Dealing with reflux in pregnancy

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Most women experience symptoms of gastro-oesophageal reflux during pregnancy. Here, Dr Chris Rayner outlines an approach to this common complaint.

Remember

- Up to two-thirds of women report daily heartburn during pregnancy. The symptom is most troublesome in the third trimester.
- For most women, heartburn is a new symptom that begins in pregnancy and resolves with delivery.
- Pregnancy is associated with a progressive decline in basal lower oesophageal sphincter pressure, possibly due to the effects of oestrogen and progesterone on smooth muscle. Raised intra-abdominal pressure and impaired oesophageal peristalsis may contribute. The role of transient sphincter relaxations (the major mechanism of most reflux disease) has not been studied in pregnant women.

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Figure. Not all the drugs used to treat reflux in the general population are safe for use in pregnant women.

Assessment

- A history of retrosternal burning, worse after meals or when recumbent, is highly sensitive and specific for reflux disease.
- Complications of reflux (bleeding, stricture) are infrequent in pregnancy because of the short duration of excessive acid exposure.
- Endoscopy with conscious sedation is probably safe, especially after the first trimester. However, only a minority of women will have mucosal erosions, and endoscopy should be reserved for reflux disease that is refractory to medical treatment or associated with severe complications.
- Manometry and pH studies can be performed safely but are rarely indicated. A ‘normal range’ of acid exposure has not been established in pregnant women.

Management

- Mild reflux symptoms may respond to lifestyle modifications. These include raising the head of the bed by 15 cm and

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continued

Table. Safety of drugs used to treat reflux in pregnant and lactating women[1]

Drug	ADEC pregnancy category*	Safety in lactation†
Antacids	A	Safe
Sucralfate	B1	Safe
H_2-receptor antagonists:		
– cimetidine, famotidine, ranitidine	B1	Safe
– nizatidine	B3	Not recommended
Metoclopramide	A	Safe
Proton pump inhibitors:		
– esomeprazole, omeprazole, pantoprazole	B3	Excreted in breast milk, effects uncertain
– lansoprazole	B3	Unknown
– rabeprazole	B1	Unknown

*Australian Drug Evaluation Committee (ADEC) pregnancy categories:
Category A: Drugs that have been taken by a large number of pregnant women without any proven increase in the frequency of malformations or other harmful effects on the fetus.
Category B: Drugs that have been taken by only a limited number of pregnant women, without an increase in the frequency of malformation or other harmful effects on the human fetus. B1 – Studies in animals have not shown evidence of an increased occurrence of fetal damage. B3 – Studies in animals have shown evidence of an increased occurrence of fetal damage, the significance of which is considered uncertain in humans.
†As reflux symptoms arising in pregnancy tend to resolve with delivery, drugs can usually be stopped postpartum.

avoiding late night meals, foods that precipitate heartburn, smoking and alcohol.

- Antacids are used by up to 50% of pregnant women and are safe in pregnancy (Table).[1] Antacids that contain calcium might also help prevent hypertension and pre-eclampsia. Sodium bicarbonate should be avoided because of the potential for metabolic alkalosis and fluid overload. Any long term therapy affecting gastric acidity can impair iron absorption.
- Sucralfate (Carafate, Ulcyte), a minimally absorbed mucosal protectant, may also be helpful.
- The H_2-receptor antagonists cimetidine (Magicul, Tagamet), famotidine and ranitidine and have been widely used in pregnancy for reflux that is refractory to antacids, and appear to be safe.
- Metoclopramide (Maxolon, Pramin) offers symptom relief equivalent to H_2-receptor antagonists in mild reflux disease, but is less effective at healing oesophagitis and has more side effects.
- Proton pump inhibitors represent the most effective medical therapy for reflux symptoms and healing of oesophagitis in the general population. In pregnancy, they have not been used as widely as H_2-receptor antagonists and, therefore, safety data are more limited (most data apply to omeprazole [Acimax Tablets, Losec Tablets, Probitor] and lansoprazole [Zoton]). This class of drugs should be restricted to severe or complicated reflux disease unresponsive to H_2-receptor antagonists. MT

References

1. MIMS Australia. Sydney: MediMedia Australia; 2004.

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