

Table 19. Discomforts of Pregnancy Contents

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(Adapted from Barron, 1998)

Table 19. Discomforts of Pregnancy

A. GASTROINTESTINAL TRACT	
A1. Nausea and Vomiting	
Discomfort	Common nausea with or without vomiting. May occur any time of day or night. Time period: 1st trimester.
Etiology	Cause unknown. Influencing factors include: <ul style="list-style-type: none"> • High levels of circulating steroids (estrogen and hCG) • Slowed peristalsis • Pressure from the enlarging uterus • Gastric overloading • Low blood sugar, changes in carbohydrate metabolism • Emotional factors • Increase in T4, resulting in smooth muscle relaxation in the stomach
Relief measures	<p>The nurse:</p> <ul style="list-style-type: none"> • Reassures the woman that the condition usually ends by the end of the 1st trimester • Discusses with the woman that it's normal to feel ambivalent about pregnancy <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Eat small, frequent meals. • Avoid foods with strong odors or tastes. (Individual preferences/dislikes may change in pregnancy.) • Decrease fluid intake with and between meals, or separate fluids and solids. • Stop smoking. • Suck on hard candy (sour or sweet, cinnamon or peppermint). • Eat dry crackers, popcorn or melba toast before rising. • Combine sweet and salty foods (example: potato chips and lemonade). • Brush teeth more often; rinse mouth frequently. • Avoid low blood sugar levels; eat high protein foods frequently. • Reduce fat (including fried foods) and spices in the diet. • Maintain good posture. • Exercise (to prevent nausea). • Consider wearing an acupressure wrist band. • Don't chew gum. • A diet rich in B complex vitamins or vitamin B6 supplements (such as B6 50 mg b.i.d. or doxylamine qhs or b.i.d) may help. • Herbs: <ul style="list-style-type: none"> ○ Ginger root (<i>Zingiber officinale</i>), powdered, 250 mg capsule, 4 times a day ○ Fresh ginger root as a tea, steeped in boiling water for 15 minutes and sipped slowly throughout the day; sweeten with honey ○ Chamomile tea (<i>Matricaria chamomilla</i>), throughout the day, especially at bedtime ○ Peppermint tea (<i>Mentha piperata</i>), dried or fresh leaves (not the essential oil) ○ Raspberry leaf tea (<i>Rubus idaeus</i>), 1-2 cups per day, steeped 5 minutes or less; use 1 teaspoon of dried herb for 1 cup of boiling water
Warning signs	<ul style="list-style-type: none"> • Inability to retain food for 24 hours or more, any weight loss. R/O hyperemesis gravidarum. • Ketone bodies in urine; suggests severe/prolonged vomiting. • Dehydration. • Persistent nausea and vomiting after 1st trimester. R/O hydatidiform mole, pregnancy-induced hypertension. • Abnormal vital signs, abdominal pain or tenderness, diarrhea. R/O infections, pancreatitis, gastrointestinal conditions (such as intestinal obstruction, appendicitis, cholelithiasis, cholecystitis, hepatitis, pyelonephritis, food poisoning). • Lack of heart tones, uterus greater than estimated gestational age, persistent nausea and vomiting, abnormal vaginal bleeding. R/O hydatidiform mole.

