# Common ailments during pregnancy and its relation to parity

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**Abstract:** Becoming a mother is a beautiful dream of every woman, but both pregnancy and child birth, to a certain extent, are unpredictable processes. Hence the care of a pregnant woman presents a unique challenge. It is common for a pregnant woman to experience unpleasant symptoms during pregnancy often caused by normal physiological changes the body of an expectant mother. During 2nd and 3rd trimester pedal oedema, heart burn, low backache, constipation, calf muscle cramps and general fatigue-ness are most commonly present. Among these some ailments are depend upon parity.

**1. Introduction:**

Pregnancy and giving birth to a child are the two most critical periods in a woman's life-cycle, which are essential for existence of human species in the world. Becoming a mother is a beautiful dream of every woman, but both pregnancy and child birth, to a certain extent, are unpredictable processes. Hence the care of a pregnant woman presents a unique challenge. It is common for a pregnant woman to experience unpleasant symptoms during pregnancy often caused by normal physiological changes the body of an expectant mother.

**Common ailments during pregnancy**

Pregnancy is a time of both physical and emotional changes. Because of the obvious changes in the body shape, the size of the uterus and shifts in the hormonal levels and metabolism can contribute to various physical and emotional discomforts. Some of the most commonly observed in second and third trimester are:

- **Pedal oedema:**

During pregnancy, it is common to experience swelling of the feet, legs and hands that makes skin feel tight. The amount of blood in the body increases approximately 40 percent. In addition, the body naturally holds water. Heart needs to work harder to circulate this extra fluid. For about one out of three women, swelling of the hands and feet occurs during the last three months of pregnancy and is often greater during hot weather. Some swelling or puffiness is not unusual or serious, but it can be uncomfortable.

- **Heartburn (oesophageal reflux):**

Pregnant women may get heartburn because the stomach muscles relax and food goes back up. Sometimes the stomach makes more acid during pregnancy. The growing baby pressing against the stomach can force acid upward causing heartburn.

- **Low backache:**

Backaches often occur as increasing weight pulls the spine forward and shifts centre of gravity. Increased lumbar lordosis with the changes in posture is responsible for the pain. The increased laxity of the pelvic ligaments produced by the high circulating levels of steroids results in stability of the bony pelvis.

- **Constipation:**

During pregnancy, digestive system slows down due to hormonal influences, and digestive organs are displaced due to the growing uterus. Pregnant woman may also become constipated from irregular eating habits, changes in environment, stress, and added calcium and iron in the diet. Some medications, too little exercise, and not enough fibres and liquids may also contribute to the problem. Constipation refers only to bowel movements that are hard in consistency or painful. Infrequent bowel movements are not unusual.

- **Calf muscle cramps:**

Muscle cramps are common during pregnancy, but the cause is difficult to determine. Possible causes include a calcium imbalance, ischemia, changes in pH or electrolytes. As the uterus grows, there is pressure over the pelvic floor restricting circulation to the lower extremities which may result in leg cramps.

- **Fatigue-ness:**

Women often feel more tired than usual and need extra sleep during pregnancy. During the early months, fatigue is caused by natural hormonal (progesterone) changes as body adjusts to pregnancy. During the last month or two, carrying the extra weight of the baby will be tiring. Fatigue is an important sign from your body that need extra rest.

**2. Material and Method:**

To supplicate this study, I had registered 90 pregnant patients, both primi and multi.

**Population and Sample**

The **population** for this study constituted of all those pregnant women who came for their check-up/treatment in the OPD Clinic of Department of Prasuti Tantra, Institute of Medical Sciences, Banaras Hindu University during the period April 2015 to January 2016 at their own will.

A **sample** of 90 pregnant women from the above population, who were diagnosed to have completed their 5$^{th}$ month of their pregnancy, was selected to serve as subjects for the experimental clinical trial. In selecting these patients the following **selection criteria** were additionally applied.

