

# Red Flags during Pregnancy (When to Call your Doctor)

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## Background

- Pregnancy brings many changes with almost every week having some new discomfort or pain or sensation or emotion.
  - Most of these changes are normal
  - Reference <http://www.whattoexpect.com/pregnancy/landing-page.aspx> for a week by week detailing of normal changes that are an expected part of pregnancy
- A few changes are not normal & signal a need for medical intervention
  - Some are a concern anytime during pregnancy
  - Others depend on the trimester of the pregnancy

*(See remainder of article after summaries for a discussion of each red flag)*

## Summary of Red Flags anytime during pregnancy

1. Nausea & vomiting with abdominal pain
2. Midlevel back pain with nausea and vomiting
3. Severe headache (especially with vision change, weakness, or numbness)
4. Difficulty breathing
5. Swelling with or without pain in only one leg

## Summary of Red Flags in First Trimester (first twelve weeks)

1. Worsening low abdominal or pelvic pain
2. Persistent nausea and vomiting and unable to eat or drink

## Summary of Red Flags in Second and Third Trimesters (after twelve weeks)

1. Cramping or any pain that comes and goes
2. Vaginal bleeding
3. Water (not heavy discharge or mucous) coming from your vagina
4. Itching without a rash
5. Decreased fetal movement (after 24 weeks gestational age)

### **Red Flags Anytime during Pregnancy**

#### **1. Nausea/vomiting with abdominal pain**

- Most common concerns are
  - Appendicitis
  - Gallstones
- While the gallbladder may be removed safely anytime during pregnancy, unless the gallbladder is inflamed, gallstones without gallbladder inflammation are managed a low fat diet if pregnant
  - An inflamed gallbladder requires removal
  - Pain is typically in the upper right side of your belly & worsens soon after eating a meal- especially one with a lot of fat
    - Ex.- Cheese, sauces, fried, hamburgers, hot dogs
- Appendicitis requires removal of the appendix
  - a ruptured appendix may cause preterm labor and serious illness & even death in the mother
  - The appendix typically moves with the top of the uterus so the location of the pain typically changes with the gestational age
    - Right lower part of your belly in 1<sup>st</sup> trimester

- On the right side at the level of your belly button after 20-24 weeks gestation
- Near the location of your gallbladder (right upper side of your belly) after 30 weeks gestation
- Pain often begins near your belly button but soon moves to your right side
- Pain is worse with movement, walking, riding in a car
- Usually have complete loss of appetite
- Unusual cases may have back pain instead of abdominal pain

## 2. **Midlevel back pain with nausea/vomiting**

- *Pyelonephritis* (kidney infection) is the primary concern
  - Usually has associated fever but may be absent early
  - Left untreated, may cause preterm labor & death of mother
  - May or may not be preceded by symptoms of a bladder infection
    - Ex- frequent urination, pain with urination
  - Always requires hospitalization for IV fluids & antibiotics

## 3. **Severe headache**

- Headaches are much more common during pregnancy
  - the very large majority do not signal any major problem
- Some who have never had migraines develop them when pregnant
  - Not unusual to have associated nausea
  - Headache typically worsened with light and noise

- Never take any of the common migraine medicines while pregnant (ex- Imitrex)
- Contact your doctor for medications that are safe to take
- Red flag if
  - Onset of headache is sudden
  - Headache wakens you from sleep
  - Headache is worsened either by bending over or by coughing
  - There is any change in your vision
  - There is any associated weakness specific to one part of your body (not generalized weakness)
  - There is any loss or change in sensation in a specific part of your body

#### 4. **Difficulty breathing**

- Most women feel short of breath during pregnancy
  - Caused by increased hormones of pregnancy forcing you to breath more rapidly & by the enlarging uterus compressing your lungs
  - Completely normal part of pregnancy
- More of a concern if onset is sudden
  - Especially if there is any localized chest pain or cough
  - Concern is a blood clot in your lungs
  - Requires immediate evaluation & treatment
    - Requires CT scan for diagnosis

- In a very small number of women, the heart muscle is weakened by pregnancy
    - Usually associated with high blood pressure
    - Occurs more often after delivery
    - Typically have chest pain and difficulty breathing that worsens when laying down
  - If associated with cough & fever, need evaluation for possible pneumonia
5. **Swelling with or without pain in only one leg**
- Most women have swelling in both legs
    - May be extreme in some but is usually normal
    - Typically decreases after elevating the legs
  - If limited to one leg need evaluation for blood clot in that leg
    - Especially if you sat or stood in one spot for a long time before you developed the swelling