Table 19. Discomforts of Pregnancy

A. GASTROINTESTINAL TRACT (cont.)	
A2. Food and Olfactory Cravings	
Discomfort	Time period: throughout pregnancy.
Etiology	Cause unknown. Cravings may be influenced by culture and care.
Relief measures	<p>The nurse:</p> <ul style="list-style-type: none"> • Reassures the woman that cravings are common. • Encourages substitution of nutritious foods for nonfood substances. <p>Instructions for the woman: Satisfy cravings unless they:</p> <ul style="list-style-type: none"> • Interfere with adequate, healthy nutrition • Are toxic to the woman or her fetus
Warning signs	<ul style="list-style-type: none"> • Unusual/toxic cravings such as pica (the ingestion of nonfood substances such as clay, corn-starch, refrigerator frost). Refer to a nutritionist. • Overall poor diet. Refer to nutritionist and obstetrical provider.
A3. Ptyalism	
Discomfort	Time period: throughout pregnancy (usually 1st trimester)
Etiology	Cause unknown. May be related to elevated estrogen levels, cultural influences, or increased dietary starch.
Relief measures	<p>The nurse reassures the woman that ptyalism is normal.</p> <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Practice good mouth care. • Use astringent mouthwashes. • Suck on hard candy.
Warning signs	<ul style="list-style-type: none"> • Nausea, vomiting and weight loss. Assess. • Pica. Evaluate.
A4. Bleeding Gums and Epulis	
Discomfort	<p>Bleeding gums with or without tenderness Epulis: a vascular spongy outgrowth between two teeth</p> <p>Time period: throughout, but usually starts mid-pregnancy</p>
Etiology	<ul style="list-style-type: none"> • Blood flow to gums and oral mucosa increases in pregnancy. • Increased estrogen accelerates epithelial turnover.
Relief measures	<p>The nurse reassures the woman that gingivitis and epulis are normal and will probably end after delivery.</p> <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Brush teeth with a soft brush. • Avoid foods that irritate gums. • Floss regularly.
Warning signs	<ul style="list-style-type: none"> • Excessive bleeding. • Interference with chewing. • Possible gingivitis, though may be normal in pregnancy. Dental referral is strongly recommended to rule out gingivitis. • Nutritional status. Assess; may have vitamin C deficiency. • Persistent, unexplained anemia. Assess; may be due to bleeding gums.

Table 19. Discomforts of Pregnancy

A. GASTROINTESTINAL TRACT (cont.)	
A5. Heartburn	
Discomfort	<p>Acid indigestion is common.</p> <p>The woman experiences a burning feeling in the lower chest or upper abdomen.</p> <p>Time period: usually at the end of the 2nd trimester to the 3rd trimester</p>
Etiology	<ul style="list-style-type: none"> • Reflux of the gastric contents into the esophagus is due to a combination of factors: <ul style="list-style-type: none"> ○ Relaxation of the cardiac sphincter due to anatomical and hormonal changes ○ Delayed emptying of stomach contents • Heartburn may be exacerbated by dietary gastric irritants.
Relief measures	<p>The nurse explains the possible causes of heartburn to the woman.</p> <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Dietary measures: <ul style="list-style-type: none"> ○ Eat small, frequent meals, rather than three large meals. ○ Avoid spicy, greasy, fatty foods and acidic juices. ○ Avoid large meals before bedtime. ○ Sit up for at least 1 hour after meals. ○ Do not drink while eating. ○ Avoid gastric irritants such as caffeine, alcohol, smoking, and gas-producing foods. ○ Exercise (example: warm-up exercises). • Sleep with a wedge under the mattress or use some other means of elevation so that the woman is in the semi-Fowler position. • Use an H₂ antagonist such as Pepcid (famotidine) or Zantac (ranitidine). • Use Tums or other low-sodium antacids in limited amounts. Do not use antacids containing aspirin. Do not take heartburn medicines with large amounts of salt. • Do not take antacids with other medications, such as iron. They may decrease absorption. • Avoid constrictive clothing, especially around the waist.
Warning signs	<ul style="list-style-type: none"> • Severe and persistent heartburn. R/O hiatal hernia and esophagitis; refer to provider. • If combined with signs such as increased BP, edema and/or proteinuria, R/O epigastric pain that precedes eclampsia. • Possible ulcers. • If severe or accompanied by symptoms such as fever, nausea, vomiting, or referred pain to back or right shoulder, R/O cholecystitis and cholelithiasis; refer to provider.
A6. Constipation	
Discomfort	<p>Very common.</p> <p>Time period: throughout pregnancy, although normally worsens as uterus enlarges.</p>
Etiology	<ul style="list-style-type: none"> • GI tract motility slows due to increased progesterone and compression of the intestines by the enlarging uterus. • Iron supplements may compound the problem. • A change in activity or exercise may lead to constipation.

