Navigating Constipation During Pregnancy: A Comprehensive Guide

Dealing with constipation can be challenging, and the struggle intensifies during pregnancy. The struggle is real, and I know it firsthand! I have struggled with constipation ever since I was a teenager. But once I started college, the stress of my day-to-day life intensified my symptoms which led me to suffer from chronic constipation. Once I found out I was pregnant, I knew it was only a matter of time until I experienced the discomfort, pain, and bloating all over again. But I knew that, while this might be disheartening, I was not alone. Up to 38% of pregnant individuals experience constipation in the first trimester (***Trottier et al., 2012***).

This common issue has even earned its own ICD-10 code (used for medical billing), emphasizing the need for attention and solutions. Let's explore the reasons behind pregnancy-related constipation and discover effective ways to manage and alleviate it. Our Constipation Resource Hub is a great way to access all the information that MotherToBaby experts have for you related to this topic, but let's go over some specifics first!

Understanding the Causes of Constipation in Pregnancy:

Constipation during pregnancy can be attributed to various factors, including an unbalanced diet, insufficient fiber intake, inadequate hydration, and a lack of physical activity. Hormonal changes, particularly an increase in progesterone, also play a significant role. Additionally, medications used to combat nausea and vomiting in pregnancy (NVP) and supplements like iron and calcium may contribute to constipation.

Navigating Treatment Options during Pregnancy:

While constipation is common during pregnancy, suffering needlessly is not acceptable. Explore different treatment options, but keep in mind that there is no one-size-fits-all approach. Understanding the complexities of your individual situation is crucial.

Nutrition Adjustments:

- Incorporate 4-5 cups of fresh fruits and vegetables daily.
  - Aim for 25-30 grams of fiber daily.
  - Stay hydrated by drinking plenty of water.
  - Engage in 150 minutes of moderate exercise per week (consult your healthcare provider before starting any new exercise routine during pregnancy).

Medication Considerations:

- Laxatives can be an option, they are medications used to soften stool or stimulate the bowel, but it's essential to be informed. Explore our fact sheet on laxatives here https://mothertobaby.org/fact-sheets/laxatives/. Here's a brief run-down of some of these options:

- Bulk-forming laxatives (fiber supplements) like psyllium
    - Osmotic laxatives
    - Stool softener laxatives
    - Stimulants, and lubricants

Prescription medications

- Prucalopride (Motegrity®) for the treatment of functional constipation, also known as chronic idiopathic constipation. Read our fact sheet here.

Managing Underlying Conditions that May Make Constipation during Pregnancy Worse:

Some individuals may face constipation due to underlying conditions such as Irritable Bowel Syndrome (IBS-C) or **Functional Constipation** (FC). Consult your healthcare provider for a proper diagnosis and follow their recommendations. Explore our informative fact sheet on Functional Constipation here. https://mothertobaby.org/fact-sheets/functional-constipation/ .

Stress can exacerbate constipation, especially for those with IBS-C. Be kind to yourself and explore stress management techniques. Learn more about stress during pregnancy in our fact sheet here https://mothertobaby.org/fact-sheets/stress-pregnancy/ .

For those with **Gestational Diabetes** or a predisposition to Type 2 Diabetes Mellitus, regulating blood glucose levels

is crucial. Explore our blog on diabetes during pregnancy here https://mothertobaby.org/baby-blog/diabetes-and-pregnancy-the-not-so-sweet-story/ .

In conclusion, constipation during pregnancy is a shared experience, but it shouldn't be endured without seeking relief. I certainly looked for options that helped me during my pregnancy, just like I did, so can you! Open a conversation with your healthcare provider to explore solutions. By making dietary adjustments, staying active, and managing stress, you can navigate constipation more comfortably during this transformative time. For personalized information about medications or conditions, or to volunteer for the **study on constipation** (https://mothertobaby.org/ongoing-study/constipation/) in pregnancy, reach out to our experts at MotherToBaby—they're here to answer your questions and provide support throughout your pregnancy journey.

