South Community
BIRTH PROGRAM

MANAGEMENT OF HEARTBURN AND REFLUX IN PREGNANCY

Heartburn/reflux are very common discomforts of pregnancy. They occur because pregnancy hormones cause the digestive system to slow down and the muscles of the gastrointestinal tract to soften and relax. The growing uterus can also push on the stomach and force stomach acid into the esophagus.

First line: For mild symptoms that occur less than two times a week, you can start with:

1. Lifestyle measures:
    - Avoid acidic, rich, and spicy foods. Common trigger foods for reflux are pepper, spices, garlic, onions, tomatoes, chocolate, coffee, tea, citrus, mint (including chewing gum) and greasy foods.
    - If possible, raise the head of the bed 6-8" (15-20 cm). Do not use extra pillows under your neck as this can compress the upper abdomen and make reflux worse.
    - Go for a walk after eating.
    - Avoid eating late at night/before bed.
    - Eat smaller, more frequent meals.
    - No alcohol.
    - Some people find improvement by eating a tablespoon of plain yogurt or a spoonful of apple cider vinegar before and after meals, or by sipping fennel tea or chewing fennel seeds after meals.

2. First line medications:
    - Gaviscon and/or Tums work well for most people, are not absorbed in the bloodstream, and are approved for use in pregnancy. You can find them over the counter/without a prescription.
    - Avoid taking these medications at the same time as iron supplements, because they contain calcium which can reduce iron absorption.
    - Pepto-Bismol and alka-seltzer are <u>not</u> recommended in pregnancy.

Second line: If the above measures fail to work, you may need stronger antacid medications:

1. Famotidine or Cimetidine (H2 blockers)
    - You may have heard of Ranitidine (Zantac), which was removed from the market because some batches contained higher-than-acceptable levels of a cancer-causing substance (carcinogen) called NDMA. To date, Health Canada

testing has not found NDMA in any Famotidine (Pepcid) or Cimetidine (Tagamet) products, both of which are available without a prescription.
    - These medications work best when taken 10-60 minutes before eating food or drinking beverages that cause reflux.
    - NOTE: H2 blockers are only effective for short-term use. It is important to know that H2 blockers don't work well after a period of time because the stomach adjusts and they become much less effective. Do not take these medications for longer than 2 weeks, unless directed by your care provider. Once your acid reflux improves, stop the medication.
    - If your reflux is more frequent (2 or more times per week) or severe, you may have gastroesophageal reflux disease (GERD), which is a more severe form of heartburn. Your care provider may have you take an H2 blocker twice daily for up to 6 weeks *or* start a proton pump inhibitor (PPI) - see below.

Third line: Proton pump inhibitors (when H2 blockers don't help):

1. If your acid reflux symptoms still aren't improving after a couple weeks of taking H2 blockers, stop them and try a proton pump inhibitor (PPI) once daily:
    - PPIs work by blocking an enzyme found in cells in the stomach lining that produce stomach acid. This causes the stomach to make less acid, which relieves symptoms of heartburn and GERD.
    - PPIs include Omeprazole, Lansoprazole and Esomeprazole (all available over the counter) and Pantoprazole (prescription-only).
    - Instructions of use:
        - PPIs should be taken on an empty stomach about 30 minutes to 1 hour before you eat breakfast, once a day for 14 days unless otherwise directed by your provider. It can take 1 to 4 days for full effect, but some people get complete symptom relief within 24 hours.
        - If you need to take a PPI for more than 2 weeks, your care provider may have you continue taking it for 4 to 8 weeks. Let your care provider know if your reflux continues or worsens.

For more information about reflux and medication safety in pregnancy, visit:

- https://www.healthlinkbc.ca/health-topics/aa130363
- https://mothertobaby.org/
- When in doubt, your local pharmacist is another excellent resource for medication recommendations and safety in pregnancy.