Navigating Common Pregnancy Complaints in the Primary Care Setting

Komal Soin, MD, MPH, FFAFP
Associate Professor
Director of Maternal Child Health and Women's Health
John A. Burns School of Medicine
Honolulu, HI

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Disclosure

I have no financial interests or relationships to disclose.

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Learning Objectives

Review Common Complaints
Understand typical pregnancy symptoms by trimester

Identify Red Flags
Differentiate benign symptoms from concerning signs requiring referral

Develop Management Plans
Formulate safe, evidence-based approaches for common complaints

Medication Safety
Review summary of common safe medications during pregnancy

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Your Role in Pregnancy Care

Poll Question: Which Statement Best Reflects Your Current Role in Pregnancy Care?

Select the One That Best Applies:

Full-Spectrum Provider
Antepartum (AP) care and deliveries

Outpatient Full Ob Care
AP care into 3rd trimester, no deliveries

Outpatient Limited Ob Care
Some AP care in 1st/2nd trimester, then transfer

Pregnancy Confirmation
Confirmation of pregnancy then transfer care

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Clinical Case Study: First Trimester

Ms. Lee, a **32-year-old G1P0**, presents in your office at **6 weeks gestational age** for **confirmation of pregnancy**. She reports experiencing **nausea and vomiting** daily, which is most pronounced every morning after brushing her teeth. She is currently taking prescribed prenatal vitamins daily. She can only tolerate water and some bread throughout the day. In addition, she asks you for **dietary advice in pregnancy**.

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1st Trimester: Nausea and Vomiting

Overview

- 50-80% of pregnancies
- Recurrence: 15-81% in subsequent pregnancies.
- Typically starts before 9 weeks, Peaks at 8-12 weeks, and Resolves around 14 weeks.
- Hyperemesis Gravidarum: 0.3-3% of all pregnancies.

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1st Trimester: Nausea/Vomiting Non-Pharmacologic Strategies

Dietary Adjustments

- Small, frequent meals; bland, low-fat foods.
- Avoid spicy, greasy, strong-smelling foods.
- Switch PNV to gummies or Folic Acid only.

Natural Remedies

- Ginger in various forms (tea, candies, supplements).
- Consider acupressure wristbands (e.g., Sea-Bands).

Environment & Lifestyle

- Avoid stimuli: strong odors, heat, humidity, flickering lights.
- Adequate hydration and prioritize rest.

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Nausea and Vomiting: Pharmacologic Approaches

First-line

Pyridoxine (vitamin B6) ± **Doxylamine**

Considered first-line pharmacotherapy per ACOG.

Second-line

Antihistamines: Dimenhydrinate, Diphenhydramine

Phenothiazines: Promethazine, Prochlorperazine

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Nausea and Vomiting: Pharmacologic Approaches

Third-line Pharmacologic Approaches

Metoclopramide and Ondansetron

- Monitor: EPS effects and QT prolongation
- If dehydration - may need hospitalization, IVF

Fourth-line Pharmacologic Approaches

Corticosteroids: Methylprednisolone

- Last resort treatment
- Avoid before 10 weeks due to cleft palate risk

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Dietary Advice in Pregnancy

Food

- Wash fruits/veggies
- Avoid unpasteurized milk, juice, cheese; premade meats; raw sprouts; undercooked or raw meats/eggs, high mercury fish
- Do not reheat hot dogs, lunch meats

Supplements

- Avoid herbal supplements and teas like Ginkgo biloba, certain green teas, chamomile tea.