We want to enroll all individuals who took Motegrity® at any point in their current pregnancy or while breastfeeding. If you, or someone you know has been exposed to this medication, please report use to our team.

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Let's be honest, we live in an era of perfection. Perfect hair, perfect nails, perfect teeth, perfect everything! Nowadays, it seems like almost all the celebrities, and influencers, have some type of work done on their teeth, and it looks great! Makes you want to try it out for yourself. However, these options might not be affordable or available to everyone. I know I wouldn't be able to get those treatments for myself. So, I have settled for teeth whitening products used at home. Because yes, I too want pearly white teeth!

Now, does it matter if I am pregnant or breastfeeding? Which ones are okay to use, the strips, the toothpastes, and/or the blue light therapy? So many options to choose from, right? Before we talk about each of those ingredients, it's important to point out that every pregnancy starts out with a small chance (3-5%) of having a baby with a birth defect, we call this the background risk. Now that we have defined the background risk, when we talk about any possible increased risk for birth defects, we refer to the increased risk above that background risk. Now, let's break it down and take a look at some of these products and their ingredients.

1. Whitening strips

Most teeth whitening products contain various ingredients that are not well studied in pregnancy or lactation. Without good research it's difficult to know whether the ingredients can cause a problem for the developing baby or breastfed infant. However, when the product is used as directed on the teeth (not swallowed) it is unlikely that a significant amount would enter the pregnant woman's system or the breast milk. Let's take a closer look at some of those common ingredients:

- Carbamide peroxide breaks down into urea and hydrogen peroxide when in contact with organic compounds in living tissues.
    - Urea is a chemical formed from protein breakdown and is often used in lotions to improve hydration. Urea is also found naturally in the body and is also part of breast milk. Since the body can excrete large amounts of urea, exposure to small or moderate amounts of urea is not expected to increase the chance of birth defects or cause any adverse effects to the breastfed infant.

    - Hydrogen peroxide is added to cosmetics and personal care products as an antimicrobial ingredient to inhibit the growth of microorganisms. It also oxidizes stains on the teeth to whiten them. When in contact with your teeth, hydrogen peroxide will break down as a molecule of water and oxygen gas. Because of this, it is not likely to pose any significant chance for birth defects or problems while breastfeeding.

You may also find,

- Sodium Hydroxide. This ingredient is commonly found in industry and home-based products, such as soaps. It is toxic to tissues, and it is not meant to ingest or breathe. When used in dental preparations, they alter the acidity of the mouth for better protection of the teeth. There are no human studies done on sodium hydroxide in pregnancy or breastfeeding. However, due to potential maternal alkalosis (increase in the pH of the body), careful use should be advised in when an individual has kidney problems during pregnancy or while breastfeeding.

- Glycerin is colorless, odorless, and a sweet glycerol (sugar alcohol), used as a lubrication agent in multiple cosmetic products such as toothpaste, shaving cream, and soaps. Glycerin crosses the placenta in small amounts but there are no studies in humans looking at glycerin. However, since data in animals did not show any increase in birth defects, it is not likely that glycerin in tooth whitening would put a pregnancy or breastfed

infant at increased chance for problems.

- Menthol is widely used in a variety of products in the cosmetic world as a flavoring and fragrance agent. There are no studies in humans on use of menthol in pregnancy or breastfeeding. However, animal data did not show any increase in birth defects. Therefore, when used in small amounts, it is unlikely to pose any increased chances for birth defects or any other problems during pregnancy or while breastfeeding your baby.

- Carbomer is commonly used as thickening agents and emulsifiers for pharmaceuticals and many other products. Carbomer is added to teeth whitening strips as a thickener and usually found in small amounts in some products. Because of the large molecular size of carbomer and the small amount used in these products, it would be unlikely to cause problems during pregnancy or enter the breast milk in amounts that are of concern for a breastfeeding baby.

