

Constipation Treatment during Pregnancy: A Mini Review

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Abstract

Aim: Investigate the effects of its risk factor and the prevalence of functional constipation in pregnant women.

Methods: From July 2012 to January 2014, in four hospitals in Shanghai, we searched hospital databases for women who were 37-41 weeks pregnant (1698 instances). General information, eating and living habits, psychological history, prior history of defecation in the six months prior to conception, and defecation after conception were all aspects we looked at. Using the SPSS program, data were examined.

Results: Functional constipation was more common in pregnant women who were over 35, had pre-pregnancy body mass index >24, had high levels of education, and worked sedentary jobs. The prevalence of functional constipation among pregnant women was linked to age, pre-pregnancy body mass index, nutrition, exercise, occupation, psychological factors, threatening abortion in early pregnancy, and constipation history, according to multivariate logistic regression analysis.

Conclusion: Pregnant women had a much higher prevalence of functional constipation than the general population.

Keywords: Constipation; Population; Water; Nutrients

Introduction

One of the most prevalent medical conditions affecting people worldwide is constipation. Constipation's main symptoms include fewer faeces, lumpy or hard stools, and straining [1]. Chronic constipation is now more common due to changes in dietary habits, way of life, psychological health, and social influences. Numerous characteristics, including age, gender, socioeconomic status, dietary habits, education level, anxiety, depression, and other psychological aspects, have been linked to the occurrence of functional constipation, according to previous research [2]. Patients with severe constipation have a considerable reduction in quality of life. In terms of physiology and physically, pregnancy is a unique moment for women. There are, however, few studies that offer information on the prevalence or risk factors for functional constipation in expectant mothers. According to indirect evidence, women who are pregnant may have greater prevalence rates because of their bodies producing more progesterone, exercising less, and eating more protein and fat to meet their nutritional needs.

Even though increasing fibre, fluid intake, and exercise are the first-line treatments for constipation, they are occasionally ineffective. Laxatives such as lubricating laxatives, stool softeners, osmotic laxatives, and stimulant laxatives may therefore be taken into consideration. They have very little systemic absorption even though just a few of the numerous laxatives have been tested for safety during pregnancy. As a result, it is not anticipated that they will be linked to a higher incidence of congenital abnormalities. To prevent dehydration or electrolyte imbalances in pregnant women, it is advised that osmotic and stimulant laxatives only be administered briefly or seldom.

According to estimates, between 11% and 38% of pregnant women develop constipation, which is typically characterized by irregular bowel movements or challenging elimination. Because of physiologic and anatomical changes in the gastrointestinal tract, pregnancy increases a woman's risk of getting constipation. For instance, increased bowel transit time is caused by decreasing levels of the hormone motilin and rising progesterone levels during pregnancy. Additionally, the intestines absorb more water, which results in drier stool. Constipation

can also be exacerbated by decreased maternal activity and increased vitamin supplementation (such as iron and calcium). An expanding uterus later in pregnancy may slow the progression of faeces. Although major problems from constipation, such as faecal impaction, are possible, they are uncommon. Constipation is the second most frequent gastrointestinal symptom in pregnancy, behind nausea, and it has a negative impact on patients' everyday life [3].

Discussion

Procedure

A diet rich in fibre and water, together with regular exercise, can help many individuals overcome constipation. Bowel function might potentially be enhanced by probiotics that change the flora in the colon. Laxatives are the second line of treatment if these are ineffective. Laxative use during pregnancy is generally not well understood; however, some laxatives have received limited research, and data on their systemic absorption can be used to estimate the safety of others.

Clumps creating agents

The use of bulk-forming substances for an extended period of time during pregnancy is thought to be safe because they are neither absorbed nor linked to an elevated risk of malformations. Inconvenient side effects including gas, bloating, and cramps may be present, and they are not always effective.