Caffeine

- <200mg/day = one 12-ounce cup of coffee
- Energy drinks, tea, soda, chocolate

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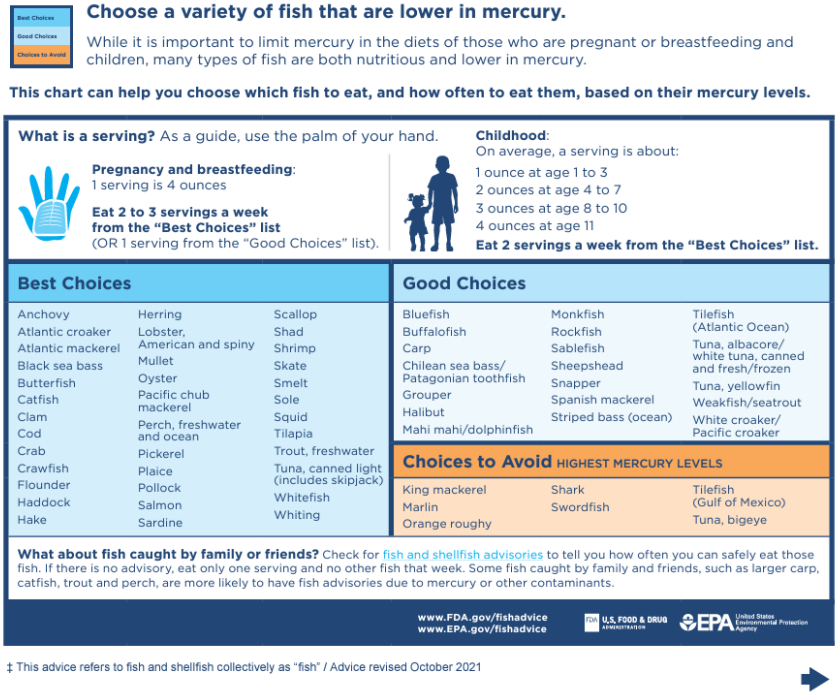

Choose a variety of fish that are lower in mercury.

While it is important to limit mercury in the diets of those who are pregnant or breastfeeding and children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.

Pregnancy and breastfeeding:
1 serving is 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list
(OR 1 serving from the "Good Choices" list).

Childhood:
On average, a serving is about:
1 ounce at age 1 to 3
2 ounces at age 4 to 7
3 ounces at age 8 to 10
4 ounces at age 11

Eat 2 servings a week from the "Best Choices" list.

Best Choices

Anchovy
Atlantic croaker
Atlantic mackerel
Black sea bass
Butterfish
Catfish
Clam
Cod
Crab
Crawfish
Flounder
Haddock
Hake
Herring
Lobster, American and spiny
Mullet
Oyster
Pacific chub mackerel
Perch, freshwater and ocean
Pickerel
Plaice
Pollock
Salmon
Sardine
Scallop
Shad
Shrimp
Skate
Smelt
Sole
Squid
Tilapia
Trout, freshwater
Tuna, canned light (includes skipjack)
Whitefish
Whiting

Good Choices

Bluefish
Buffalofish
Carp
Chilean sea bass/ Patagonian toothfish
Grouper
Halibut
Mahi mahi/dolphinfish
Monkfish
Rockfish
Sablefish
Sheepshead
Snapper
Spanish mackerel
Striped bass (ocean)
Tilefish (Atlantic Ocean)
Tuna, albacore/ white tuna, canned and fresh/frozen
Tuna, yellowfin
Weakfish/seatrout
White croaker/ Pacific croaker

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel
Marlin
Orange roughy
Shark
Swordfish
Tilefish (Gulf of Mexico)
Tuna, bigeye

What about fish caught by family or friends? Check for fish and shellfish advisories to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice

U.S. FOOD & DRUG ADMINISTRATION
EPA United States Environmental Protection Agency

‡ This advice refers to fish and shellfish collectively as "fish" / Advice revised October 2021

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Clinical Case Study: Ms. Lee Update

Ms. Lee returns 3 weeks later with **persistent vomiting**. She is at **9 weeks and 2 days,** and her initial prenatal visit is scheduled for next week. She has intense **fatigue** and reports difficulty keeping down solids, can only tolerate ice and sips of water, and thinks she has **lost weight.**

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1st Trimester: Hyperemesis Gravidarum & Differential Diagnosis

1	2	3
Hyperemesis Gravidarum Severe, persistent N/V Significant weight loss (>5% pre-pregnancy), dehydration, and electrolyte imbalances. Often requires hospitalization.	**Differential Diagnoses** Consider non-pregnancy related causes for severe vomiting: • GI • GU/Gyn • Endocrine • Neuro	**Role of POCUS** Confirm pregnancy viability. Rule out multiple gestations or molar pregnancy. Evaluate for other abdominal pathologies.

