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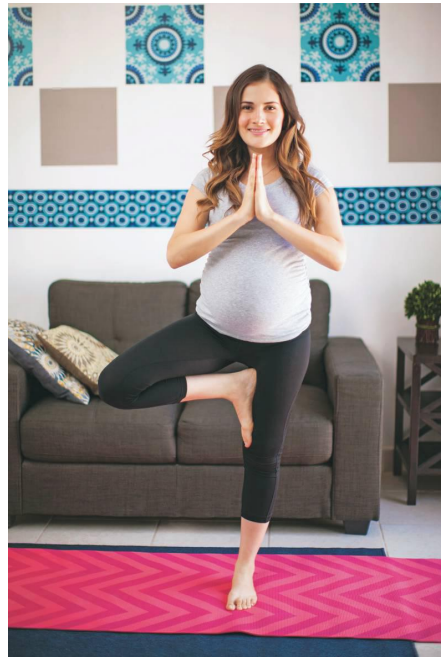
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# Dealing with health issues during pregnancy

By Margaret Hawkins on 24 September 2015



**Having a baby? Sometimes physical health issues can crop up during pregnancy. Margaret Hawkins gets the low-down on what you can do to keep your body in check**

Wetting yourself when you cough, pelvic girdle pain, lower back pain, swollen feet and tingling hands – all these things and more can happen, particularly in the later stages of pregnancy. Some are more serious than others, but learning to manage them can go a long way to making pregnancy more enjoyable and the exciting time it should be.

“Don’t suffer in silence,” Kilkenny-based senior physiotherapist Bernie Leamy says.

“Years ago women used to put up with things like urinary incontinence as a consequence of childbirth, but nowadays people are becoming more comfortable discussing topics like that with their GP and seeking help.”

Stress incontinence is the most common physical health problem for pregnant women, she says.

“It can happen at any stage of the pregnancy, but more so as the pregnancy progresses. Obviously, as the weight of the uterus increases it puts pressure on the bladder, its supporting ligaments and on the pelvic floor.

“It can happen during activities such as coughing, sneezing and exercise. One in four women are affected and it can be quite upsetting for those it happens to.”

Pelvic floor exercises are very important during pregnancy and after child birth to help strengthen the pelvic floor muscles, says Bernie.

## PELVIC FLOOR EXERCISES

When doing a pelvic floor contraction:

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- • Avoid holding your breath.
- • Avoid tightening the cheeks of your bottom.
- • Don't suck your tummy in.
- • Imagine closing your back passage as if stopping wind, and your front passage as if stopping urine. It is just the pelvic floor muscles that you should be tightening – from behind to the front area, not the gluteal, thigh or tummy muscles.
- • Pelvic floor exercises can be done in lots of positions. The easiest is to do them lying on your back with knees bent up and feet on the bed or floor.
- • It is important to do two types of pelvic floor exercises. The first is a slow hold contraction where the muscles are tightened and the contraction is held for five to 10 seconds, depending on ability to hold. Repeat 10 times. The next type of contraction is sometimes called a fast-flicker pelvic floor exercise. This is done by tightening the pelvic floor as already described for one second and relax for one second. Repeat 10 times.
- • Do pelvic floor exercises, ideally, several times a day.
- • It sometimes takes up to two to four months before you will notice a difference in strength and symptoms.
- • If women are unsure how to do a pelvic floor contraction, or simply feel they cannot do it, they should speak to their GP and seek referral to a women's health physiotherapist.
- • Also, if you are still experiencing symptoms of incontinence after your six week post-natal check-up you should see your GP or physiotherapist.

### PELVIC GIRDLE PAIN

Experiencing pain around your pelvis during your pregnancy?

"If you are, you should discuss it with your obstetrician or GP," Bernie says.

"Pelvic girdle pain (PGP) affects 25% of pregnant women."

It is the umbrella term that describes pain in the joints of the pelvis. This includes the sacroiliac joints at the back of the pelvis and the pubic symphysis joint at the front of the pelvis.

"The condition can be the result of a hormone called relaxin softening the ligaments around the pelvis in preparation for delivery.

"The location of pain can vary from woman to woman. For example, the pain may be felt on one or both sides of the pelvis. The joint at the front of the pelvis may also be painful. The pain may be felt as a general ache or may shoot into the buttocks or down the back of the legs and groin.

"The pain is often made worse by activities that are previously taken for granted, such as turning in bed, getting up from sitting, walking, dressing, using stairs and so on."

A physiotherapist will do specific tests to find out whether the pain is coming from the lower back or the pelvic joints.

"With the loosening of the ligaments, you could develop a lack of symmetry. That means that you might have one of the joints in the pelvis rotated forwards and up or the other one rotated down.