A.6 Constipation continues on next page

Table 19. Discomforts of Pregnancy

A. GASTROINTESTINAL TRACT (cont.)	
A6. Constipation (cont.)	
Relief measures	Instructions for the woman: <ul style="list-style-type: none"> • Drink 8 glasses of water every day. • Increase roughage and high-fiber foods in the diet. • Exercise. Walk if the woman has not been previously exercising. • If iron therapy is the problem, try switching to another product or brand. • Use mild stool softeners and/or suppositories only after trying natural methods. Ask the provider which ones to use. • Do not use mineral oil as a laxative. It may interfere with the absorption of fat-soluble vitamins.
Warning signs	<ul style="list-style-type: none"> • If abdominal pain occurs as well, R/O pathological causes (e.g., appendicitis, irritable colon). • If cramping accompanies constipation, R/O labor.
A7. Hemorrhoids (Piles)	
Discomfort	Hemorrhoids are dilated veins around the anus and in the rectum. Time period: throughout pregnancy, but usually 3rd trimester
Etiology	<ul style="list-style-type: none"> • Constipation • Stasis of blood due to pressure of the uterus on the abdominal vein • Dilation of veins due to progesterone
Relief measures	Instructions for the woman: <ul style="list-style-type: none"> • Avoid constipation. • Avoid straining during defecation. • In a side-lying position, elevate the hips on pillows for 20 minutes, 3 times a day. • May use hemorrhoidal suppositories or topical ointments. • May use witch hazel compresses or sitz baths. • Increase fluids, fiber to promote softening of stool.
Warning signs	<ul style="list-style-type: none"> • Hard, painful, purplish hemorrhoids suggest thrombosis. May lead to infection. Alert physician/APN. • R/O skin tags and fibrous anal polyps.
A8. Flatulence, Bloating, Belching	
Discomfort	Time period: throughout pregnancy, but usually more common in 3rd trimester
Etiology	<ul style="list-style-type: none"> • Decreased GI motility • Constipation • Eating gas-forming foods • Air-swallowing
Relief measures	Instructions for the woman: <ul style="list-style-type: none"> • Avoid constipation. • Chew solid foods slowly. • Avoid gas-forming foods and large meals. • Avoid onions, dried beans, collard greens, cauliflower, brussels sprouts, cabbage and turnips. • Eat yogurt or drink buttermilk every day to reculture gut and non-gas-forming bacteria. • Exercise regularly.
Warning signs	For persistent symptoms, refer to provider.

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B. CARDIOVASCULAR SYSTEM	
B1. Faintness or Fainting	
Discomfort	Time period: early pregnancy and late 3rd trimester
Etiology	<ul style="list-style-type: none"> • Vasomotor lability. • Orthostatic hypotension. During late pregnancy, venous stasis in the lower extremities decreases the amount of blood filling the heart when the woman moves from sitting or lying to standing. • Supine hypotension. Supine pressure of the gravid uterus on the vena cava decreases blood flow to the heart. • Heat-causing dilation of blood vessels, which lowers blood pressure. • Hyperventilation because progesterone acts on the respiratory center of the brain. • Hypoglycemia due to changes in carbohydrate metabolism.
Relief measures	<p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Exercise moderately. [Discuss with the woman (1) heart rate level and adequate fluid intake and (2) center-of-gravity changes.] • Practice deep breathing. • Avoid sudden changes in position. • Move slowly. • Avoid low blood sugar levels by eating 5-6 small meals per day. • Avoid lying supine in the 3rd trimester. A side-lying position is best. • Avoid warm, crowded areas. • If standing, lie down or sit with head in lap. • Do not take hot showers or baths. • Wear TED stockings. May require prescription for insurance coverage.
Warning signs	Serious or persistent symptoms may indicate low blood sugar, cardiac problems, or neurologic problems. Alert MD/APN.
B2. Palpitations	
Discomfort	Time period: throughout pregnancy
Etiology	Cause unknown. May be due to anxiety or shortness of breath.
Relief measures	<p>The nurse informs the woman that palpitations are not usually preventable.</p> <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Reduce anxiety if palpitations are not related to cardiac problems. Use stress management techniques such as relaxation breathing, meditation and exercise.
Warning signs	If palpitations persist, are severe or are accompanied by symptoms of cardiac problems, refer to provider.
B3. Pedal Edema (Nonpitting)	
Discomfort	<p>The ankles and feet swell, usually in the late afternoon or early evening.</p> <p>Time period: late 2nd trimester or 3rd trimester</p>
Etiology	<ul style="list-style-type: none"> • Venous stasis • Poor posture aggravated by prolonged standing, sitting or hot weather • Increased blood volume

