



# A BASIC GUIDE TO PREGNANCY

Childbirth is a normal and natural process and most pregnancies of healthy mothers end with healthy babies.

Problems do, however, occur in a minority of cases and so this guide provides a brief summary of what to expect during pregnancy – and what preventative measures can be taken to avoid complications and to aid healthy outcomes.

## How to stay healthy during pregnancy

A well balanced, nutritious diet is recommended as well as gentle exercise (after 24 weeks of pregnancy for example a woman should try not to walk more than 2 km a day). Smoking tobacco and drinking alcohol should definitely be avoided. Iron and vitamin supplementation in correct dosages is also advisable from the 12 week of pregnancy until delivery.

Pregnant mothers should have regular antenatal check ups by qualified health professionals to monitor blood pressure and undertake urine analysis. Iron levels should also be monitored to avoid the risk of anemia. At the same time, the health of the newborn baby should be checked by listening to its heart sounds and assessing abdominal distention. The possibility of multiple pregnancy should be ruled out and, in the later stages of pregnancy, the position of the baby should be checked to avoid malpresentation at birth.

## What every pregnant mother should know

For simplicity pregnancy is divided into three stages (often referred to as 'trimesters'), i.e., 1–12 weeks, 13–28 weeks and 29 weeks until delivery.

A pregnant mother faces a variety of issues during her pregnancy, irrespective of previous successful and uncomplicated deliveries. In fact, almost all expectant mothers experience some minor problems during pregnancy and about 10% of women may experience problems which may require hospitalization. Approximately 1 in 100 to 1 in 10,000 pregnant mothers may experience a serious complication which might perhaps put her life at risk if good-quality medical care is not readily available. Complications during pregnancy are unique, because the majority are unheralded and happen in apparently healthy women.

Almost all pregnancy-related complications can be managed effectively if the mother is seen reasonably promptly by an

experienced doctor, even if the actual facilities available for medical care are relatively basic.

## 1. What are the signs of pregnancy?

For a regularly menstruating, sexually active woman (reproductive age group 12–50 years) who is not using any type of contraception, the first sign of possibly pregnancy occurs if she misses her expected menstrual cycle. Other signs include sore breasts and morning sickness, etc. In the later stages of pregnancy she is likely to feel fetal movements and abdominal distention as well.

## 2. What complications might a woman encounter in the first 12 weeks of pregnancy?

Most pregnancies proceed normally and without problems, however, rare but serious complications may include:

- a) Pregnancy outside the womb (ectopic pregnancy);
- b) Overgrowth of placental tissue (molar pregnancy);
- c) Septic miscarriage/abortion;
- d) Severe and continuous nausea and extensive vomiting (NB most pregnant women experience some regular nausea and this is quite normal).

## 3. What serious complications might a woman encounter in weeks 13–28?

- a) Late miscarriage and its consequences (which include severe bleeding and infection);
- b) The death of the baby in her womb and its consequences (infections and disseminated intravascular coagulation);
- c) Blood pressure related complications of pregnancy (known as pre-eclampsia/eclampsia);
- d) Overgrowth of placental tissue (molar pregnancy);
- e) Undiagnosed multiple pregnancy;
- f) Premature labor and its associated complications (mal-presentations, obstructed labor).



#### 4. What complications may a woman encounter in weeks 29 and beyond?

- a) Blood pressure related complications of pregnancy (known as pre-eclampsia/eclampsia);
- b) Low iron levels in blood (severe anemia);
- c) Death of the baby in the womb or a noticeable restriction in the actual growth of the baby;
- d) Prolonged labor/an obstruction during/after labor or severe bleeding (postpartum hemorrhage).

#### 5. What are the symptoms and signs for which a pregnant woman should seek advice from a health professional?

Any pain in the abdomen that is not relieved by simple analgesics should not be ignored. In the first 12 weeks it could be an indication of possible urinary tract infection, threatened miscarriage or torsion or rupture of ovarian cysts.

If pain in the abdomen is also associated with bleeding it might be a sign of ectopic pregnancy or a miscarriage or molar pregnancy.

In weeks 13–28, if a woman experiences either pain in her abdomen and/or bleeding via the vagina that is heavier than her normal menstrual flow these also should be assessed by a health professional. The symptoms and signs could be due to late miscarriage or molar pregnancy.

Unusual distention of the abdomen at this stage could be due to multiple pregnancy, a large baby, molar pregnancy, excessive fluid collection around the baby (which might be caused by uncontrolled diabetes, infections such as syphilis, toxoplasmosis, or certain congenital malformations of the baby).

If movements of the baby in the womb are either reduced or completely absent, this might indicate a compromised baby and so the woman should consult her doctor.

If a baby whose growth is restricted is not delivered in a timely manner it may eventually die in the womb. And if a baby that dies in the womb is not delivered in a reasonably prompt manner this may present a significant risk to the pregnant mother through infection or excessive blood loss.

In the final stages of pregnancy, i.e., from week 29 and beyond, continuous pain in the abdomen associated with or without bleeding could be a sign of the premature separation of the placenta. This might develop into a serious, life-threatening situation if the condition is not managed in good time.

In contrast, painless fresh bleeding via the vagina during this period, unless disproved, could be a sign that the placenta is attached at the entrance of the womb, which is a serious situation. Such symptoms should, therefore, be professionally assessed.

Watery loss from vagina could be a sign of rupture of the bag of waters, and this is, therefore, another situation that should be assessed by a professional.

Other causes of abdominal pain during pregnancy include urinary tract infections, appendicitis, adnexal torsion, ovarian cyst rupture or intestinal obstruction.

Any breathlessness which lasts more than 5 minutes after exertion or simple physical activity or difficulty in certain positions might be a sign of possible cardiovascular disease (such as rheumatic heart disease or congenital heart disease) or this could be secondary to severe anemia or malnutrition (sometimes the result of worm infestation and under-nutrition).

#### Labor and delivery

From about 25 weeks onwards, the onset of regular painful contractions radiating from loin to groin associated with signs of reddish mucus or light bleeding are indications of labor. Typically, birth takes place and is completed within about 12 hours of the start of contractions. If delivery does not take place within about 12 hours from the onset of labor, the woman's condition should be assessed by a medical professional.

If, during labor, the waters surrounding the baby change in color from watery to a thick yellow/yellowish green material help should be sought.

#### Following delivery

Following delivery it is occasionally possible that a woman may sustain a genital tract injury or her uterus may not contract in a timely fashion or the placenta may not be properly expelled. The first sign of any of these conditions may be fresh bleeding and under such circumstances professional help is required.

#### Puerperium

Serious complications that occasionally occur in the immediate postnatal period include:

- a) Genital tract infection, leading to a wider spread of infection;
- b) Bleeding via the vagina, which could be caused by retained fragments of placenta;
- c) Pulmonary embolism.

Any fever or shaky chills or rigors in the first few weeks following delivery could be signs of infection and, therefore, should be properly assessed.

**NB:** Partners play a major role in making decisions for the treatment of mothers with pregnancy related problems. It is therefore important to provide information to the partner about the warning signs of complications and the place of referral to ensure that the mother gets timely and appropriate treatment for the management of any complications that may arise.