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1st Trimester: UTI & Asymptomatic Bacteriuria

Screening
Urine culture at first prenatal visit
Asymptomatic bacteriuria —> pyelonephritis if untreated

Symptoms
Dysuria, urgency, frequency

Evaluation
UA micro reflex Culture.
Screen for STIs if negative

Management
- **1st Trimester:** Cephalexin, Fosfomycin, Amoxicillin/Clavulanate
- **2nd & 3rd Trimester:** Nitrofurantoin
- **Recurrent UTI:** Nitrofurantoin, Cephalexin

Leukocytes in UA can be normal in pregnancy

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Pyelonephritis

Medical Emergency

Requires hospitalization for IV antibiotics and close monitoring of both mother and fetus

Causes

- Untreated UTI
- Nephrolithiasis

Symptoms

Flank pain, fever, chills, nausea, and vomiting

Treatment

IV antibiotics followed by suppressive tx

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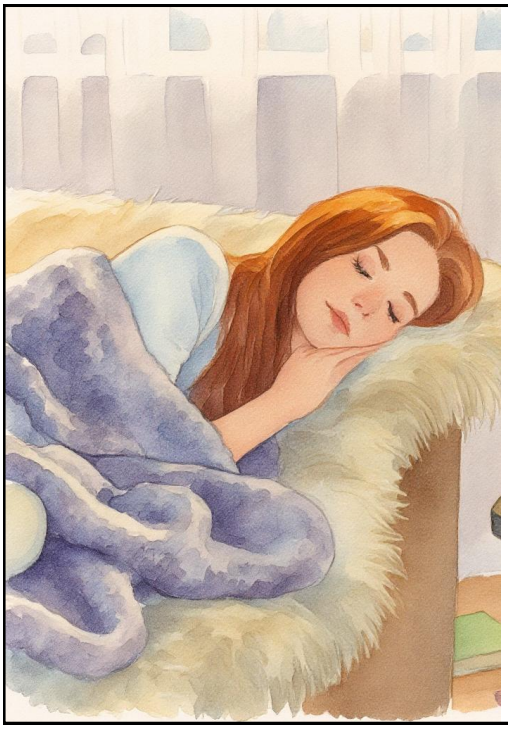

1st Trimester: Fatigue

Nearly Universal

Patient Counseling

Management

Nutrition Focus

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Clinical Case Study: Ms. Lee Update

Ms. Lee returns at **12 weeks** gestation. Her vomiting has improved. She has established with an OB provider but can't get in for an urgent appointment. She is worried about a **cold** she got from her husband and **vaginal spotting** she is having for the past few days.

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1st Trimester: Upper Respiratory Infections

Counseling

Supportive care as primary approach

Management

- Nasal spray
- Warm gargles
- Rest and fluids
- Acetaminophen
- Guaifenesin DM

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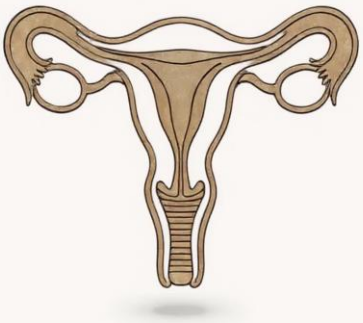

1st Trimester: Vaginal Bleeding

Overview & Causes
Common in first trimester (20-30% of pregnancies).