B.3 Pedal Edema continues on next page

Table 19. Discomforts of Pregnancy

B. CARDIOVASCULAR SYSTEM (cont.)	
B3. Pedal Edema (Nonpitting) (cont.)	
Relief measures	<p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Avoid constrictive clothing. • Elevate the legs and hips often throughout the day. • Lie on the left side. • Avoid long periods of standing or sitting. • Avoid crossing the legs. • Use support hose. May require prescription for insurance coverage. • Exercise moderately. • Consume adequate fluids.
Warning signs	<ul style="list-style-type: none"> • Differentiate from edema associated with preeclampsia. • If pedal edema is accompanied by edema of the face and/or hands, increased BP, proteinuria, or sudden large weight gain, refer to MD.
B4. Varicose Veins	
Discomfort	<p>Varicose veins are large distended tortuous, superficial veins. They may be present in the legs, vulva and/or perianal area (hemorrhoids).</p> <p>Time period: throughout pregnancy. May worsen in 3rd trimester.</p>
Etiology	<ul style="list-style-type: none"> • Hemorrhoids; see page 4 of this table. • Hereditary predisposition • Effects of progesterone and enlarged uterus causing pelvic vasocongestion and venous stasis in legs
Relief measures	<p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Use support hose; may require prescription for insurance coverage. • Use a vulvar-large sanitary pad held in place by panties to provide support. <p>See also patient instructions for hemorrhoids, page 4 of this table. For leg varicosities, see patient instructions for pedal edema, page 5.</p>
Warning signs	<ul style="list-style-type: none"> • Tender, warm, reddened leg varicosities or positive Homans' sign suggest phlebitis. Do not massage. Alert provider immediately. • If woman has severe calf, vulvar or femoral pain, alert provider. R/O thrombosis. • If woman also has dyspnea, pallor, sweating or anxiety, R/O pulmonary embolism and refer to MD.

Table 19. Discomforts of Pregnancy

C. RESPIRATORY SYSTEM	
C1. Shortness of Breath and Dyspnea	
Discomfort	Time period: throughout pregnancy
Etiology	<ul style="list-style-type: none"> • Increased progesterone affects the respiratory center in the brain, resulting in lower levels of CO₂ and increased O₂. The result is often a feeling of hyperventilation (Cunningham et al., 1996). • Primarily during the 3rd trimester, the pressure of the growing uterus limits the expansion of the diaphragm.
Relief measures	<p>The nurse reassures the woman that shortness of breath and dyspnea are normal, if they are not severe.</p> <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Maintain good posture. • Do warm-up exercises. • Sleep with extra pillows. • Do not overload the stomach • Avoid restrictive clothing. • Do not smoke. • Rest and breathe deeply.
Warning signs	<ul style="list-style-type: none"> • If severe, R/O anemia, emphysema, asthma, bronchitis, pneumonia, and cardiac disorder. • Refer to MD if woman has any pathologic signs or symptoms: <ul style="list-style-type: none"> ○ Chest pain ○ History of cardiac problems ○ Smoking ○ Dyspnea on exertion ○ Severe fatigue ○ Signs/symptoms of upper respiratory infection ○ Hemoptysis
C2. Nasal Stuffiness and/or Epistaxis (Nosebleed)	
Discomfort	Time period: throughout pregnancy
Etiology	Increased hormones result in increased blood flow to the mucous membranes of the nose.
Relief measures	<p>Instructions for the woman:</p> <p><i>Nasal stuffiness</i></p> <ul style="list-style-type: none"> • Inhale steam inhalations every 4 hours while awake. • Use a humidifier in the bedroom at night. • Use normal saline nose drops p.r.n. <p><i>Epistaxis</i></p> <ul style="list-style-type: none"> • Elevate the trunk. • Avoid blowing the nose hard. • Compress the soft outer portion of the nose against the midline septum for 5-10 minutes continuously.
Warning signs	<ul style="list-style-type: none"> • R/O upper respiratory infection. • If severe, may indicate drug addiction, active sinusitis, clotting disorder, hypertensive disorder. Refer to provider. • Avoid nose drops and sprays with epinephrine-like drugs. They may be habit forming and may cause increased blood pressure and rebound congestion.