2. Whitening toothpastes

Majority of these toothpastes contain:

- Sodium Monofluorophosphate (MFP), a sodium salt commonly used to increase the amount of fluoride incorporated into the enamel which can help prevent cavities. No research has been done during pregnancy; it is unknown if it causes problems for the baby. Sodium Monofluorophosphate can potentially cause adverse effects if ingested, its use should be monitored closely during pregnancy and while breastfeeding your baby.

- Sodium fluoride is a colorless or white powder that dissolves in liquid. Sodium fluoride is mostly used for prevention of dental cavities, to polish the teeth, and reduce oral odor. Sodium fluoride can be found in drinking water. Ingestion of these ingredients in excessive amounts during pregnancy could lead to impaired development of the baby’s teeth. Sodium fluoride gets into the breastmilk in small amounts, and it is not expected to cause adverse effects to the breast-fed infant.

3. Blue (LED) Light Therapy

This therapy is often used to treat acne and sun damage. This therapy will only work in areas where the light reaches, and it usually needs a combination of photosynthesizing drugs to activate the ingredients and help whiten the teeth. This blue (LED) light therapy is used with gels or strips containing some of the ingredients above. Some may contain ingredients we have not reviewed above. There is limited research on the use of blue light therapy during pregnancy or breastfeeding and the risk of birth defects or other pregnancy problems are unknown. However, the light itself is not expected to increase the risk of birth defects or pose any adverse effects to the breastfed infant.

4. Other ingredients commonly used:

- Herbals are not regulated by the Food and Drug Administration (FDA). Therefore, we are never sure what is in the product, and there is not enough information to evaluate possible risk to a developing baby or breastfed infant. For more information about herbals and supplements during pregnancy or breastfeeding, please refer to our fact sheet at: https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/.

- Alcohol should be avoided completely during pregnancy. It has been established that there is no known amount or type of alcohol that is okay to consume during pregnancy. However, using a teeth whitener with alcohol is not expected to result in a significant amount getting in your bloodstream or the breast milk since the product is applied topically. Do not swallow or drink any of these products and use as directed on the package. If desired, you can select an alcohol-free product. To read more about alcohol during pregnancy and while breastfeeding, please refer to our Fact Sheet at: https://mothertobaby.org/fact-sheets/alcohol-pregnancy/ .

If you are interested in learning more about other products and their individual ingredients, make sure to contact the experts at MotherToBaby.

And remember, it is important to feel good in your own skin but, if you are leaning towards getting your teeth whitened, here are some tips to think about before buying any product.

- Look for non-alcohol based products.

- Use the product as directed, do not swallow it, and do not exceed the time listed on the package.

- Contact the experts at MotherToBaby.org with your questions.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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Let's face it, being pregnant can be hard, having a baby is without a doubt hard, and taking care of a newborn might be even harder, especially if it's your first. Even when it feels like you are doing a great job, there is always someone who can't stop suggesting ways to make things better.

Think about it, I am sure you have heard…

"If you do this _____, your baby will sleep through the night."

"I had 4 kids and that has never happened to me…"

"You need to stop drinking coffee if you want to breastfeed."

"You should consider changing your diet, it might help you lose some of the baby weight."

Sound familiar? That someone can be your parents, siblings, partner, the in-laws, grandparents, extended family members, or some random person/influencer online. With no shame, those are probably good ideas that may have worked for them whenever you had their own kids but it might not be the same for you and that is okay. Every experience is different, and no kid is the same.

When I was pregnant, I felt so great! I was on top of the world (ignoring the weight gain, and the shortness of breath). Really, no joke. Receiving compliments everywhere I went felt awesome!

But now that I have my baby… it sometimes feels like everyone wants me to do more and do "better". Culture and ethnicity play a huge part in how we approach parenthood but let me tell you… being a Latina woman holds no exception.

So, let's talk about some myths among the Latino community.

#1, Adding a little bit of cereal to the baby's bottle will help him/her sleep better, especially at night.

