ANTENATAL CARE
MINOR SYMPTOMS OR DISORDERS IN PREGNANCY

CONSTIPATION: MANAGEMENT OF

PURPOSE

The management of constipation in pregnancy.

PROCEDURE

BACKGROUND

- Approximately 11% to 38% of women experience constipation during pregnancy, which is usually worse in the second trimester.\(^1,5,6\)
- The cause of constipation usually multifactorial. In pregnancy it can be caused by the elevated progesterone levels causing smooth muscle relaxation, reduced motility and increased water absorption.\(^1,5,6\)
- Straining to defecate can lead to damage of the pudendal nerve, impairing the supportive functioning of the pelvic floor muscles. This can be a contributing factor in development of utero-vaginal prolapse.\(^1\)

CLINICAL HISTORY

- There is a wide variation in what each patient consider 'normal' bowel function.\(^3\)
- Perform a medical history – diagnosis of constipation is made when there is an infrequent defecation (usually < 3 times/week) with stools that are hard and difficult to pass (need to strain or feeling of incomplete defecation).\(^1,2,3,4,5\)
- Note any medical history that could lead to bowel symptoms, including use of laxatives, dietary habits, water consumption, physical activity, and use of medications such as iron supplements.\(^1,7\)

Management Options: See below
STEP 1
Identify and, if possible, avoid causative drugs. 3
• A change in dosage regimen or formulation may alleviate constipation (e.g. CR Iron is claimed to have fewer GI adverse effects). 3
• Examples of causative drugs: opioids, drug with anticholinergic effects, antacids containing aluminium or calcium, iron supplements, calcium supplements, verapamil. 3, 4

STEP 2
Identify and manage possible underlying causes 3
• E.g. chronic use of laxatives, dietary habits, lack of physical activity, dehydration, depression, neurological disorders (Parkinson’s disease, stroke), metabolic disturbances (diabetes mellitus, hypercalcaemia, hypothyroidism), malignancy, pelvic floor dysfunction, faecal impaction or obstruction, anal fissure. 1, 3

STEP 3
• Encourage mobility and adequate fluid intake (at least 2 litres per day). 3, 4, 5, 6
• Encourage adequate fibre intake (e.g. whole grains, rice, bran, beans, lentils, nuts, dried fruit, fresh fruit and vegetables. 8 Introduce these foods gradually if the woman is not used to these foods as bloating and flatulence may occur otherwise. 9
• Encourage responding to the urge to defecate immediately. 3, 4, 5, 6

STEP 4
If the above strategies are insufficient, the addition of pharmacological treatment should be used for a short period of time where possible, until the patient has returned to regular and full bowel evacuation. 3
Refer to Step-wise Choice of Pharmacological Treatment.
Step-wise Choice of Pharmacological Treatment

FIRST Option: Bulk-forming laxatives\(^3,10\)

- Do not use for acute relief of constipation as they can take several days to work fully\(^3\)
- Do not use for opioid-induced constipation.\(^3\)
- Onset of action: 48-72 hours\(^3\)
- Ensure adequate fluid intake\(^3,4,5,6\)
- Introduce to diet slowly to prevent abdominal discomfort\(^4\)
- Should not be taken immediately before going to bed\(^3\)

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Available Products at KEMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psyllium (preferred agent)(^10)</td>
<td>Metamucil® capsules, Metamucil® oral powder</td>
</tr>
<tr>
<td>Ispaghula (preferred agent)(^10)</td>
<td>Fybogel® oral granules</td>
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<tr>
<td>Frangula bark, sterculia Note: Frangula bark is a stimulant laxative. May be used at recommended doses(^3,10)</td>
<td>Normacol Plus® oral granules</td>
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<tr>
<td>Wheat dextrin Note: no reference available regarding safety in pregnancy</td>
<td>Benefiber® oral powder</td>
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</tbody>
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SECOND Option: Osmotic Laxatives\(^3\)

- Not all Saline laxatives are safe in pregnancy, for example those containing magnesium salts.\(^4\)
- Ensure adequate fluid and fibre intake.\(^3,4,5,6\)