Table 19. Discomforts of Pregnancy

D. MUSCULOSKELETAL SYSTEM	
D1. Leg Cramps	
Discomfort	Shooting pain in legs, thighs, buttocks Time period: usually 3rd trimester
Etiology	Unknown, but possibly due to: <ul style="list-style-type: none"> • Compression by the enlarged uterus of the pelvic nerves that supply the lower extremities • Impaired circulation • Imbalance of calcium/phosphorus ratio
Relief measures	The nurse explains the rationale for the instructions. Instructions for the woman: <ul style="list-style-type: none"> • Extend the calf muscle by dorsiflexion of the foot, compress the muscle, and apply heat and massage (unless there is a positive Homans' sign). • It may help to: <ul style="list-style-type: none"> ○ Adjust the diet to increase or decrease calcium. ○ Decrease phosphates (example: sodas).
Warning signs	<ul style="list-style-type: none"> • R/O varicose veins or deep vein thrombosis (see section on varicosities, page 6 of this table). • If local warmth, tenderness, or positive Homans' sign, refer to MD
D2. Low Back Pain (Lumbosacral Pain)	
Discomfort	Time period: throughout pregnancy, but increases as uterus enlarges. Usually 3rd trimester.
Etiology	The weight of the enlarging uterus causes lordosis (anterior convexity of the spine). Lordosis stretches and strains the muscles in the lumbar back area. Pain may be caused by: <ul style="list-style-type: none"> • Poor posture • Lack of support due to lax abdominal muscles • Relaxation of pelvic joints (secondary to hormonal changes in pregnancy)
Relief measures	The nurse refers the woman to her provider for analgesics, as needed. The provider may prescribe massage therapy or refer for chiropractic evaluation. Instructions for the woman: <ul style="list-style-type: none"> • Exercise to relieve back pain. • Maintain proper posture and body mechanics. • Wear supportive shoes with low heels. • Exercise daily (example: pelvic tilt). The woman should not start a strenuous exercise program if she did not exercise regularly before pregnancy. • Apply heat to the lower back. • Massage the lower back. • Use a firm mattress. • Wear a maternity girdle or belt (especially appropriate for obese or multiparous women or women with extreme lordosis).
Warning signs	<ul style="list-style-type: none"> • R/O premature labor and urinary tract infection. • If accompanied by signs/symptoms of trauma, sprain or fractures, refer to MD/APN.

Table 19. Discomforts of Pregnancy

D. MUSCULOSKELETAL SYSTEM (cont.)	
D3. Upper Back Pain	
Discomfort	Cervicothoracic backache and breast tenderness. Neck and shoulder pains. Time period: all trimesters
Etiology	<ul style="list-style-type: none"> • Breast enlargement due to increased progesterone and estrogen • Venous stasis • Increased weight of breasts
Relief measures	<p>The nurse refers the woman to her provider for analgesics, as needed. The provider may prescribe massage therapy or refer for chiropractic evaluation.</p> <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Wear a well-fitted bra 24 hours a day. • Massage the neck. • Apply heat to the area. • Exercise regularly.
Warning signs	<ul style="list-style-type: none"> • If accompanied by numbness or pain in the fingers and parts of hands, R/O carpal tunnel syndrome or compression of cervical nerves. • Check breasts for palpable mass and signs/symptoms of infection. • Accompanying flank pain and other signs/symptoms of pyelonephritis are warning signs.

E. RENAL SYSTEM	
Urinary Frequency and Urgency (without symptoms of urinary tract infection)	
Discomfort	Time period: usually 1st and 3rd trimesters
Etiology	<ul style="list-style-type: none"> • 1st trimester: pressure on the bladder from anteflexion of uterus • 3rd trimester: reduced bladder capacity due to uterine size and fetal presenting part • Vascular engorgement and altered bladder function due to increased hormones
Relief measures	<p>The nurse:</p> <ul style="list-style-type: none"> • Explains the rationale for the instructions to the client • Tells the woman the condition cannot be prevented <p>Instructions for the woman:</p> <ul style="list-style-type: none"> • Empty the bladder often. • Wear a perineal pad if there is occasional leaking.
Warning signs	<ul style="list-style-type: none"> • If client complains of burning, hesitancy, pressure, pain, or cramping, refer to provider. • If urine dipstick reads positive for nitrites, blood, or leukocyte esterase, refer to provider.