**Inclusion criteria:**

Only those women were included to serve as subjects of this study who met the following criteria for inclusion:

- That all subjects were regularly taking following medicines orally since 4$^{th}$ month of their pregnancy:
  - (i) Iron supplement ( 100mg. Ferrous Ascorbate 1 OD)
  - (ii) Calcium 500 mg. 1 OD
  - (iii) Folic Acid 5 mg. 1 OD
- Uncomplicated cases of pregnancy between 20-22 wks.
- Both primi and multigravida.
- Age between 18-40 yrs.
- Single intrauterine gestation.

**Exclusion criteria:**

Those subjects were not selected for this study who reported or were diagnosed with any of the following condition:

- If there was any history of medical disorders during pregnancy such as: Pulmonary diseases, renal diseases, Psychiatric disorders, Cardiac diseases, Epilepsy etc.
- If Pregnancy is complicated with jaundice, eclampsia, preeclampsia, twin pregnancy, PIH etc.
- If Systemic pathology such as: tuberculosis, D.M., HIV, HBsAg etc. is found.

**Grading of criteria (Common Ailments)**

Following system was adopted for grading/quantification of the subjective assessment criteria:

- **Pedal oedema:**
  - **0** – Absent
  - **I** – mild, subsides at rest
  - **II** – severe, present even after taking rest
- **Heart burn:**
  - **0** – No heart burn
  - **I** – 1-2 episodes, mild
  - **II** - >3 episodes, moderate
- **Low backache:**
  - **0** – No backache
  - **I** – mild, subsides after taking rest
  - **II** – moderate, needs medication

- **Constipation:**
  **0** – Normal soft bowels
  **I** – occasional constipation
  **II** – motion once in 2 days or no motion from 2 days
  **III** – daily and needs treatment
- **Calf muscle cramps:**
  **0** – No
  **I** – mild
  **II** – moderate
- **Fatigue:**
  **0** – No
  **I** – fatigue on doing slight work
  **II** – even at rest

**3. Observations and Results:**

Distribution of patients as observed is presented so as to present a clear picture of the subjects who underwent the clinical trials. In study 105 patients are registered, in which 15 patients dropped out.

**Table no. 1. Patients according to incidence of parity:**

| Parity | Patients | |
|---|---|---|
| | No. | % |
| Primi | 62 | 68.68 |
| Multi | 28 | 31.11 |
| Total | 90 | 100 |

Among registered patients 62 (68.68%) are primigravida and 28 (31.11%) are multipara.

**Table no. 2. Patients according to relation of parity with pedal oedema:**

| Pedal Oedema grades at term | No. of patients | |
|---|---|---|
| | Primi | Multi |
| Grade 0 | 48 (77.42%) | 22 (78.57%) |
| Grade I | 14 (22.58%) | 5 (17.86%) |
| Grade II | 0 (0%) | 1 (3.57%) |
| Total | 62 | 28 |

There are 62 primi patients, in which 48 (77.42%) of grade 0, 14 (22.58%) of grade I and no patient of grade II. There are total 28 patients are multigravida, in which 22 (78.57%) patients of grade 0, 5 (17.86%) patients of grade I and 1 (3.57%) patient belong to grade II. It shows that, there are about equal percentage patients of each grade in primipara and multigravida.

These observations show that there is no difference in incidence of pedal oedema between primipara and multigravida patients. So there is no relation between parity and pedal oedema.

**Table no. 3. Patients according to relation of parity with oesophageal reflux(heart burn):**

| Heart burn grades at term | No. of patients | |
|---|---|---|
| | Primi | Multi |
| Grade 0 | 39 (62.90%) | 13 (46.42%) |
| Grade I | 16 (25.81%) | 13 (46.42%) |
| Grade II | 7 (11.29%) | 2 (7.14%) |
| Total | 62 | 28 |

There are 62 primi patients, in which 39 (62.9%) of grade 0, 16 (25.58%) of grade I and 7 (11.29%) patients of grade II. There are total 28 patients are multigravida, in which 13 (46.42%) patients of grade 0, 13 (46.42%) patients of grade I and 2 (7.14%) patient belong to grade II.

These observations show that incidence of oesophageal reflux (heart burn) is found little more in multigravida then primipara patients, but it is not statistically significant. So there is no relation between parity and oesophageal reflux (heart burn).