Fact or Myth?

This is true or a fact but not necessarily for a healthy standpoint. You may notice your baby sleeping for longer periods of time but it's because they are being overfed and it will require more effort from the digestive system to break down this heavy meal. Think about that time when you ate way more than what you were used to. You might have felt tired and opted for a nap; the same thing happens to your baby. Remember that babies need to eat every 2-3 hrs., and sometimes earlier if you are exclusively breastfeeding (since breastmilk is easier to digest, compared to formula).

So, next time you hear this, please, do not add any cereal to your baby's bottle unless your pediatrician instructs you to do so. You can read more about "Boosting your Breastmilk" here: https://mothertobaby.org/baby-blog/boosting-milk-for-baby-the-supply-demands-of-breastfeeding/.

#2 You should start a liquid diet once you have your baby to produce more breastmilk and lose the weight gained.

Fact or Myth?

Myth! You have spent 9 months "eating for two" and now they want you to stop eating and go on a liquid diet! This is not only a myth, but it could also be harmful to you, especially if breastfeeding is a goal of yours. To successfully produce enough breastmilk to feed your baby, your body needs to be well nourished. The goal is to be hydrated and eat a variety of foods from each food group [carbohydrates, proteins (vegetable or animal sources), vegetables, fruits, and dairy] and to nurse your baby as often as they want/need (on demand). So please, drink lots of water but also eat solid foods, unless your healthcare provider instructs you to do something else.

PS: If you want to know more about nutrition, talk to a registered dietitian. They will work with you to help achieve your goals. Read more about other blogs on nutrition at: https://mothertobaby.org/category/food-beverages/.

#3 Eating eggs after delivery will make your breastmilk smell bad and your baby won't latch.

Fact or Myth?

Yet, another myth! All foods have different mechanisms of digestion, and although some take longer to digest, it is a

myth that some residues will affect the smell of your breastmilk. Same as above, if you are a fan of eggs and you have been eating them throughout the pregnancy, there is no conclusive evidence to suggest that you should stop eating them after delivery. On the contrary, studies show that the earlier we expose our babies to the Big 8 food allergens (milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybeans; with sesame being the 9th added), the better likelihood there is that this may reduce their chances of having a food allergy later in life. So once again, it is safe to say you can continue drinking your water and eating your meals, bearing in mind the importance of practicing ***food safety*** [eating fully cooked foods, with an internal temperature of 160°F, for the eggs] Learn more about food safety here: https://mothertobaby.org/fact-sheets/eating-raw-undercooked-or-cold-meats-and-seafood/,

#4 Drinking coffee while breastfeeding will make your baby fussy.

Fact or Myth?

This is a fact but when the intake of caffeine surpasses 300mg a day. Remember that being fussy is not a diagnosis, it is a symptom of some underlying problem. Fussiness and gassiness are very common in babies since they are not moving. If you are breastfeeding and your baby is getting fussy very often, contact your healthcare provider. But rest assured that one cup of brewed coffee a day will not make your baby fussy as it is typically around 137 mg of caffeine. More often than not, there are other reasons why your baby might be fussy such as: excessive sugar intake, complex carbohydrates intake (which are harder to break down in your digestive system), among many other reasons. To learn more about caffeine intake during the pregnancy or while breastfeeding, check out our Fact Sheet at: https://mothertobaby.org/fact-sheets/caffeine-pregnancy/ .

Now that we have talked about some myths among our community, I hope we can spread the word and you may feel more empowered to make your own decisions based on what we have discussed today.

Being a Latina mom living in the United States has given me a different perspective but no matter where I am, I have heard these myths about motherhood more often than I would like to admit. Hopefully debunking and explaining some of these myths will help you and others understand that at the end of the day, you are more than capable of making good choices and you know what works best for you and your baby.

Take care of yourself so you can take care of that little person you just had. At MotherToBaby we are here to help you, just one call, text, chat, or email away.

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