



AMERICAN COLLEGE OF GASTROENTEROLOGY

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American College of Gastroenterology Offers Tips to Ease the Heartburn of Pregnancy

Changes in Lifestyle and Diet Are Key to Treating Mild Acid Reflux Symptoms

Bethesda, MD, December 7, 2007 – Heartburn symptoms are one of the most commonly reported complaints among pregnant women. Heartburn usually starts during the first trimester and tends to worsen during the second and third trimesters.

Studies have shown elevated levels of the hormone progesterone accompanied by increased intra-abdominal pressures from the enlarging uterus, may lower esophageal sphincter (LES) pressure in pregnant women contributing to heartburn symptoms, according to research highlighted in the newly updated “*Pregnancy in Gastrointestinal Disorders*” monograph by the American College of Gastroenterology (ACG).

From the monograph, physician experts from ACG have compiled important health tips on managing heartburn symptoms, and importantly, identifying which heartburn medications are safe for use in pregnant women and those, which should be avoided.

Strategies to Ease Heartburn Symptoms during Pregnancy

According to the ACG, pregnant women can treat and relieve their heartburn symptoms through lifestyle and dietary changes. The following tips can help reduce heartburn discomfort:

- **Avoid eating late at night or before retiring to bed.** Common heartburn triggers include greasy or spicy food, chocolate, peppermint, tomato sauces, caffeine, carbonated drinks, and citrus fruits.
- **Wear loose-fitting clothes.** Clothes that fit tightly around your waist put pressure on your abdomen and the lower esophageal sphincter.
- **Eat smaller meals.** Overfilling the stomach can result in acid reflux and heartburn.
- **Don't lie down after eating.** Wait at least 3 hours after eating before going to bed. When you lie down, it's easier for stomach contents (including acid) to back up into the esophagus, particularly when you go to bed with a full stomach.
- **Raise the head of the bed 4 to 6 inches.** This can help reduce acid reflux by decreasing the amount of gastric contents that reach the lower esophagus.
- **Avoid tobacco and alcohol.** Abstinence from alcohol and smoking can help reduce reflux symptoms and avoid fetal exposure to potentially harmful substances.

The Do's and Don'ts of Using Heartburn Drugs during Pregnancy

Pregnant women with mild reflux usually do well with simple lifestyle changes. If lifestyle and dietary changes are not enough, you should consult your doctor before taking any medication to relieve heartburn symptoms.

According to ACG President Amy E. Foxx-Orenstein, DO, FACP, “Heartburn medications to treat acid reflux during pregnancy should be balanced to alleviate the mother’s symptoms of heartburn, while protecting the developing fetus.”

Based on a review of published scientific clinical studies (in animals and humans) on the safety of heartburn medications during pregnancy, researchers conclude there are certain drugs that are considered safe for use in pregnancy and those which should be avoided.

Antacids are one of the most common over-the-counter medications to treat heartburn. As with any drug, antacids should be used cautiously during pregnancy.

Antacids

- Antacids containing aluminum, calcium, or magnesium are considered safe and effective in treating the heartburn of pregnancy.
- Magnesium-containing antacids should be avoided during the last trimester of pregnancy because it could interfere with uterine contractions during labor.
- Avoid antacids containing sodium bicarbonate. Sodium bicarbonate could cause metabolic alkalosis and increase the potential of fluid overload in both the fetus and mother.

Histamine-type II (H-2) Receptor Antagonists

While limited data exists in humans on the safety of histamine-type II (H-2) receptor antagonists, ranitidine (Zantac®) is the only H-2 antagonist, which has been studied specifically during pregnancy.

In a double-blind, placebo controlled, triple crossover study, ranitidine (Zantac®) taken once or twice daily in pregnant heartburn patients not responding to antacids and lifestyle modification, was found to be more effective than placebo in reducing the symptoms of heartburn and acid regurgitation. No adverse effects on the fetus were reported. (Larson JD, et al., “Double-blind placebo-controlled study of ranitidine for gastroesophageal reflux symptoms during pregnancy.” *Obstet Gynecol* 1997; 90:83-7.)

A study on the safety of cimetidine (Tagamet®) and ranitidine (Zantac®) suggests that pregnant women taking these drugs from the first trimester through their entire pregnancy have delivered normal babies. (Richter JE., “Gastroesophageal reflux disease during pregnancy. *Gastroenterol Clin N Am* 2003; 32:235-61.)

Proton Pump Inhibitors

Proton pump inhibitors should be reserved for pregnant patients with more severe heartburn symptoms and those not responding to antacids and lifestyle and dietary changes. Lansoprazole (Prevacid®) is the preferred PPI because of case reports of safety

in pregnant women. Limited data exists about human safety during pregnancy with the newer PPIs.

Full text of the monograph, including a complete list of heartburn medications that are considered safe to use during pregnancy can be found on the ACG website at <http://www.acg.gi.org/physicians/pdfs/PregnancyMonograph.pdf>

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site www.acg.gi.org to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - Both common and not-so-common. Organized by disease, state, and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

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