**Table no. 4. Patients according to relation of parity with low backache:**

| Backache grade at term | No. of patients | |
|---|---|---|
| | Primi | Multi |
| 0 | 36 (58.06%) | 1 (3.57%0 |
| I | 26 (41.94%) | 17 (60.71%) |
| II | 0 (0%) | 10 (35.71%) |
| Total | 62 | 28 |

There are 62 primi patients, in which 36 (58.06%) of grade 0, 26 (41.94%) of grade I and no patient of grade II. There are total 28 patients are multigravida, in which 1 (3.57%) patients of grade 0, 17 (60.71%) patients of grade I and 10 (35.71%) patient belong to grade II. It shows that, there are more patients of grade I and grade II in multigravida.

These observations show that incidence of low back ache more common in multigravida then primipara patients.

**Table no. 5. Patients according to relation of parity with constipation:**

| Constipation grades at term | No. of patients | |
|---|---|---|
| | Primi | Multi |
| Grade 0 | 32 (51.61%) | 13 (46.43%) |
| Grade I | 17 (27.41%) | 8 (28.57%) |
| Grade II | 9 (14.51%) | 4 (14.28%) |
| Grade III | 5 (8.06%) | 3 (10.71%) |

| | | |
|---|---|---|
| **Total** | 62 | 28 |

There are 62 primi patients, in which 32 (51.61%) of grade 0, 17 (27.41%) of grade I, 9 (14.51%) patients of grade II and 5 (8.06%) patients of grade III. There total 28 patients are multigravida, in which 13 (46.43%) patients of grade 0, 8 (28.57%) patients of grade I, 4 (14.28%) patients of grade II and 3 (10.71%) patients belong to grade III. It shows that, there are about equal percentage patients of each grade in primipara and multigravida.

These observations show that there is no difference in incidence of constipation between primipara and multigravida patients. So there is no relation between parity and constipation.

**Table no. 6. Patients according to relation of parity with calf muscle cramps:**

| **Calf muscle cramps grade at term** | **No. of patients** | |
|---|---|---|
| | **Primi** | **Multi** |
| **0** | 27 (43.55%) | 11 (39.29%) |
| **I** | 30 (48.39%) | 11 (39.29%) |
| **II** | 5 (8.06%) | 6 (21.43%) |
| **Total** | 62 | 28 |

There are 62 primi patients, in which 27 (43.55%) of grade 0, 30 (48.39%) of grade I and 5 (8.06%) patients of grade II. There total 28 patients are multigravida, in which 11 (39.29%) patients of grade 0, 11 (39.29%) patients of grade I and 6 (21.43%) patient belong to grade II.

These observations show that incidence of calf muscle cramps is not much different between multigravida and primipara patients. So there is no relation between parity and calf muscle cramps.

**Table no. 7. Patients according to relation of parity with general fatigue-ness:**

| **Fatigue grade at term** | **No. of patients** | |
|---|---|---|
| | **Primi** | **Multi** |
| **0** | 35 (56.45%) | 2 (7.14%) |
| **I** | 22 (35.48%) | 12 (42.86%) |
| **II** | 5 (8.06%) | 14 (50%) |
| **Total** | 62 | 28 |

There are 62 primi patients, in which 35 (56.45%) of grade 0, 22 (35.48%) of grade I and 5 (8.06%) patient of grade II. There are total 28 patients are multigravida, in which 2 (7.14%) patients of grade 0, 12 (42.86%) patients of grade I and 14 (50%) patient belong to grade II. It shows that, there are less patients of grade 0 and more patients of grade II in multigravida.

These observations show that incidence of general fatigue ness or weakness is more common in multigravida then primipara patients.

**4. Conclusion:**

Low back ache and general fatigue-ness is more common in multi-parity patients. Other common ailments do not depend upon parity.

**5. Implication of study:**

1. First of all as the sample of subjects of this study was drawn from the eastern Uttar Pradesh and Bihar region, it is highly desired that this study is replicated on other populations in order to establish the validity of the findings of this study.
2. Further replication of this study on a larger sample is needed to validate the results of this study.

**References:**

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