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Pee softeners

Numerous studies have shown that docusate sodium is safe to use during pregnancy and have not shown any negative effects. There is only one case report of maternal chronic docusate sodium consumption during pregnancy, and it was linked to neonatal symptomatic hypomagnesaemia [4].

Slick-acting pills

Mineral oil does not seem to be linked to any negative consequences and is only weakly absorbed from the digestive system. While there is debate about the possibility, it seems to be more of a theoretical than a real issue, that extended use decreases the absorption of fat-soluble vitamins.

Anesthetic laxatives

Both lactulose and polyethylene glycol have weak systemic absorption. Although its use has not been linked to any negative effects, some people may experience side effects like flatulence and bloating. Theoretically, osmotic laxative use over an extended period of time could result in electrolyte imbalances [5, 6].

Energizing laxatives

Bisacodyl has a low bioavailability, which results in limited absorption. Senna is slow to enter the system and does not seem to be linked to an increased incidence of malformations. The usage of stimulant laxatives, however, may result in unpleasant side effects for women, such as abdominal cramping. Prolonged uses might theoretically cause electrolyte imbalances, just like osmotic laxatives can.

Numerous diuretics and stool conditioners are accessible without a medicine. In any case, check along with your wellbeing care supplier some time recently taking any pharmaceutical counting stool conditioners and other sorts of diuretics to treat pregnancy constipation. Keep in intellect that pregnancy clogging can frequently be anticipated with way of life changes. For example: Drink bounty of liquids. Water could be a great choice. Prune juice too can help. Include physical movement in your day by day schedule. Being dynamic can offer assistance avoid pregnancy constipation. Include more fiber in your diet. Select high-fiber nourishments, such as natural products, vegetables, beans and entire grains. Together with your wellbeing care providers. Alright, consider a fiber supplement, such as Metamucil or Citrucel. If you take press supplements, specify the obstruction to your health care provider. In spite of the fact that press is an imperative nutrient during pregnancy, as well much press can contribute to pregnancy obstruction. You might have to be take a stool conditioner in the event that you're taking a press supplement [7, 8].

Conclusion

Stool conditioners are for the most part considered secure amid pregnancy. Pregnancy clogging, characterized as having less than three bowel developments a week, can be awkward. Clogging is common in pregnancy. Stool conditioners, such as Docusate Sodium (Colace) and Docusate Calcium (Surfak), soak the stool and make it simpler to pass. These items are impossible to hurt a creating infant since their dynamic fixing is as it were negligibly retained by the body. Your wellbeing care supplier might too suggest a purgative. Bulk-forming purgatives, such

as Psyllium (Metamucil, Konsyl, others) and Polycarbophil (FiberCon, Equalactin, others) are regularly considered secure to utilize amid pregnancy since they aren't ingested by the body. Other diuretics that are considered secure to utilize amid pregnancy incorporate saline diuretics, such as magnesium hydroxide (Phillips' Drain of Magnesia, Dulcolax, others) or magnesium citrate; stimulants, such as Bisacodyl (Ducodyl); and Lactulose (Cholac, Constilac) [9].

Increasing dietary fibre and water consumption as well as daily moderate activity comprise the first line of treatment for constipation. Laxatives are the next step in treatment if these are unsuccessful. Short-term use of laxatives has not been linked to an increased risk of abnormalities and is not anticipated to be because the majority are not absorbed systemically. However, just like with the general populace, it is advised that osmotic and stimulant laxatives be used very briefly or seldom to prevent electrolyte imbalances, dehydration, and the potential for "cathartic colon."

Having stoppage implies that you're battling to crap, or have a bowel development. It happens when the nourishment that your body now not needs (squander) solidifies within the lower portion of your stomach related tract (bowel) rather than moving out as a stool. Most individuals have had the unsavory encounter of being blocked up some time recently, but it's indeed more common when you're pregnant. The hormone changes in your body that make pregnancy conceivable can increment your chances of getting to be clogged up [10].

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Not Applicable

Conflicts of Interest

The authors report no conflict of interest.

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