"The physiotherapist would assess posture and walking pattern, and the way the muscles around the core are working. Treatment may involve manual therapy techniques to help realign the pelvis and lumbar spine and posture correction.

Mums-to-be with PGP may also benefit from wearing a pelvic support (a special Velcro-fastening belt) that sits under the bump and helps to hold the pelvis together.

Here are some tips if you have PGP:

- • Avoid activities that aggravate your symptoms, such as lifting, pulling and pushing.
- • Keep use of stairs to a minimum and take one step at a time.
- • Keep knees together when getting in and out of car or bed.
- • Avoid crossing legs in sitting or standing or propping on one leg.
- • Place a pillow between knees in bed.

### LOWER BACK PAIN

Lower back pain is very common in pregnancy. With the change in posture and the growing uterus, the woman's centre of gravity is changed and the extra weight of the uterus and the abdomen puts extra strain on the lower back.

"There are specific exercises called pelvic tilting, which can be helpful to keep the abdominal

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muscles active during pregnancy. This will help to support the back.”

A separation of the abdominal muscles, called diastasis abdominis rectus, can also occur during pregnancy.

“This may cause a bulge in the middle of the abdomen where the two muscles separate. This muscle separation usually develops in late pregnancy, but is most noticeable immediately after delivery. This separation can lead to reduced support of the lower back.

“It is very important that this separation, or diastasis, of the abdominal muscles is assessed and treated after childbirth. Again, any symptoms of upper or lower back pain should be assessed and treated. Wearing a supportive bra during pregnancy is also very important as the enlargement of breast tissue during pregnancy can increase the strain on neck, shoulders and upper back.”

### **CARPAL TUNNEL SYNDROME**

Fluid retention can cause carpal tunnel syndrome.

“When that fluid starts to press on the median nerve, which runs between the forearm and wrist it gives symptoms of tingling, numbness, pain and reduces dexterity and grip strength. It’s very easy to diagnose and a simple splint called a futura splint can be highly effective, especially for nighttime symptoms.”

### **MERALGIA PARAESTHETICA – NUMBNESS IN OUTER THIGHS**

Meralgia paraesthetica is a similar type problem which causes numbness, pain or a burning feeling, but this time along the outer thigh.

“Similarly to carpal tunnel syndrome, it is caused by compression of a nerve. Simple measures such as avoiding tight clothing, restrictive garments or belts can help. Physiotherapy can help relieve tightness and tension in the affected area.”

### **FOOT PAIN AND SWELLING**

Foot pain and swelling can be another common discomfort in pregnancy.

“Pregnant women can become a bit flat-footed,” says Bernie. “Due to the natural weight gain during pregnancy a woman’s standing posture and weight bearing stance can be altered, leading to added pressure on knees and feet.

“Sometimes you see pregnant women in dreadful shoes, for example little pumps with no support. Be mindful of good, supportive footwear. Orthotic (inserts) may be useful sometimes too.”

Oedema, or swelling of the feet, can be minimized by the following methods:

- • Elevate feet as often as possible.
- • Wear seamless socks that don’t affect circulation.
- • Exercise, as able.
- • Drink plenty of fluids.
- • Avoid high salt foods.
- • Important – if the swelling is not symmetrical in both feet, this may be a sign of a vascular (vein/clot) problem. You should see your GP in this case.

### **OTHER CONDITIONS – HSE ADVICE**

- • Nausea and sickness – normal in early pregnancy, but usually stops around week 12-13. If possible, eat something like dry toast or a plain biscuit before you get up. Eat small amounts of food at a time and drink plenty.
- • Constipation – caused by hormonal changes in your body. Eat more fibre, drink more water and exercise regularly.
- • Haemorrhoids (piles) – also caused by hormonal changes that cause your veins to relax, and by the increased pressure on your pelvic blood vessels. Creams are available. Prevent constipation and avoid standing for long periods of time.
- • Heartburn and indigestion – caused by the valve between your stomach and the tube leading to your stomach relaxing, allowing acid to pass into the tube. Sleep propped up. Avoid eating late.
- • Thrush – can be treated by a cream or pessary, as advised by your GP.
- • Varicose veins – avoid excess weight gain, standing for long periods or crossing legs. Put feet up when sitting, wear support tights, sleep with your legs higher than your body and do foot exercises to help circulation.
- • Stretch marks – getting them depends on your skin type and how elastic it is. More likely if you

gain a lot of weight. They gradually fade after the birth.

#### USEFUL WEBSITES

- • [www.iscp.ie](http://www.iscp.ie) (Irish Society of Chartered Physiotherapists)
- • [www.physio4Women.ie](http://www.physio4Women.ie)
- • [www.hse.ie](http://www.hse.ie) CL

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