

Gastrointestinal disorders in pregnancy

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Abstract

Gastrointestinal disorders represent a number of the foremost frequent complaints during pregnancy possibly due partially to elevated level of progesterone. a number of the foremost common gastrointestinal issue women experience during pregnancy are nausea, vomiting, gallstone, diarrhea and constipation. Pathophysiology -hormonal fluctuations, gastrointestinal motility disorder and psychosocial factors. Symptoms during pregnancy- nausea, vomiting, nausea, tract infection, increased intracranial pressure, appendicitis and hepatitis. Nausea and vomiting may be a common scenario for the ladies during this phase. Nausea with or without vomiting is common in pregnancy. Risk factors for nausea in pregnancy include youth, obesity and smoking. nausea is understood as sickness. Diarrhea- Diarrhea is defined as three or more bowel movements per day. it's usually related to a rise in stool volume (300g/day) Management- metoclopramide will be utilized in pregnancy.

Pyridoxine (vitamin B6 is an alternate therapeutic agent partially with severe nausea or vomiting. hyperemesis (HG) HG may be a severe kind of nausea and vomiting related to weight loss of over 5% of pre-pregnant weight, dehydration and electrolyte imbalances. HG usually starts before the 22nd week of gestation, affects 0.3-2.0% of pregnancies and sometimes requires hospital admission . during a Canadian population-based cohort study, Fell et al reported an increased risk of HG related to hyperthyroid disorders, psychiatric illness, previous abnormalcy, pre-existing diabetes and asthma. Currently, three major etiologies are described within the literature. Firstly, high levels of HCG can have an interesting effect on the secretory process within the upper GI tract. the assembly of thyroid-binding globulin also increases under estrogen stimulation, resulting in a decrease in free thyroxine (T4). The transient decrease within the free T4 level causes stimulation of the thyroid and therefore the patient can develop gestational transient thyrotoxicosis, resulting in vomiting. Secondly, HCG is comparable to endocrine (TSH) and possibly causes hyperemesis by stimulating the TSH receptor . Thirdly, there's a negative relation between the amount of prolactin and nausea/vomiting, whereas estrogens have a positive relation.

Therefore, the upper levels of estrogens during pregnancy can raise the danger of HG. HG may be a diagnosis of exclusion. it's usually amid hyponatremia, hypokalemia, low serum urea, raised hematocrit, metabolic hypochloremia alkalosis and ketonuria. Liver enzymes is also elevated in 50% of cases. Patients are dehydrated with fluid/food intolerance and weight loss because of the prolonged vomiting. Ultrasound assessment of pregnancy is mandatory, because HG is also related to multiple and molar

pregnancies. No single therapy has emerged as significantly beneficial and also the medical approach relies on electrolyte correction and prevention of dehydration. When hospitalized, these women usually need intravenous fluid therapy to correct electrolyte disturbances. Normal isotonic solution is usually recommended to correct possible hyponatremia. As in non-severe nausea and vomiting, thiamine (vitamin B1) and pyridoxine (vitamin B6) could also be appropriate to stop severe symptoms. Thiamine also prevents Wernicke's encephalopathy in patients with prolonged vomiting. If patients fail to retort to conservative therapy, anti-emetics are indicated, including histamine receptor blockers, phenothiazines and dopamine antagonists. Malnutrition may necessitate nasojejunal enteral feeding, effective in symptom control and weight gain in severe HG. Total parenteral nutrition is also employed in life-threatening cases. Inflammatory bowel disease (IBD) IBD affects women during their reproductive years and it's estimated that around 50% is diagnosed before age 32. IBD is also related to worse pregnancy outcomes; therefore, it's recommended that the IBD physician and obstetrician follow patients closely. this is often especially important since many obstetricians might not be aware of IBD medications and will not be ready to advise correctly on the upkeep of medication during pregnancy. Pregnancy may influence the course of IBD. in a very 10-year follow-up cohort study, Riis et al concluded that pregnancy didn't influence disease phenotype or surgery rate, but was related to a reduced number of flares within the following years.

Conversely, IBD could also be related to worse outcomes during pregnancy, even during quiescent disease . in an exceedingly recent review of 3907 IBD patients, Cornish et al concluded that ladies with IBD are more likely to possess preterm birth, low birth weight and C-section, the last one occurring especially in Crohn's disease. of these outcomes are rather more frequent if the disease is active during pregnancy . Indeed, disease activity is that the strongest predictor of an adverse pregnancy outcome . If conception occurs during quiescent disease, the danger of relapse is comparable to it of a non-pregnant IBD women. Patients with colitis have a 33% risk of relapsing and Crohn's disease patients have a risk of around 20% . In contrast, if conception occurs during an exacerbation of disease, 2/3 will have a persistent active disease and 2/3 of those will deteriorate further . Likewise, active disease at conception is related to a greater risk of miscarriage and preterm birth, whereas disease exacerbation during pregnancy increases the chance of preterm birth, stillbirth and low birth weight [26]. during a cohort study of 462 pregnant women with IBD, Mahadevan et al also found a better prevalence of pregnancy complications in IBD

patients (OR 1.78, 95%CI , like pre-eclampsia or premature rupture of membranes. Therefore, it's advised that IBD women have a 3- to 6-month period of sustained remission before pregnancy is attempted. the continued prospective, multicenter study “

Pregnancy in Inflammatory Bowel Disease and Neonatal Outcomes” (PIANO) found a better rate of exacerbation in colitis patients compared to Crohn's disease patients during pregnancy.

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