Table 19. Discomforts of Pregnancy

F. REPRODUCTIVE SYSTEM	
F1. Round Ligament Pain	
Discomfort	Lower abdominal pain that extends into the inguinal area Time period: usually 16-32 weeks
Etiology	Stretching of the ligaments caused by the enlarging uterus
Relief measures	The nurse explains the rationale for the instructions to the woman. Instructions for the woman: <ul style="list-style-type: none"> • Exercise: flex the knees to the abdomen. • Take warm baths. • In a side-laying position, support the uterus by placing a pillow beneath it and a pillow between the knees. Lie on the opposite side of unilateral pain.
Warning signs	<ul style="list-style-type: none"> • Differentiate from labor, UTI, and gastrointestinal and abdominal conditions. • If pain is consistent or severe, refer to provider.
F2. Irritable Uterus/Contractions	
Discomfort	Nonrhythmic, sporadic, often painless contractions Time period: palpable, but usually painless contractions, start from early stages of gestation
Etiology	Hypothesis: may be due to the stretching of uterine muscle cells
Relief measures	Instructions for the woman who feels contractions or cramping between 20-37 weeks: <ul style="list-style-type: none"> • Drink 2-3 glasses of water or juice and lie down on the left side. • If symptoms persist after 1 hour, alert the provider to rule out preterm labor.
Warning signs	<ul style="list-style-type: none"> • Before 37 weeks: R/O preterm labor. • After 37 weeks: R/O true labor.
F3. Pelvic Pressure	
Discomfort	Pressure in the lower abdomen and pelvic area Time period: 3rd trimester, but increases about 2 weeks before labor when lightening occurs (descent of the presenting part into the pelvis)
Etiology	Pressure of the presenting part after lightening
Relief measures	Instructions for the woman: If it feels as if the baby is pushing down, follow instructions for possible preterm labor.
Warning signs	Before 37 weeks: R/O preterm labor. <ul style="list-style-type: none"> • Rupture of membranes • Spontaneous vaginal bleeding

Table 19. Discomforts of Pregnancy

F. REPRODUCTIVE SYSTEM (cont.)	
F4. Leukorrhea	
Discomfort	A profuse, thick, excessive vaginal secretion. Usually clear or white. Time period: may begin in the 1st trimester and last throughout pregnancy
Etiology	The cervix produces abundant amounts of mucous due to increased hormones.
Relief measures	The nurse: <ul style="list-style-type: none"> • Informs the woman that leukorrhea is not preventable. • Explains that leukorrhea is normal during pregnancy. Instructions for the woman: <ul style="list-style-type: none"> • Do not douche. • Keep the area clean. • Wear soft, cotton-crotch panties. • Change panties often.
Warning signs	<ul style="list-style-type: none"> • Alert provider: R/O sexually transmitted diseases and <i>Candida albicans</i> if: <ul style="list-style-type: none"> ○ The discharge smells foul. ○ The discharge is green, brown or yellow. ○ The quantity, odor or color of the discharge changes. ○ The woman reports an itchy, painful or burning sensation. ○ The woman has blisters, bumps or ulcers in the genital/perineal area. • If the woman has a partner with a diagnosed STD, refer to APN/MD. • If the woman experiences a copious amount of discharge, an uncontrollable sudden gush of clear fluid, or green or yellow discharge, R/O ruptured membranes.

G. OTHER CONDITIONS/DISCOMFORTS	
Fatigue/Insomnia	
Discomfort	Time period: throughout pregnancy
Etiology	Hypotheses: <ul style="list-style-type: none"> • Physiologic change due to initial drop in the basal metabolic rate (BMR), followed by a progressive rise throughout pregnancy as a result of the metabolic activity of the fetus • 1st trimester: increased levels of estrogen, progesterone or hCG, or elevated basal body temperature • 2nd and 3rd trimesters: postural discomforts and changes • Decreased activity • Anxiety • Last weeks of pregnancy: fetal movements, sporadic contractions, urinary frequency, and other discomforts of pregnancy
Relief measures	The nurse: <ul style="list-style-type: none"> • Explains the rationale for the instructions • Explores emotional factors: anxiety, depression Instructions for the woman: <ul style="list-style-type: none"> • Rest more often (example: nap during the day). • Use comfort measures at night: extra pillows, different positions, relaxation techniques. • Use natural sedatives: warm milk, warm shower/baths (with help getting in and out of the tub). • Exercise daily.
Warning signs	<ul style="list-style-type: none"> • R/O inadequate nutrition (anemia). • R/O circulatory or hematologic problems. • R/O emotional factors