- benign implantation bleeding
- subchorionic hemorrhage
- threatened or spontaneous miscarriage
- ectopic pregnancy
- molar pregnancy

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1st Trimester: Vaginal Bleeding – Evaluation

History | Physical Exam | Labs | Ultrasound

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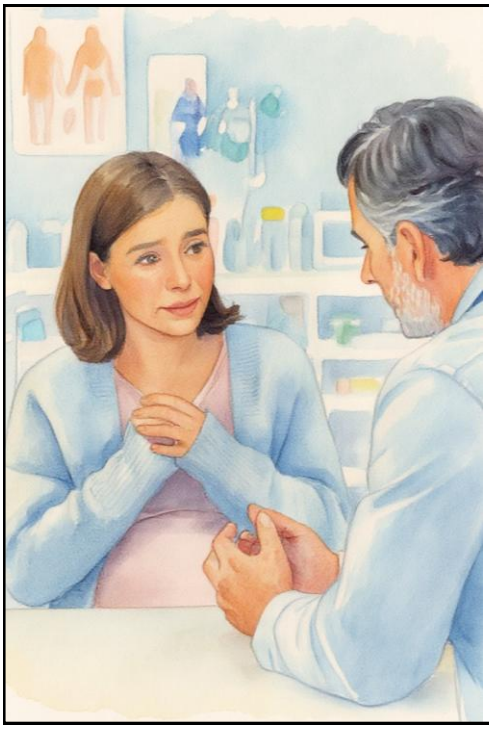

1st Trimester: Vaginal Bleeding – Evaluation

Red Flags Requiring Immediate Evaluation

- **Heavy Bleeding:** Soaking a pad/hour for 2 hours or more
- **Severe, Persistent Abdominal Pain**
- **Shoulder Pain**
- **Signs of Hypovolemia**
- **Passage of Tissue**

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Clinical Case Study: Ms. Lee Update

Ms. Lee returns for her **20-week** appointment. Her earlier symptoms of severe vomiting and vaginal bleeding have resolved. However, she now reports an upset stomach and has **not had a bowel movement** in three days and also reports **vaginal itching**.

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2nd Trimester: Gastrointestinal Issues

Heartburn

Cause: Progesterone, uterine pressure

Management:

- Small, frequent meals
- Avoid triggers
- Antacids
- H2 blockers

Constipation

Cause: Slowed GI motility

Management:

- Increased fiber intake ~30g/day
- Adequate hydration
- Regular exercise
- Safe laxatives (PEG, docusate)

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2nd Trimester: Vaginitis

Common Types	Management
• Candidiasis (yeast infection)	➢ Topical azole or oral fluconazole (only after 1st tri)
• Bacterial Vaginosis	➢ Oral metronidazole
• Trichomoniasis	➢ Oral metronidazole

Diagnosis: Based on symptoms and microscopy

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Clinical Case Study: Ms. Lee Update

Ms. Lee is now **28 weeks pregnant** (third trimester). Her earlier symptoms have resolved. She reports new symptoms of **low back pain** and **pelvic pain** that come and go.

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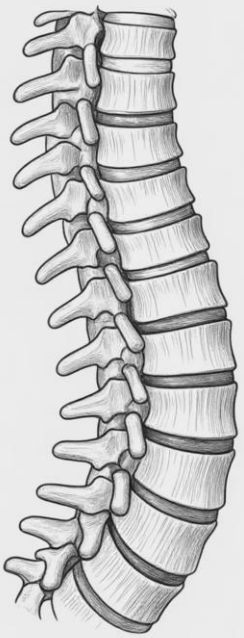
3rd Trimester: Low Back Pain

Etiology

- Increased lumbar lordosis
- Expanding uterus
- Weight gain
- Postural changes

Management

- Physical therapy, Osteopathic manipulative treatment
- Proper posture education
- Supportive shoes
- Acetaminophen for pain



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3rd Trimester: Pelvic Girdle & Pubic Symphysis Pain

Etiology
Hormone relaxin causes increased joint laxity

Symptoms
Sharp, stabbing pain over pubic bone, especially when walking or turning in bed

Management
- Physical therapy & OMT focusing on core and pelvic stabilization
- Supportive belts
- Acetaminophen

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Exercises for Back & Pelvic Pain

Pelvic Tilts
Strengthen core and relieve pressure on lower back

Kegels
Strengthen pelvic floor muscles

Cat-Cow
Improve spinal flexibility and relieve tension

Water Activities
Swimming or water aerobics for low-impact exercise

Goal: Strengthen core muscles, improve posture, and stabilize the pelvis

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Back Exercises

1 4-Point Kneeling

Strengthens and tones the abdominal muscles.

