnant women. This group was incorporated as recall of symptoms of pregnant women during non-pregnant state may be inaccurate.

The prevalence of various gastro-intestinal symptoms in women during and before pregnancy and amongst non pregnant was studied. As is clear from it that all the gastro-intestinal complaints were significantly more common during pregnancy. 30.4% of the respondents report one or the other bowel problem during pregnancy as compared to only 10.9% before it. Constipation was the most common symptom (seen in 50 women, that is 33.3%) with prevalence being highest in the first trimester (31.8%) followed by third trimester (26.3%) and second trimester (19.0%) as compared to 9.8% in non-pregnant state. Even diarrhea was more common during pregnancy (9.2%) than prior to pregnancy (1.6%) and was especially common in third trimester (13.1%) followed by second trimester (6.3%). Fecal incontinence was rare, as it was seen in only one woman in the second trimester of pregnancy and none of the women reporting it before pregnancy. Similar differences were seen in symptomatology of pregnant and non-pregnant controls

RESULTS

The demographic profile and general information of the respondents is shown in Table 1. The age ranged from 18 to 39 years with the mean age being 26.4 years. Most women (70.6%) were from 20-29 years of age and majority (79.3%) were housewives, with majority being illiterate or having less than higher secondary education (66.3%). Most of the women (53.8%) were in the third trimester of pregnancy while 34.2% were in second trimester and only 12.0% were in the first trimester.

DISCUSSION

The present study confirms a higher frequency of lower gastro-intestinal symptoms during pregnancy with constipation being the most common symptom (33.3%) as compared



to 9.8% in non-pregnant state. It is followed by diarrhea which is present in 9.2% women during pregnancy in contrast to 1.6% women before pregnancy. None of these women complained voluntarily or sought medical help for the same, which is not surprising as these symptoms are frequently known to be underreported, especially in a country like India. Previous studies have reported a high prevalence of fecal incontinence related to pregnancy and child birth.¹⁻³ Chaliha et al. ³ reported prevalence of fecal incontinence as 0.7%, 6.0% and 5.5% before, during and after pregnancy respectively. Vaginal delivery has been implicated as a predisposing factor and this is one of the important reasons for the increased demand for caesarean deliveries to protect pelvic floor function. However the higher incidence of symptoms during pregnancy, as in my study, also suggests an individual predisposition to pelvic floor weakness and subsequent urinary and fecal incontinence. My study concentrated on the situation during pregnancy and observed a high prevalence of constipation and diarrhea during pregnancy. Pregnancy itself doesn't cause diarrhea; it is often caused by same disorders as in nonpregnant state, but it could be due to increased rate of gastro-intestinal infections (like parasitic or bacterial infections) which are widespread in India. Constipation is often the result of physiological changes occurring during pregnancy, resulting from hormonal influences on gastrointestinal motility. Even intake of iron tablets, which is almost universal in India, can cause constipation as well as diarrhea and may even be responsible for some of the cases seen in the present study; a fact which might have skewed the observations in this study compared to populations in western countries. I do realize that absence of a Quality-of-Life survey of these patients has weakened the conclusions by failing to highlight significant morbidity in terms of quality of life. However as this was a clinic based survey, incorporating Qualityof-Life survey would have made the questionnaire cumbersome and the study difficult to carry out. However these results can be used to plan newer questionnaire to assess the morbidity because of such common symptoms which often remain underreported.



CONCLUSIONS

My study confirms the high burden of various gastrointestinal problems in Indian setting and emphasizes the need of active surveillance and comprehensive approach for prevention and control strategies targeting the specific gastro-intestinal and gynecological problems causing significant bother and worsening of the quality of life in pregnant women.