

Constipation in Pregnancy

Why do women tend to get constipated in pregnancy?

- * Progesterone, which is very high in pregnancy, can decrease the motility of the intestines.
- * Sometimes, as the uterus grows, it can block the flow of stool through the intestines.
- * Iron Supplementation, diet changes, and dehydration can also cause constipation.
- * Decreased physical activity and stress/anxiety can also be related to constipation.

What Dietary Changes Can Help Constipation?

Increasing fiber, in conjunction with increasing your water intake, can really help. Prunes have also been shown to be more effective than some medications in improving stool frequency and consistency.

Excellent Sources of Fiber (from UpToDate): Make sure you increase your water intake as well!

- * Rolled Oats (oatmeal)
- * Wheat Bran and Oat Bran (i.e. bread, muffins, cereals)
- * Nuts (peanuts, slivered almonds)
- * Brown Rice
- * Baked beans and kidney beans (all beans, but these have the most)
- * Spinach, Zucchini, Peas, Brussel Sprouts, Broccoli
- * Prunes, Dates, Pear or apple with the skin

What To Do If Dietary Changes are Not Working?

Bulking agents (Metamucil, Citrucel) can be used regularly. Your provider may prescribe a stool softener, such as Colace (Docusate Sodium), to be taken twice a day. This is also available over the counter.

We do not routinely recommend osmotic agents (such as polyethylene glycol or lactulose) or stimulant laxatives (such as dulcolax or sennakot) in pregnancy because of electrolyte changes that can occur, as well as possible stimulation of uterine contractions, particularly with laxatives or enemas. Mineral oil preparations can also cause decreased nutritional absorption.

DO NOT TAKE BISMUTH CONTAINING MEDICATIONS IN PREGNANCY
(ie Pepto Bismol©)