Engage abdominals

2 Seated Leg Raises

Strengthens abdominal muscles and helps with balance and stability.

3 Seated Overhead Triceps Extension

Stretches and strengthens the triceps (upper arm muscle) and chest muscles. Also works abdominal and hip muscles.

4 Ball Wall Squat

Stretches the muscles of the legs and buttocks. If you have any knee pain, do not do this exercise. If you can, work up to repeating this exercise 10 to 12 times.

Exercises During Pregnancy: 8 Exercises and Stretches You Can Do at Home | ACOG

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Back Exercises

5 Ball Shoulder Stretch

Stretches the upper back, arms, and shoulders.

1. Kneel on the floor with the exercise ball in front of you. Put your hands on either side of the ball.
2. Move your buttocks back toward your hips while rolling the ball in front of you. Keep your eyes on the floor. Do not arch your neck. Go only as far as comfortable to feel a gentle stretch. Hold for a few seconds.

6 Seated Side Stretch

Eases tension on the sides of your body and stretches your hip muscles.

7 Kneeling Heel Touch

Tones muscles of the upper back, lower back, and abdomen.

1. Kneel on an exercise mat.
2. Using a slow, controlled movement, rotate your torso to the right. Bring your right hand back and touch your left heel. Extend your left arm above your head for balance.
3. Repeat with the opposite side.

8 Standing Back Bend

Helps counteract the forward bending that happens during pregnancy as your uterus grows.

Exercises During Pregnancy: 8 Exercises and Stretches You Can Do at Home | ACOG

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Clinical Case Study: Ms. Lee Update

Ms. Lee is now **30 weeks pregnant**. She is worried about a **headache** and **intense itching on her palms** that she has had for the last two days. She recalls you chatting with her about warning signs and wants to know if the baby is okay.

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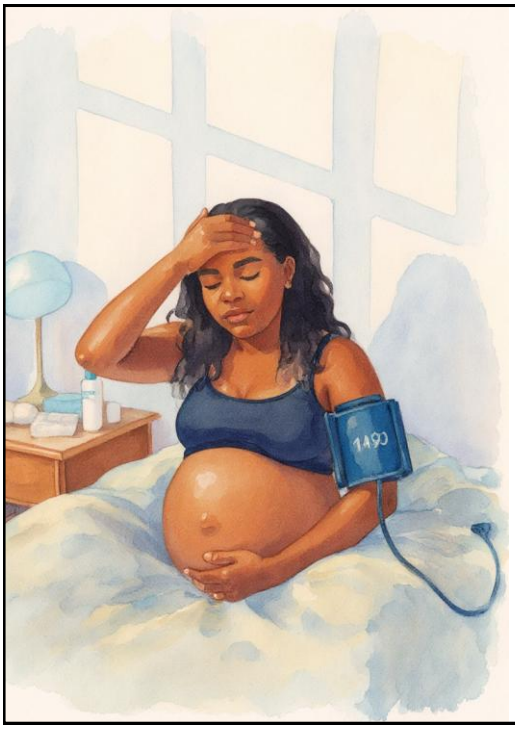