### **First Trimester Red Flags**

- While all mothers worry about miscarriage in the first twelve weeks of pregnancy, red flags during this period center around the mother's health
  - Outside of lifestyle changes such as stopping smoking and discontinuing all unsafe drug use, miscarriage is out of your control
    - Most are due to “mistakes” made during early cell division of chromosomes which limit how far the pregnancy can progress
- ***Ectopic pregnancy*** (a pregnancy that is not inside the cavity of the uterus) is the most serious concern during the first trimester

- Worldwide, a major cause of death in women
  - Caused by the ectopic pregnancy growing to the point that whatever it is contained in (typically a fallopian tube) ruptures
    - May cause death by heavy internal bleeding from the rupture breaking blood vessels
- Classic symptom is persistent low pelvic pain
  - Unfortunately, most early pregnancies have some form of low pelvic pain due to stretching of ligaments attached to the enlarging uterus
    - Ectopic pregnancies cause pain that typically is constant and worsens with time
    - Pain that steadily worsens then suddenly stops is a grave sign
      - Pain worsens as the tube stretches with fetal growth
      - rupture of the tube relieves the pain
- Vaginal bleeding may or may not be present
- Early ultrasound showing a healthy pregnancy within the uterus eliminates the concern in almost all pregnancies
  - 1 in every 10,000 will have a *heterotopic pregnancy*
    - A healthy pregnancy inside the uterus in addition to an ectopic pregnancy
- ***Hyperemesis gravidarum*** (severe nausea & vomiting of pregnancy)
  - Vomiting so often that there is weight loss and dehydration
    - Best to intervene before this develops

- More than just morning sickness or vomiting a few times each day
- Inability to tolerate any eating or drinking
- Requires hospitalization for IV fluids & vitamins

### **Second Trimester Red Flags**

- Usually the least difficult time of pregnancy for most women
- **Incompetent cervix** is the primary concern
  - Silent opening of cervix with loss of pregnancy
  - Not very common but common enough to justify screening
    - Serial measurements of cervical length
    - Intervention is simple and effective if diagnosed early
  - Only sensation is pelvic pressure & possibly mild cramping
    - Often there are no symptoms

### **Second & Third Trimester Red Flags**

- **Cramping or any pain that comes and goes**
  - Concern is with possible preterm labor
  - If only comes and goes occasionally then you are most likely having *Braxton-Hicks* contractions (false labor)
  - More of a concern if the pain or contractions persist for longer than 2 hours
    - especially if pain comes and goes every 5 minutes or less
  - If in doubt, best to call or go to labor and delivery for evaluation
    - Always call if any associated bleeding or spotting or water coming from your vagina

- **Bleeding**

- Common and is usually normal if within 48 hours of intercourse
  - Usually just spotting
  - Often dark brown means old blood- less of a concern
- Call if
  - There has been no recent intercourse, or
  - You are also having pain, or
  - You are not feeling the baby move, or
  - Your bleeding is more than just spotting, or
  - You have recently fallen or struck your belly, or
  - you are worried
- Concerns
  - Preterm labor
  - *Placental abruption* (the placenta is separating from the inner wall of the uterus)
    - True emergency- needs emergency C-section
    - Often, but not always, has associated pain or contractions
    - the amount of bleeding does not always reflect the severity of the abruption

- **Water Coming out of your Vagina**

- **Preterm rupture of bag of water** is the concern
  - may be a little or a lot



- often difficult for you to tell the difference between urine loss and rupture of membranes
- Always requires exam
- Normal to have heavy discharge- however, normal discharge is typically more mucous-like than watery
- **Decreased Fetal Movement** (see article on Decreased Fetal Movement)
  - Common complaint (40% of pregnancies)
    - 1 in 100 of these will have a bad outcome
  - Always call if
    - You are concerned
    - Decreased, but not absent, movement for 12 hours
    - No movement for 2 hours
- **Whole Body Itching without a rash**
  - Common cause- sudden intolerance of soap or laundry detergent (even if used without a problem for years)
  - *Cholestasis of pregnancy* should, however, always be considered
    - Itching is often intolerable, worse on palms & soles of feet and increased at night
    - Associated with increased risk of stillbirth
    - Diagnosed by blood test showing increased *bile acids*
      - Chemicals that normally aid digestion
      - If normal, should repeat 1 week later
    - Requires

- increased monitoring of fetal health &
- delivery at 37-38 weeks
  - earlier if severe or if *liver enzymes* are elevated
    - reflect damage to liver
- Symptoms may be treated with *Ursodiol* 500 mg 2x/day
- If diagnosis is confirmed
  - Should also test for hepatitis C
  - Increased risk of developing gallstones later
  - Recurs in 60-70% with later pregnancies

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