<table>
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<th>Active Ingredient</th>
<th>Available Products at KEMH</th>
<th>Onset of Action</th>
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<tbody>
<tr>
<td>Lactulose (preferred agent)(^3,10)</td>
<td>Actilax® oral liquid</td>
<td>24-72 hours(^3)</td>
</tr>
<tr>
<td>Sorbitol</td>
<td>Sorbilax® oral liquid</td>
<td>24-72 hours(^3)</td>
</tr>
<tr>
<td>Macrogol laxatives Note: limited data available in pregnancy, should only be considered on doctors advice, occasional doses appears safe)(^3,4)</td>
<td>Movicol® oral powder</td>
<td>1-4 days(^3)</td>
</tr>
<tr>
<td>Saline laxatives Note:</td>
<td>Microlax® Rectal Enema</td>
<td>2-30 minutes(^4)</td>
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</table>
- Microlax® brand is safe to use in pregnancy.3
- May cause electrolyte disturbances.3,6

<table>
<thead>
<tr>
<th>Glycerol</th>
<th>Petrus® Rectal Suppository</th>
<th>5-30 minutes4</th>
</tr>
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<tbody>
<tr>
<td>Note: useful if stool is present in lower rectum3</td>
<td></td>
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**Third Option: Stool Softeners3**

- Ensure adequate fluid and fibre intake3,4,5,6
- There is limited evidence of efficacy when used as monotherapy1,3

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<th>Active Ingredient</th>
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<tbody>
<tr>
<td>Docusate</td>
<td>Coloxyl® tablets</td>
<td>24-72 hours2</td>
</tr>
<tr>
<td>Liquid Paraffin</td>
<td>Agarol® Vanilla oral liquid</td>
<td>24-72 hours3</td>
</tr>
<tr>
<td>Note:</td>
<td>Parachoc® oral liquid</td>
<td></td>
</tr>
<tr>
<td>- Do not give dose immediately before lying down to avoid aspiration3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Avoid chronic use as maternal absorption of food, fat-soluble vitamins, and some oral medicines may be impaired10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poloxamer</td>
<td>Coloxy® oral liquid drops</td>
<td>24-72 hours3</td>
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</tbody>
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**LAST Option: Stimulant Laxatives3**

- Stimulant laxatives are usually reserved for severe constipation or if unresponsive to other laxatives mentioned in previous sections.3
- Stimulant laxatives are used if colon motility is poor (e.g. from opioids).3
- Stimulant laxatives are category A in pregnancy and do not cause congenital abnormalities, however should be avoided except for occasional doses.3,5,10
- Stimulant laxatives should not be given to women with a history of preterm labour without medical consultation.
- Stimulant laxatives are contraindicated where there is an intestinal obstruction, acute abdominal conditions, and inflammatory bowel conditions.3
- Ensure adequate fluid and fibre intake3,4,5,6
- Castor oil should be avoided as it may induce premature labour.
- Stimulant laxatives are usually given at night.3
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<th>Active Ingredient</th>
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<th>Onset of Action</th>
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<tbody>
<tr>
<td><strong>Senna</strong></td>
<td>Note: High doses or prolonged use may cause inadvertent uterine stimulation especially in cases of threatened premature labour¹⁰</td>
<td>Senokot® oral tablets</td>
</tr>
<tr>
<td><strong>Senna combined with Docusate</strong></td>
<td>Note: High doses or prolonged use may cause inadvertent uterine stimulation especially in cases of threatened premature labour¹⁰</td>
<td>Coloxyl with Senna® oral tablets</td>
</tr>
<tr>
<td><strong>Bisacodyl</strong></td>
<td>Bisalax® oral tablets</td>
<td>6-12 hours³</td>
</tr>
<tr>
<td><strong>Bisacodyl</strong></td>
<td>Dulcolax® rectal suppositories</td>
<td>5-60 minutes³</td>
</tr>
<tr>
<td><strong>Sodium picosulfate</strong></td>
<td>Note: use only when no other alternatives are available¹⁰</td>
<td>Unavailable</td>
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**ADDITIONAL INFORMATION**

While a stepwise approach as outlined above is preferred, treatment approach should be individualised to each woman. Acute constipation usually benefits from aperients with a quick onset of action such as suppositories or osmotic laxatives, whilst for chronic constipation; a bulk forming laxative may be useful.
REFERENCES (STANDARDS)


Vazquez JC. Constipation, haemorrhoids and heartburn in pregnancy. Clinical Evidence. Published online 2010, August.


National Standards – 1 Clinical Practice; 4 Medication Safety
Legislation - Nil
Related Policies – Minor Symptoms and Disorders of Pregnancy
Other related documents – Nil

RESPONSIBILITY
Policy Sponsor | Chief Pharmacist KEMH
Initial Endorsement | July 2014
Last Reviewed | 
Last Amended | October 2015
Review date | July 2017

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website