Third Trimester: Headache

Primary Headache
Secondary Headache

Differential Diagnosis

- Benign headaches
- Preeclampsia

Management
Acetaminophen for benign headaches

Red Flags Requiring Urgent Evaluation

- New, severe headache after 20 weeks
- Elevated blood pressure
- Visual changes

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Third Trimester: Rashes

PUPPP: Pruritic Urticarial Papules and Plaques of Pregnancy

Management: Topical steroids

Atopic Eruption of Pregnancy

Most Common rash

Management: Emollients and Topical steroids

Cholestasis of Pregnancy

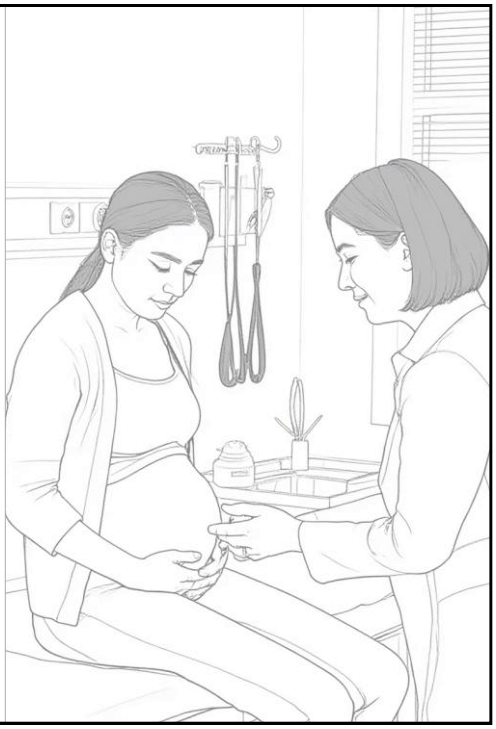
Red Flag: Severe itching without rash

Management: Evaluate and/or refer to OB

Prurigo of Pregnancy

Small, intensely itchy bumps

Management: Topical steroids, antihistamines



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Third Trimester: Stretch Marks

Cosmetic complaint caused by stretching dermis

Counseling

- No proven preventative measures
- Genetic predisposition
- Manage patient expectations
- Reassure that marks fade over time

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Red Flags requiring Urgent Evaluation

Neurological
New, severe headache with elevated BP

Abdominal
Severe abdominal pain with fever or bleeding

Urinary
Flank pain, fever, or chills (pyelonephritis)

Vascular
Unilateral leg swelling with pain (DVT)

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Medication Safety Summary

Condition	Safe Medications	Avoid
Pain/Fever	Acetaminophen	NSAIDs
Nausea	Pyridoxine, doxylamine	Metoclopramide (long-term)
Heartburn	Antacids, H2 blockers, most PPIs	Sodium bicarbonate, Pepto
Constipation	Docusate sodium, psyllium, polyethylene glycol	Stimulant laxatives (long-term)
UTI	Cephalexin, nitrofurantoin, fosfomycin	Fluoroquinolones, tetracyclines
URI	Acetaminophen, saline nasal spray, lozenges, humidifier	Decongestants, cough suppressants with codeine

Always consult current guidelines and pregnancy medication references

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Clinical Case Study: Ms. Lee

Ms. Lee, comes back to clinic with her newborn baby girl. She had an uneventful delivery and has been doing well. She thanks you for your care during her pregnancy and would love for you to be her baby's doctor.

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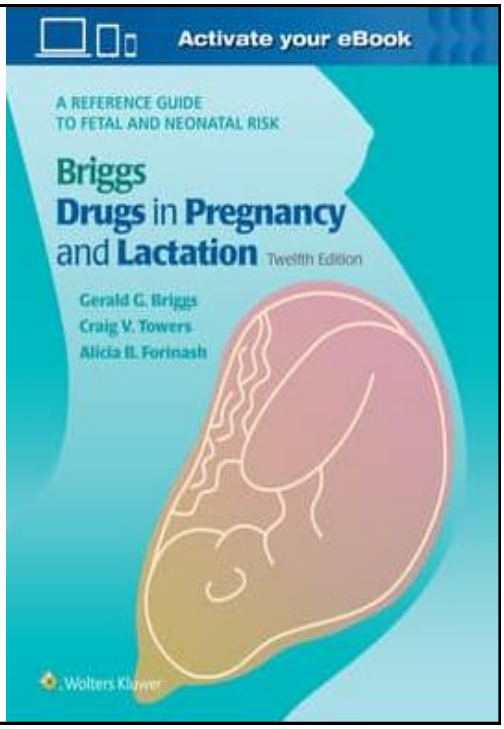
Resources

- Am Fam Physician. 2018;98(9):595-602 The Pregnant Patient: Managing Common Acute Medical Problems
- AAFP articles
- Reproductive Health Access Project
- Briggs Drugs in Pregnancy and Lactation
- ACOG Practice Bulletins
- OBG project



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