

Pregnancy Complications

Common pregnancy symptoms. You may experience a number of symptoms during pregnancy. Most are normal and will not harm you or your baby, but if they are severe or you are worried about them, speak to your midwife or doctor. You may feel some tiredness, sickness, headaches or other mild aches and pains, or have heartburn, constipation or haemorrhoids. There may also be some swelling of your face, hands or ankles or you may develop varicose veins. Changes in mood and sex drive are also common. Sex is safe unless you are advised otherwise by your care provider. Problems in pregnancy require additional visits for tests and surveillance of you and your baby's well-being. Many conditions will only improve after delivery of the baby, therefore it may be necessary to induce your labour or undertake a planned (elective) caesarean section. Please discuss any worries with your midwife or doctor.

Abdominal pain. Mild pain in early pregnancy is not uncommon. You may have some discomfort due to your body stretching and changing shape. If you experience severe pain, or have pain with vaginal bleeding or needing to pass urine more frequently - contact your midwife/GP for advice.

Vaginal bleeding. Bleeding may come from anywhere in the birth canal, including the placenta (afterbirth). Occasionally, there can be an 'abruption', where a part of the placenta separates from the uterus, which puts the baby at great risk. If the placenta is low lying, tightenings or contractions may also cause bleeding. Any vaginal blood loss should be reported **immediately** to your midwife or nearest maternity unit. You will be asked to go into hospital for tests, and advised to stay until the bleeding has stopped or the baby is born. If you are Rh -ve, you will require Anti-D injection (page 6).

Diabetes is when there is a higher than normal amount of glucose in the blood. It may be present before pregnancy, or develop during (gestational diabetes). High sugar levels cross the placenta and can cause the baby to grow large (macrosomic). If you have or develop diabetes, you will be looked after by a specialist team who will check you and your baby closely throughout the pregnancy. Keeping your blood glucose as near normal as possible can help prevent problems for you and your baby. Gestational diabetes usually disappears after pregnancy but can happen again in future pregnancies.

High blood pressure. A rise in blood pressure can be the first sign of a condition known as **pre-eclampsia** or pregnancy induced hypertension. Your blood pressure will be checked often during your pregnancy. You need to tell your midwife/doctor or nearest maternity unit if you get bad headaches; blurred vision or spots before your eyes; bad pain below your ribs and or vomiting as these can be signs that your blood pressure has risen sharply. If there is also protein in your urine, you may have pre-eclampsia which in its severe form can cause blood clotting problems and fits. It is also often linked to problems for the baby such as restricted growth. Treatment may start with rest, but some women will need medication that lowers high blood pressure. Occasionally, this may be a reason to deliver the baby early.

Thrombosis (clotting in the blood). Your body naturally has more clotting factors during pregnancy, to stop the bleeding as quickly as possible once the placenta (afterbirth) is delivered. However, this also means that all pregnant women are at a slightly increased risk of developing blood clots during pregnancy and the first weeks thereafter. The risk is higher if you are over 35, overweight, smoke cigarettes, or have a family history of thrombosis. You are advised to see your doctor **immediately** if you have any pain or swelling in your leg, pain in your chest or cough up blood.

Obstetric Cholestasis, is severe **itching** especially on the hands and feet, caused by a liver condition. Cholestasis can affect the baby and may result in stillbirth if not treated. If you have severe itching a blood test is offered to check to see if you have the condition. If you do, you may require tablets and the baby will require careful monitoring. The timing of delivery should be discussed with you and your doctor according to your individual needs.

Prematurity. Labour may start prematurely (before 37 weeks), for a variety of reasons. If this happens before 34 weeks, most maternity units have a policy of trying to stop labour for at least a day or two, whilst giving steroid injections (betamethasone) to help the baby's lungs to mature. However once labour is well established it is difficult to stop. Babies born earlier than 34 weeks may need extra help with breathing, feeding and keeping warm.

Breech. If the baby's presentation (see page 14) is not head first, there is an increased chance that the labour will not be straightforward. If your baby is presenting bottom first (breech) it is now usually recommended to try and turn the baby before labour starts (ECV = External Cephalic Version). However, the procedure is not always successful. Your midwife/obstetrician will discuss with you the options on how best to deliver a baby that stays in the breech position; delivery by a planned (elective) caesarean section is now often recommended, but the alternative may be to allow labour to start naturally, to watch and see how things go and to intervene only as necessary; as always the decision is yours.

Multiple pregnancy. Twins, triplets or other multiple pregnancies need close monitoring. More frequent tests and scans are recommended. Your midwife/obstetrician will discuss with you the options on how best to deliver your babies. It will depend on how your pregnancy progresses, the position that your babies are lying and whether the babies share a placenta.

Body Mass Index is a test to see if you are a healthy weight for your height and is calculated by dividing your weight in kilograms by your height in metres squared. During pregnancy there are increased risks of certain complications if your BMI is less than 18 or more than 30.

