**Minor disorders of pregnancy**

**Overview**

Pregnancy is a continuous daily changes of great hormonal profiles secreted mainly by the placenta and some other organs like the ovary and adrenal gland. Those ever increasingly secreted hormones affect the pregnant women feelings and body system from the early days of pregnancy until 6 weeks post delivery. They appear as minor disorders of pregnancy. It is quite important to be well acknowledged with those minor disorders in order to be able to more efficiently scrutinize the more serious disorders concomitant with pregnancy.

**Digestive system disorders**

**Morning sickness**

Nausea and sight vomiting is a normal sign of pregnancy in in most of the cases it is usually self limited and require no therapy. Morning sickness is usually restricted to the first 12 weeks of pregnancy and should never bypass 12 weeks of gestation. In exaggerated form phenothiazine therapy in the form of cyclizine and meclizine are usually given in short period.

**Heart burn**

Due to the increased levels of progesterone hormone secreted from the placenta all over the pregnancy relaxation of the gastro- esophageal sphincter is common with reflux of acid from the stomach back to the esophagus. This heart burn sensation usually follows heavy meals. In most of the cases it is well tolerated by the pregnant women. In severe cases magnesium salts may be giving to alleviate symptoms.

**Constipation**

Still under the high effect of progesterone secreted from the placenta with relaxation of the whole digestive tract constipation is quite common disorder of pregnancy. Despite the condition is well tolerated by pregnant women, treatment is usually effected by dietary modification with increased uptake of the fiber containing foods rather than drugs. The use of laxative pessaries in pregnancy is usually avoided as they can induce preterm labor.

**Hemorrhoids**

Development of hemorrhoids in pregnancy especially if associated with bleeding is sometimes extremely serious problem in pregnancy as no effective surgery for them is permitted during pregnancy. Bleeding hemorrhoids can lead to iron deficiency anemia and that is why continuous monitoring of hemoglobin level is mandatory. Iron replacement should be prompt. Treatment of bleeding hemorrhoids should always be deferred towards the end of pregnancy.

**Urinary symptoms**

**Polyuria**

is considered as one of the normal sings of pregnancy mediated primarily by the increased glomerular filtration rate as well as pressure of the gravid uterus on the bladder. It should always be discriminated from active urinary tract infections by general urine examination and mid stream urine sample for culture and sensitivity.

**Stress incontinence**

Usually refers to involuntary loss of urine from the urethra upon any maneuver which increases intra abdominal pressure like cough. It is caused by relaxation of the ligaments holding the base of the bladder under high effects progesterone hormone. The condition is usually self limited and it is relived shortly after labor. In some women the condition may persist up to six months post partum in such cases referral to a center where pelvic floor exercise is usually conducted is done.

**Female genital tract**

**Leukorrea**

Leukorrhea is increased vaginal secretion of thin but excessive whitish vaginal discharge which requires frequent washing throughout the day. It is mediated by the increased secretion of estrogen and progesterone hormones from the placenta which induces excessive secretions of fluid from the vaginal wall. The condition per se requires no treatment however it should be discriminated from other more serious vaginal infection in trichomoniasis and candidiasis as they are associated with onset of preterm labor.

**Round ligament pain**

This condition most commonly occurs among primigravida women. It is manifested as constant or intermittent lower abdominal pain which has no specific pattern. The condition is caused by progressive tension on the round ligament effected by the increasingly growing uterus. The condition is usually self limited and requires no specific treatment.

**Cardiovasucular system**

**Ankle edmema**

Edema swelling of the feet in pregnancy is a normal physiological symptom of pregnancy. It is caused by pressure of the uterus on the pelvic veins draining the lower leg all over the pregnancy. However edema of pregnancy should never extend to the level of mid tibia or mid leg. Otherwise preeclampsia should be excluded in such cases.

**Varicosity**

In some women especially the Caucasian individuals development of varicosities in the lower legs is usually a constant signs of pregnancy. It is mainly caused by the pressure of the gravid uterus on the pelvic pain. The varicosities appear as bluish fine lines which follow the branches of superficial veins over the surface of lower leg. In most of the cases the condition is self limiting and disappears within 6 weeks after delivery.

**Palpitation**

Is caused by the increased blood volume which is a normal sign of pregnancy. In normal pregnancy the plasma volume increases by 40 % above the normal. This increase in blood volume may cause palpitation especially at night. However screening for heart disease should always be done during antenatal care to identify undiagnosed more serious condition of heart diseases in pregnancy

**Musculoskeletal symptomes**

**Backache**

Is caused mainly by the lumbar lordosis which is a normal physiological finding in pregnancy especially towards the end of pregnancy. The condition is usually self limiting and terminates after delivery.

**Joint pain**

Joint pain at the ankle and nee joints are quite common among pregnancy mediated by the growing uterus with concomitant increase in the maternal weight. It is also associated with various hormones like relaxin which loosen the ligaments around the joints especially in the pelvic joints. Rlaxin is secreted from the ovarian stroma and composed from polypeptide hormone. The condition is self limiting and terminates gradually after pregnancy

**Carpel tunnel syndrome**

Compression on the median nerve may be induced with edema of the carpel tunnel mediated by the progressively increased secretion of estrogen and progesterone hormone throughout pregnancy. Clinically it presents as numbness on the palmer aspect of the hand. The condition is usually self limiting and end within 6 weeks after delivery

**Respiratory system**

**Dyspnoea**

Dyspnoea increasing in severity especially towards the end of pregnancy is caused by the increased uterine size with subsequent compression on the on the diaphragm. Despite also caused by compression of the gravid uterus on the inferior vena cava especially towards the end of pregnancy with possible fainting attacks. It is much more commonly associated at night with start of sleep. The condition is usually advised by sleeping of the side of the body and avoiding sleeping on the back.

**Neural system**

**Picca!**

Pica is defined as unusual craving for eating food item unusually favored by the non pregnant women. Despite picca is not a problem by itself but should always be looked for as it can be associated or augmented by iron deficiency anemia.

**Anxiety and insomnia**

Are quite common conditions associated with each pregnancy. The condition is exacerbated towards the end of pregnancy mediated with the increased levels of estrogen and progesterone hormones secreted from the placenta. The conditions are quite normal though sometimes luminal or valium are prescribed to alleviate the symptoms.