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Updating arrangements for the formulary should be decided upon and implemented at a local level.

## Introduction to monographs on medicines - gastro intestinal system

### Heartburn

Heartburn is a common complaint throughout pregnancy and particularly during late pregnancy. It is often worse at night. The symptoms usually resolve soon after delivery. Heartburn is caused by reflux of gastric contents into the oesophagus.

The following measures can help to relieve heartburn:

- eating smaller meals more frequently
- avoiding spicy, fatty foods and drinks containing caffeine
- stopping smoking and reducing alcohol intake
- drinking some chilled milk
- sleeping with one or two extra pillows
- avoiding tight fitting clothing

The above advice should be given to women with symptoms of heartburn.

### Suggested Management

Antacids neutralise gastric acid thereby preventing inflammation, relieving pain and allowing oesophageal mucosa to heal. Some antacids contain an alginate, which is meant to float on top of the stomach contents and act as a physical barrier, protecting the oesophagus against the harmful effects of reflux.

First line – simple antacids such as co-magaldrox or compound alginate preparation if woman's preference.

Second line – alternative antacid may be tried

Third line - consult medical staff

### Monographs on medicines for heartburn

Co-magaldrox (mucogel®) – Midwives Exemption

Alginate antacids (Peptac® Gaviscon®) – Midwives Exemption

### Constipation

Constipation is a common complaint in pregnancy, especially in late pregnancy. It is important to establish previous history, current causes and predisposing factors. Symptoms may continue until a few days after delivery especially in those who are receiving opiate/opioid analgesics.

The following measures may help to relieve constipation:

- drinking more fluid (at least 2 litres per day)
- eating foods high in fibre, for example fruit, lightly cooked vegetables, dried apricots, sweetcorn, prunes, fruit juice and bran
- taking gentle exercise such as walking

Some medicines can cause constipation. Information is available in the British National Formulary (BNF). If unsure contact your clinical pharmacist.

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Laxatives are used to manage constipation but chronic use of laxatives should be avoided. Glycerol suppositories or micro enema should be used only for the management of acute severe constipation. Glycerol suppository causes an osmotic and a mild stimulant effect on the rectum and thereby softens and lubricates hardened faeces.

### Constipation post delivery

When the woman has haemorrhoids and/or has had a traumatic vaginal delivery or is on analgesics, which may cause constipation, for several days it may be appropriate to prescribe a prophylactic laxative

A combination of ispaghula husk and lactulose can be used for the prevention of constipation in women with third or fourth degree tears.

### Monographs of medicines used for constipation

Ispaghula husk- Midwives Exemption

Lactulose – Midwives Exemption

Glycerol suppository – Midwives Exemption

Docusate sodium microenema (Norgalax®) – Midwives Exemption

Sodium citrate compound enema – Midwives Exemption

Senna tablets or syrup – Midwives Exemption

### Haemorrhoids

Haemorrhoids and anal fissures are common in pregnancy, particularly in the third trimester. They are often accompanied by symptoms of bleeding, pain during defecation, local irritation and tender lumps around the anus. Constipation and straining worsen the conditions, and measures to avoid them should be taken (see laxatives)

### Monographs on medicines for haemorrhoids

Anusol® - Midwives Exemption

Anusol HC®- Midwives Exemption

Xyloproct® - Midwives Exemption